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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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.

OMB No 1545-0047 2013

Open to Public Inspection

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	Tayleye	empt status	501(c)(3)	X 501(c) (	<i>c</i> \◀	(insert no.)	4947(a)(1	) or   527	If 'No,	l subordinate ' attach a list	(see instr	uctions)	
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ź	<b>9</b> P	rogram serv	vice revenue	(Part VIII, line	e 2g)					480,	362.	545	5,706.
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Form 990 or	· 990-EZ? cribe these new services o	un Schodule O	•				Ц	Yes	X	No
	anization cease conducting		changes in how if	t conducts, a	any program	services?	П	Yes	X	No
If 'Yes,' desc	cribe these changes on Sc	hedule O.					لا			
4 Describe the Section 501( others, the t	e organization's program s (c)(3) and 501(c)(4) organi; total expenses, and revenu	ervice accomplishmer zations and section 49 ie, if any, for each pro	nts for each of its 947(a)(1) trusts a ogram service rep	three large re required ported.	st program so to report the	ervices, as n amount of g	neasure rants an	d by ex d alloc	xpens cations	es. s to
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4 d Other progra	am services (Describe in S	Schedule O.)				<del> </del>				
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Form 990 (2013) GREATER DENTON/WISE COUNTY/REALTORS

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			162	LNO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i>	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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i> .	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, 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 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, VIII, IX, or X as applicable.			
1	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ı	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	11 b		Х
•	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII</i>	11 c		Х
•	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
	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	12 ь		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
t	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		Х
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 foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
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
20 a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 ь		

Porm 990 (2013) GREATER DENTON/WISE COUNTY/REALTORS

Part IV | Checklist of Required Schedules (continued)

			163	'**
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
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		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, 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
Ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
•	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
ŀ	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		Х
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 of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	instructions for applicable filing thresholds, conditions, and exceptions).	20.0		Х
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Λ_
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28ь		Х
29	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
t	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35ь		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	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	
BAA		Form	<b>990</b> (2	2013)

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

Form 990 (2013) GREATER DENTON/WISE COUNTY/REALTORS 75-1296768 Page 6 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 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 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. **b** Enter the number of voting members included in line 1a, above, who are independent 1 b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents X since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 X Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? Х 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8 a a The governing body? 8 b X **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 organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10 a X 10 a 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 10 b operations are consistent with the organization's exempt purposes? 11 a X 11 a 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. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. 12 c 13 Did the organization have a written whistleblower policy? 13 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? a The organization's CEO, Executive Director, or top management official 15 a **b** Other officers of key employees of the organization 15 b Х 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 taxable entity during the year? 16 a 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 taken steps to safeguard the 16 b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

the public during the tax year.

See Schedule 0

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

LISA MARTIN 3805 W UNIVERSITY DENTON TX 76207 (940) 387-8212

Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to

X Upon request

Another's website

Other (explain in Schedule O)

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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, Key Employees, and Highest Compensated Employees

- 1 a 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 employees.'
- 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	nor any i	related	d org	ganız	zatio	n con	npen	sated any current offi	cer, director, or truste	ee.
		l	(C)								
	(A) Name and Title	(B) Average hours per week (list	one bo	x, ùn	less p d a d	perso	k more to n is bot or/truste	h an	(D) Reportable compensation from	(E)  Reportable  compensation from  related organizations	(F) Estimated amount of other compensation
		any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) KARA	PHELPS	0									
Assoc	iation Exe	0							21,196.	0.	0.
(2) LISA	MARTIN	00								· · · ·	
Assoc	iation Exe	0							22,529.	0.	0.
(3) MYRA	OLIVER	0									
TREPA	C Trustee	0	X						0.	0.	0.
(4) BOB B	OUGHTON	0									
NTREI	S Director	0	X						0.	0.	0.
(5) TRISH	A MIHALIK	0									
Direc	tor	0	X						0.	0.	0.
(6) TIM S	CHOENDORF	0									_
PAST	PRESIDENT	0	X						0.	0.	0.
(7) KAKI	LYBBERT	0		$\Box$							
TAR/N	ARDirectOr	0	X	İ					0.	0.	0.
(8) BRAND	ON ERWIN	0						- 1			
Direc	tor	0	Х						0.	0.	0.
(9) DALTO	N ALLEN	0								· <del>-</del>	
Direc	tor	0	Х						0.	0.	0.
(10) JOSH	WHITE	0								· <del>-</del>	
Direc	tor	0	Х						0.	0.	0.
(11) BEN A	RMSTRONG	0									
Direc	tor	0	Х						0.	0.	0.
(12) STEFA	NIE HENDERSON-BLAC	0									
Direc	tor	0	Х						0.	0.	0.
(13) MARIE		0		$\neg$	$\neg$	$\neg$		$\sqcap$			
Direc		0	X		[	[		╝	0.	0.	0.
(14) TANA	FEDRIC	00		T	П						
Direc	tor	0	Х						0.	0.	0.

Part VII Section A. Officers, Directors, Tr		Key	/ Er			ees,	, ar	d Highest Co	mpensated Emp	ploye	S (cor	<u>itinuec</u>
	(B)			•	C)							
(A)	Average hours			check		e than		(D)	(E)	_	F	
Name and title	per	offi	cer a	nd a	direct	tor/trus	stee)	compensation from	Reportable compensation from	amo	stimated unt of ot	her
	(list any	9 3	Sul	오	₹ e	en d	0	the organization (W-2/1099-MISC)	related organizations (W 2/1099-MISC)	. 1	npensation	
	hours for	dire	] 를	Officer	Key employee	employee	[3			ar	ganızatıo ıd related	d
	for related organiza	<b>6</b> ₽	ona	`	흥	8 g				org	anızatıor	15
	<ul> <li>tions</li> <li>below</li> <li>dotted</li> </ul>	ndividual trustee or director	nstitutional trustee		è	🕏						
	line)	8	tee	ľ		Sale	Former					
(15) TAMMY METZLER	0	-	_		L	L	1					
		x						0.	0.			0
Director (16) ROB RAYNER	1 0	┼≏		$\vdash$			┢	0.	0.			
Director	-4-%-	X		ŀ		ŀ	ł	0.	0.	İ		0
(17) JACK CANNON	1 6	1		$\vdash$		╁	<del> </del>	<del>                                     </del>				<del>_</del>
Director	-4-5-	X						0.	0.	l		0
	1 0	<u>^`</u>	$\vdash$	$\vdash$	┢	╁┈	$\vdash$	·	0.			_ <del>_</del>
(18) PHYLLIS WOLPER		X		l			ŀ	0.	0.	l		0
Director (19) SALLIE GRIFFITH	0	┿		_		$\vdash$	┢	0.	0.			
		x						0.	0.			0
Affiliate Dir (20) REBECCA ARNOLD	1 6	╁┷	H		$\vdash$	<del>                                     </del>	$\vdash$	<u> </u>	0.			<del>_</del>
Parliamentarian	-4-8-	X				ŀ	1	0.	0.	l		0
(21) CHRIS ROSPRIM	0	<u>Γ</u>	Н		├─		-	<u> </u>	<u> </u>			
SEC/TREAS	-4-5-	1		х			l	0.	0.			0
(22) JAYNE HOWELL	0	╁┈	$\vdash$	Λ			H	<u> </u>	<u> </u>			
Vice President	-4-8-	1		х	ŀ			0.	0.			0
(23) BARBARA RUSSELL	ő		Н		-	<del>                                     </del>	Ι-	· · · · · · · · · · · · · · · · · · ·	Ŭ.			<u> </u>
2ND VICE PRES	- <del>1</del> -5-	1		Х				0.	0.			0
(24) KAREN WALLS	0	$\vdash$	П									Ť
President	7-5-	1		Х		İ		0.	0.			0
(25)			П									
2	7	1								Į		
1 b Sub-total							<b>A</b>	43,725.	0.			0
c Total from continuation sheets to Part VII, Section	n A						•	0.	0.			0
d Total (add lines 1b and 1c)							<b>&gt;</b>	43,725.	0.			0
2 Total number of individuals (including but not limit	ted to tho	se lis	ted	abo	ve)	who	rece	eived more than \$	100,000 of reportab	le comp	ensati	on.
from the organization > 0										<del></del> -		
										F	Yes	No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	or, or trus	tee,	key	emp	oloye	ee, o	r hi	ghest compensate	d employee	3		X
, , , , , , , , , , , , , , , , , , ,										<u> </u>		_^
4 For any individual listed on line 1a, is the sum of ithe organization and related organizations greater	reportable	com	npen	satı	on a	and c	the	r compensation from	om			
such individual	ulali pic	,UU	O: 11	1 16	:S C	σπρ	iele	Scriedule 3 loi		4	l	X
5 Did any person listed on line 1a receive or accrue	compens	ation	n froi	m ai	nv u	nrela	ated	organization or in	ndıvıdual			:
for services rendered to the organization? If 'Yes,	' complet	e Scl	hedu	ıle J	for	suct	ı pe	rson .		5		X
Section B. Independent Contractors								· · · · · · · · · · · · · · · · · · ·				
1 Complete this table for your five highest compens	ated inde pensation	pend for th	ent :	cont alen	ract dar	ors t vear	hat end	received more tha ding with or within	an \$100,000 of the organization's t	ax vea		
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)												
								Compe		ก		
								-				
									†		_	
							一	-				
2 Total number of independent contractors (including	g but not	limite	ed to	the	se	ıstec	ab	ove) who received	more than			
\$100,000 of compensation from the organization												

	m 990 (2013) GREATER DENTON/WISE COU	NTY/REA	ALTORS	<del>,</del>	75-1296768	Page \$
Pa	rt VIII Statement of Revenue  Check if Schedule O contains a response or	note to any	line in this Part VII	1		_
	Check if Schedule O Contains a response of	Hote to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512-514
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS   PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	Buein  2 a MLS USER FEES  b Membership Dues & Assessments 51400 c LUNCHEON d MCE/EDUCATION FEES	ess Code	264,924. 264,157. 14,810. 1,815.	264,157. 14,810. 1,815.	264,924.	
PROGI	f All other program service revenue g Total. Add lines 2a-2f  linvestment income (including dividends, interes other similar amounts)  Income from investment of tax-exempt bond program in the service revenue.	•	545,706. 316.	316.		
	6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)	Personal  i) Other				
OTHER REVENUE	8a Gross income from fundraising events (not including . \$	2,563. 1,316.	1,247.			
	b Less. cost of goods sold b 1 c Net income or (loss) from sales of inventory	22,142.	9,250.	9,250.		
	Miscellaneous Revenue Busine  11 a MISCELLANEOUS 51400	ess Code	5,101.	5,101.		

d All other revenue e Total. Add lines 11a-11d 5,101 295,449. 12 Total revenue. See instructions 561,620.
TEEA0109L 07/08/13

Form **990** (2013)

264,924.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX X (A) Total expenses **(D)** Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and Fundraising general expenses expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 1,500 Grants and other assistance to governments. organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 43,725 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 101,624 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management **b** Legal c Accounting 10,529 **d** Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule (1) Advertising and promotion 12,099. 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 9,348 Conferences, conventions, and meetings. Interest 14,392 21 Payments to affiliates Depreciation, depletion, and amortization 33,691 23 2,925 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.) 170,373 a REGIONAL MLS FEES\_ **b** STATE AND NATIONAL DUES 104,078 c REPAIRS & MAINTANENCE 17,911 16,003 d UTILITIES e All other expenses See Sch. 0 64,744. 602,942 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► if following

SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year Cash - non-interest-bearing 430 1 430 Savings and temporary cash investments 795 2 226,003. 347. 3 Pledges and grants receivable, net Accounts receivable, net 4 Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 6,473 Inventories for sale or use 8 9,648. 9 Prepaid expenses and deferred charges. 2,688 6,779. **10 a** Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10 a 928,281 **b** Less: accumulated depreciation 10 b 135,131 10 c 822,551 793,150. 11 11 Investments - publicly traded securities 12 12 Investments - other securities See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 14 Intangible assets. 14 15 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,179,937 16 1,036,010 17 Accounts payable and accrued expenses 17 5,197 8,358 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 300,000 286,082. 24 Unsecured notes and loans payable to unrelated third parties. 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 25 71,884. 163,732 Total liabilities. Add lines 17 through 25 26 468,929 366,324. Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 711,008 669,686. 28 Temporarily restricted net assets Permanently restricted net assets 29 29 P Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

BAA

30

31 32

33

34

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

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

Retained earnings, endowment, accumulated income, or other funds

1,036,010. Form **990** (2013)

669,686.

30

31

32

33

34

711,008

179,937

Forn	n 990 (2013) GREATER DENTON/WISE COUNTY/REALTORS	75-1296768	3	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5	61,6	<u> 620.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		02,9	
3	Revenue less expenses. Subtract line 2 from line 1	3		41,3	322.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7	11,	008.
5	Net unrealized gains (losses) on investments	5			
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6	69,6	<del></del> 586.
Pa	rt XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev separate basis, consolidated basis, or both.	iewed on a			
	X Separate basis Consolidated basis Both consolidated and separate basis				
1	b Were the organization's financial statements audited by an independent accountant?		2 b		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se	parate			
	basis, consolidated basis, or both:				
	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 review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain				
3 8	in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	3a		x
	• If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the	required audit	$\vdash$		<del>                                     </del>
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required addit	3ь		
BAA			Form	990 (	(2013)

# (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

### Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 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

GREATER DENTON/WISE COUNTY/REALTORS 75-1296768 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the 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 2 Aggregate contributions to (during year) 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? Yes No 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? Yes No Part II 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. 2 a **b** Total acreage restricted by conservation easements 2 b Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 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, Yes 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)? Yes 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 conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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

**>** \$

Schedule D (Form 990) 2013 GREA				75-129	6768	Page
Part III Organizations Maintain	ning Collection	ns of Art, Histori	cal Treasures, or O	ther Similar Assets	(continued	)
3 Using the organization's acquisition items (check all that apply):	ion, accession, ar	nd other records, ch	eck any of the following	g that are a significant us	e of its colle	ction
a Public exhibition		<b>d</b> 🗌 Loan	or exchange programs			
<b>b</b> Scholarly research		e   Othe	r			
c Preservation for future gener	rations					
4 Provide a description of the orga Part XIII.	ınızatıon's collectı	ons and explain hov	w they further the organ	ization's exempt purpose	e in	
5 During the year, did the organiza to be sold to raise funds rather the	ation solicit or reconant to be maintai	eive donations of ar ned as part of the o	t, historical treasures, d rganization's collection	or other similar assets	Yes	□No
Part IV Escrow and Custodia line 9, or reported an	al Arrangeme	nts. Complete if	the organization a		orm 990, F	⊃art IV,
1a Is the organization an agent, trus	stee, custodian, o	r other intermediary	for contributions or other	ner assets not included	Yes	No
on Form 990, Part X?  b If 'Yes,' explain the arrangement	in Part XIII and o	complete the follows	ng table:		res	Пио
					Amount	
c Beginning balance				1 c		
<b>d</b> Additions during the year	•			1 d		
<ul> <li>Distributions during the year.</li> </ul>				1 e		
f Ending balance				1f		
2a Did the organization include an a	mount on Form 9	90, Part X, line 21?			Yes	No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIII. Che	ck here if the explar	ntion has been provided	In Part XIII		
Part V Endowment Funds. Co	f .					
	(a) Current year	(b) Prior yea	ar (c) Two years bad	k (d) Three years back	(e) Four ye	ears back
1 a Beginning of year balance						
<b>b</b> Contributions .						
c Net investment earnings, gains, and losses				1		
d Grants or scholarships						
<ul> <li>Other expenditures for facilities and programs</li> </ul>						
f Administrative expenses					<u>l</u>	
<b>g</b> End of year balance						
2 Provide the estimated percentage	e of the current ye	ear end balance (Iın	e 1g, column (a)) held	as'		
a Board designated or quasi-endov	vment 🟲	%				
<b>b</b> Permanent endowment ▶	ે					
c Temporarily restricted endowmer	nt ►	%				
The percentages in lines 2a, 2b,	and 2c should eq	ual 100%.				
3a Are there endowment funds not a	n the nossession	of the organization	that are held and admir	nistered for the		
organization by:	ii aic possession	or the organization	and are freid and admin	iistered for the	Yes	No
(i) unrelated organizations		•			3a(i)	
(ii) related organizations					3a(ii)	
<b>b</b> If 'Yes' to 3a(II), are the related of	rganizations liste	d as required on Sc	hedule R?		3b	
4 Describe in Part XIII the intended	luses of the orga	nızatıon's endowme	nt funds		<u> </u>	
Part VI Land, Buildings, and	Equipment.	· · · · · · · · · · · · · · · · · · ·				
Complete if the organi		ed 'Yes' to Form	n 990, Part IV, line	11a. See Form 990	, Part X, III	ne 10.
Description of property	(a)	Cost or other basis (investment)	<b>(b)</b> Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
1 a Land		<del></del>	184,159.		18	4,159.
<b>b</b> Buildings		<del></del>	668,898.	86,137.		2,761.
c Leasehold improvements						_, . •
<b>d</b> Equipment			75,224.	48,994.	2	6,230.
e Other	<u> </u>		10,224.	10,554.		<u> </u>
Total. Add lines 1a through 1e. (Column	n (d) must equal i	Form 990. Part X. co	olumn (B), line 10(c) )	<b>&gt;</b>	70	3,150.
BAA	1-7 111001 04001			Sched	ule <b>D</b> (Form	
<del></del>				Conca	V 01111 .	, 1

(a) Description of security or category (including name of secur		O, Part IV, line 11b. See Form 990, Part X, line 12.  (c) Method of valuation Cost or end-of-year market value
1) Financial derivatives		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2) Closely-held equity interests		· · · · · · · · · · · · · · · · · · ·
3) Other		
	. – – – – – – – – – – – – – – – – – – –	
<u>A)</u> B)		
D)		
(C) (D) (E) (F) (G)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.	) •	
Part VIII Investments – Program Related		N/A
Complete if the organization answ	vered Yes to Form 990	), Part IV, line 11c. See Form 990, Part X, line 13
(a) Description of investment type	<b>(b)</b> Book value	(c) Method of valuation. Cost or end-of-year market value
(1)		<del> </del>
(2)		
(3)		
(4)		<del> </del>
(5)		
(6)		
(7)		
(8)		
(9)		
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.	) ▶	
	·/	
Part IX Uther Assets.	N/X	A
Complete if the organization answer	red 'Yes' to Form 990, P	art IV, line 11d. See Form 990, Part X, line 15.
Complete if the organization answer	red 'Yes' to Form 990, P (a) Description	A art IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answer	red 'Yes' to Form 990, P	art IV, line 11d. See Form 990, Part X, line 15.
Complete if the organization answer (1) (2)	red 'Yes' to Form 990, P	art IV, line 11d. See Form 990, Part X, line 15.
Complete if the organization answer  (1) (2) (3)	red 'Yes' to Form 990, P	art IV, line 11d. See Form 990, Part X, line 15.
Complete if the organization answer  (1) (2) (3) (4)	red 'Yes' to Form 990, P	rart IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answer  (1) (2) (3) (4) (5)	red 'Yes' to Form 990, P	rart IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answer  (1) (2) (3) (4) (5) (6)	red 'Yes' to Form 990, P	rart IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answer  (1) (2) (3) (4) (5) (6) (7) (8)	red 'Yes' to Form 990, P	rart IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answer  (1) (2) (3) (4) (5) (6) (7) (8) (9)	red 'Yes' to Form 990, P	rart IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answer  (1) (2) (3) (4) (5) (6) (7) (8) (9)	red 'Yes' to Form 990, P	art IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answer  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column	red 'Yes' to Form 990, P (a) Description	art IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answer  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities.	mn (B), line 15)	rart IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answer  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, columns of the complete if the organization answered 'Yes' to complete if the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization	mn (B), line 15) Form 990, Part IV, line 11e or	Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answer  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, columns of liability.  Complete if the organization answered 'Yes' to (a) Description of liability	mn (B), line 15)	Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answer  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Fotal. (Column (b) must equal Form 990, Part X, columns of liabilities.  Complete if the organization answered 'Yes' to (a) Description of liability  (1) Federal income taxes	mn (B), line 15 ) Form 990, Part IV, line 11e or (b) Book value	Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answer  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (b) Description of liability (1) Federal income taxes (2) PREPAID DUES AND FEES	mn (B), line 15) Form 990, Part IV, line 11e or	Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answer  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' to (a) Description of liability (1) Federal income taxes (2) PREPAID DUES AND FEES (3)	mn (B), line 15 ) Form 990, Part IV, line 11e or (b) Book value	Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answer  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' to (a) Description of liability (1) Federal income taxes (2) PREPAID DUES AND FEES (3) (4)	mn (B), line 15 ) Form 990, Part IV, line 11e or (b) Book value	Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answer  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' to (a) Description of liability (1) Federal income taxes (2) PREPAID DUES AND FEES (3)	mn (B), line 15 ) Form 990, Part IV, line 11e or (b) Book value	Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answer  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, columnia complete if the organization answered 'Yes' to (a) Description of liability (1) Federal income taxes (2) PREPAID DUES AND FEES (3) (4) (5) (6) (7)	mn (B), line 15 ) Form 990, Part IV, line 11e or (b) Book value	Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answer  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Fotal. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (column	mn (B), line 15 ) Form 990, Part IV, line 11e or (b) Book value	Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answer  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (column (b) must equal Form 990, Part X, column (column	mn (B), line 15 ) Form 990, Part IV, line 11e or (b) Book value	Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answer  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (c) part X  Complete if the organization answered 'Yes' to (a) Description of liability (1) Federal income taxes (2) PREPAID DUES AND FEES (3) (4) (5) (6) (7) (8) (9) (10)	mn (B), line 15 ) Form 990, Part IV, line 11e or (b) Book value	Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Complete if the organization answer  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (column (b) must equal Form 990, Part X, column (column	mn (B), line 15) Form 990, Part IV, line 11e or (b) Book value 71, 8	art IV, line 11d. See Form 990, Part X, line 15.  (b) Book value

Greater Denton/WISE COUNTY/REALTON		5-1296768	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements		n. N/A	
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	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains on investments.	2a		
<b>b</b> Donated services and use of facilities	2 b	1	
c Recoveries of prior year grants	2 c	1	
d Other (Describe in Part XIII.)	2 d	1	
e Add lines <b>2a</b> through <b>2d</b>		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
<b>b</b> Other (Describe in Part XIII.)	4 b	1	
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Part XII Reconciliation of Expenses per Audited Financial Statements	With Expenses per Retu	ırn. N/A	
Complete if the organization answered 'Yes' to Form 990,		,	•
Total expenses and losses per audited financial statements			
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		<del></del>	
a Donated services and use of facilities	2a		
·	2b	- 1	
<b>b</b> Prior year adjustments .	2 c	-	
C Other (December in Boot VIII.)	2d	1 1	
d Other (Describe in Part XIII.)	Zu	1	
e Add lines <b>2a</b> through <b>2d 3</b> Subtract line <b>2e</b> from line <b>1</b> .		2 e   3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
<b>b</b> Other (Describe in Part XIII.)	46	1 1	
c Add lines <b>4a</b> and <b>4b</b>		4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV lines 1h and 2h: Part '	V	
ine 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also com	plete this part to provide any a	idditional inform	ation.

BAA

Schedule **D** (Form 990) 2013

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

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service	of the Treasury inde Service ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.		Inspection	
Name of the organization		Employer Identifica		
GREATER DENTON/WI	SE COUNTY/REALTORS	75-129676	8	
Form 990, Part VI,	Line 11b - Form 990 Review Process			
THE_RETURN_WIL	L BE REVIEWED BY THE ASSOCIATION EXECUTIVE	PRIOR TO FILING		
Form 990, Part VI,	Line 19 - Other Organization Documents Publicly Av	/ailable		
GOVERNING DOCU	MENTS, CONFLICT OF INTEREST POLICY AND FIN	ANCIAL STATEMENT	S ARE MADE	
AVAILABLE TO T	HE PUBLIC UPON REQUEST		,	
		,		
			<del>-</del>	
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<del>-</del> -			<del>-</del>	

2013

# **Schedule O - Supplemental Information**

Page 2

### **GREATER DENTON/WISE COUNTY/REALTORS**

75-1296768

Form 990, Part IX, Line 24e Other Expenses

	(A)	(B)	(C)	(D)
		Program Services	Management <u>&amp; General</u>	<u>Fundraising</u>
AUTO EXPESE BANK CHARGES/CREDIT CARD FEES COMMITTEE EXPENSES COMPUTER TRAINING CONTRACT LABOR LUNCHEON EXPENSES MCE/EDUCATION EXPENSE MISCELLANEOUS OFFICE EQUIPMENT RENTAL	1,827. 11,307. 519. 15,991. 12,031. 11,591. 3,493. 5,698. 2,287.			
Total	\$ 64,744.	\$ 0.	\$ 0.	\$ 0.

2013	Federal Worksheets	Page 1	
	GREATER DENTON/WISE COUNTY/REALTORS	75-1296768	
Computation of C	ost of Goods Sold (Form 990)		
2. Purchases 3. Cost of lab 4. Additional 5. Other costs 6. Total (Add 7. Inventory a	263A costs lines 1 through 5)	6,473. 16,067. 0. 0. 22,540. 9,648. 12,892.	