

McElroy, Quirk & Burch (APC)  
P.O. Box 3070  
Lake Charles, LA 70602-3070  
337-433-1063

SWLA Association of Realtors, Inc.  
791 E Bayou Pines Dr  
Lake Charles, LA 70601

SWLA Association of Realtors, Inc.:

Enclosed are the organization's 2019 Exempt Organization returns. The returns should be signed, dated, and mailed.

Specific filing instructions are as follows.

FORM 990 RETURN:

Please sign and mail on or before July 15, 2020.

Mail to - Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027

FORM 990-T RETURN:

No amount is due on Form 990-T.

Please sign and mail on or before July 15, 2020.

Mail to - Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Yours very truly,

Mollie C. Broussard, CPA

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2019 calendar year, or tax year beginning and ending**

|  |   |   |
|--|---|---|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>SWLA Association of Realtors, Inc.</b><br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>791 E Bayou Pines Dr</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>Lake Charles, LA 70601</b><br><b>F</b> Name and address of principal officer: <b>Debbie Link</b><br><b>791 E Bayou Pines Dr, Lake Charles, LA 70601</b> | <b>D</b> Employer identification number<br><b>72-6020725</b><br><b>E</b> Telephone number<br><b>337-478-9717</b><br><b>G</b> Gross receipts \$ <b>591,489.</b><br><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c)</b> Group exemption number ▶ |
| <b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>6</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |   |   |
| <b>J</b> Website: ▶ <b>www.swlar.com</b>   |   |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |   | <b>L</b> Year of formation: <b>1972</b> <b>M</b> State of legal domicile: <b>LA</b>   |

**Part I Summary**

|            |   |                                  |                     |
|------------|---|----------------------------------|---------------------|
| <b>1</b>   | Briefly describe the organization's mission or most significant activities: <b>REAL ESTATE BOARD FOSTERING THE COMMUNITY</b>            |                                  |                     |
| <b>2</b>   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |                                  |                     |
| <b>3</b>   | Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>                         | <b>511</b>          |
| <b>4</b>   | Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>                         | <b>511</b>          |
| <b>5</b>   | Total number of individuals employed in calendar year 2019 (Part V, line 2a)  | <b>5</b>                         | <b>11</b>           |
| <b>6</b>   | Total number of volunteers (estimate if necessary)  | <b>6</b>                         | <b>0</b>            |
| <b>7a</b>  | Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>                        | <b>0.</b>           |
| <b>7b</b>  | Net unrelated business taxable income from Form 990-T, line 39  | <b>7b</b>                        | <b>-47,424.</b>     |
| <b>8</b>   | Contributions and grants (Part VIII, line 1h)   | <b>Prior Year</b>                | <b>Current Year</b> |
| <b>9</b>   | Program service revenue (Part VIII, line 2g)  | <b>247,836.</b>                  | <b>275,873.</b>     |
| <b>10</b>  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | <b>436,357.</b>                  | <b>270,514.</b>     |
| <b>11</b>  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | <b>902.</b>                      | <b>769.</b>         |
| <b>12</b>  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <b>43,454.</b>                   | <b>44,333.</b>      |
| <b>13</b>  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | <b>728,549.</b>                  | <b>591,489.</b>     |
| <b>14</b>  | Benefits paid to or for members (Part IX, column (A), line 4)   | <b>0.</b>                        | <b>0.</b>           |
| <b>15</b>  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | <b>0.</b>                        | <b>0.</b>           |
| <b>16a</b> | Professional fundraising fees (Part IX, column (A), line 11e)   | <b>160,182.</b>                  | <b>151,278.</b>     |
| <b>16b</b> | Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>   | <b>0.</b>                        | <b>0.</b>           |
| <b>17</b>  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | <b>396,011.</b>                  | <b>409,235.</b>     |
| <b>18</b>  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | <b>556,193.</b>                  | <b>560,513.</b>     |
| <b>19</b>  | Revenue less expenses. Subtract line 18 from line 12  | <b>172,356.</b>                  | <b>30,976.</b>      |
| <b>20</b>  | Total assets (Part X, line 16)  | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
| <b>21</b>  | Total liabilities (Part X, line 26)   | <b>818,527.</b>                  | <b>1,433,531.</b>   |
| <b>22</b>  | Net assets or fund balances. Subtract line 21 from line 20  | <b>11,926.</b>                   | <b>595,954.</b>     |
| <b>22</b>  |   | <b>806,601.</b>                  | <b>837,577.</b>     |

**Part II Signature Block**

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

|                               |  |  |
|-------------------------------|--|--|
| <b>Sign Here</b>              | Signature of officer<br><b>Debbie Link, President</b><br>Type or print name and title                                      | Date   |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>Mollie C. Broussard, CPA</b>  | Preparer's signature<br><br>Date<br><br>Check if self-employed <input type="checkbox"/> PTIN<br><b>P00166708</b> |
|                               | Firm's name ▶ <b>MCELROY, QUIRK &amp; BURCH (APC)</b><br>Firm's address ▶ <b>P.O. BOX 3070 LAKE CHARLES, LA 70602-3070</b> | Firm's EIN ▶ <b>72-1086674</b><br>Phone no. <b>337-433-1063</b>  |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [ ]

1 Briefly describe the organization's mission: REAL ESTATE BOARD FOSTERING THE COMMUNITY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) MULTIPLE LISTING SERVICE-MEMBER SERVED NEWSLETTER AND OTHER EXEMPT FUNCTIONS; INFORMATION PUBLISHED IN MULTIPLE LIST BOOKS

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) ANNUAL FUNCTION & ONE-BOARD-SPONSORED MEMBER FUNCTION FOR PURPOSES OF THE ELECTION OF OFFICERS & DIRECTORS, REPORTS OF PAST ACTIVITIES, OBTAIN APPROVAL FROM MEMBERSHIP & PRESENTING & INFORMING MEMBERS ON TOPICS RELATED TO EXEMPT PURPOSES

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) MAP SALES AND MAPS GIVEN AWAY TO MEMBERS

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses

**Part IV Checklist of Required Schedules**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i> .....  |     | X  |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....   |     | X  |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....  |     | X  |
| <b>4</b> <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> .....   |     |    |
| <b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....   |     | X  |
| <b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....  |     | X  |
| <b>7</b> 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> .....  |     | X  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....   |     | X  |
| <b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....            |     | X  |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....   |     | X  |
| <b>11</b> 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.   |     |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....   | X   |    |
| <b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....  |     | X  |
| <b>c</b> 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> .....  |     | X  |
| <b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....   |     | X  |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....   | X   |    |
| <b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....  |     | X  |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....  |     | X  |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....  |     | X  |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....  |     | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....  |     | X  |
| <b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> ..... |     | X  |
| <b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....   |     | X  |
| <b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....   |     | X  |
| <b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> .....   |     | X  |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....   |     | X  |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....   |     | X  |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....   |     | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....   |     |    |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....  |     | X  |

**Part IV Checklist of Required Schedules** (continued)

|   | Yes | No |
|---|-----|----|
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....  |     | X  |
| <b>23</b> 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> .....   |     | X  |
| <b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....  |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....  |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....   |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....  |     |    |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....  |     |    |
| <b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....   |     |    |
| <b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....   |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> ..... |     | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  |     |    |
| <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....   |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....   |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....   |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....   |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....   |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....   |     | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....  |     | X  |
| <b>b</b> If "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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     |    |
| <b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....  |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....  | X   |    |

**Note:** All Form 990 filers are required to complete Schedule O

**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

|   | Yes | No |
|---|-----|----|
| <b>1a</b> 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 .....  |     |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ..... |     |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

**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 on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>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 on Schedule O. |     |    |
|           | <b>1a</b> 511  |     |    |
| <b>b</b>  | Enter the number of voting members included on line 1a, above, who are independent   |     |    |
|           | <b>1b</b> 511  |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   | X   |    |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   |     | X  |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  | X   |    |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>a</b>  | The governing body?  | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?  | X   |    |
| <b>9</b>  | 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 on Schedule O   |     | X  |

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   |     | X  |
| <b>b</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?   |     |    |
| <b>10b</b> |  |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  |     | X  |
| <b>b</b>   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | X   |    |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  |     | X  |
| <b>c</b>   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   |     | X  |
| <b>12c</b> |  |     |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | X   |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | X   |    |
| <b>15</b>  | 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?   |     |    |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>b</b>   | Other officers or key employees of the organization  | X   |    |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| <b>b</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? |     |    |
| <b>16b</b> |  |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on 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.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **The Organization - 337-478-9717**  
**791 E Bayou Pines Dr, Lake Charles, LA 70601**

**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**

**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. See instructions for the order in which to list the persons above.

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

| (A)<br>Name and title                   | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) AMANDA COX<br>MEMBER-AT-LARGE       | 2.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (2) JACKIE MYERS<br>MEMBER-AT-LARGE     | 2.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (3) MELISSA HAMILTON<br>MEMBER-AT-LARGE | 2.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (4) REBECCA SLONE<br>MEMBER-AT-LARGE    | 2.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (5) TONYA MECHE<br>MEMBER-AT-LARGE      | 2.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) DRU ELLENDER<br>PRESIDENT           | 2.00  |   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (7) DEBBIE LINK<br>PRESIDENT ELECT      | 2.00  |   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (8) TRICIA PHILLIPS<br>TREASURER        | 2.00  |   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (9) STEVE FLOYD<br>PAST PRESIDENT       | 2.00  |   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (10) APRIL MANUEL<br>CEO                | 2.00  |   |                       | X       |              |                              |        | 11,750.  | 0.  | 0.  |
| (11) CYNDE PETTIT<br>CEO                | 2.00  |   |                       | X       |              |                              |        | 47,519.  | 0.  | 0.  |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |
|   |   |   |                       |         |              |                              |        |  |   |   |



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
| <b>1b Subtotal</b> .....   |   |   |                       |         |              |                              |        | 59,269.  | 0.  | 0.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |   |   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>d Total (add lines 1b and 1c)</b> .....                           |   |   |                       |         |              |                              |        | 59,269.  | 0.  | 0.  |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....  |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> ..... |     | X  |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....                       |     | X  |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE                             |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

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

|   |   |                      |                | (A)           | (B)                                | (C)                        | (D)  |  |
|---|---|----------------------|----------------|---------------|------------------------------------|----------------------------|--|--|
|   |   |                      |                | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>   | <b>1 a</b> Federated campaigns  | <b>1a</b>            |                |               |                                    |                            |  |  |
|   | <b>b</b> Membership dues  | <b>1b</b>            | 275,873.       |               |                                    |                            |  |  |
|   | <b>c</b> Fundraising events   | <b>1c</b>            |                |               |                                    |                            |  |  |
|   | <b>d</b> Related organizations  | <b>1d</b>            |                |               |                                    |                            |  |  |
|   | <b>e</b> Government grants (contributions)  | <b>1e</b>            |                |               |                                    |                            |  |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above | <b>1f</b>            |                |               |                                    |                            |  |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f                                  | <b>1g</b>            | \$             |               |                                    |                            |  |  |
|   | <b>h Total.</b> Add lines 1a-1f   |                      |                | 275,873.      |                                    |                            |  |  |
| <b>Program Service Revenue</b>  | <b>2 a</b> Multiple Listing Servi   | <b>Business Code</b> | 531390         | 247,125.      | 247,125.                           |                            |  |  |
|   | <b>b</b> MLS Initiation Fees  |                      | 531390         | 15,310.       | 15,310.                            |                            |  |  |
|   | <b>c</b> MLS Miscellaneous  |                      | 533119         | 8,079.        | 8,079.                             |                            |  |  |
|   | <b>d</b>  |                      |                |               |                                    |                            |  |  |
|   | <b>e</b>  |                      |                |               |                                    |                            |  |  |
|   | <b>f</b> All other program service revenue  |                      |                |               |                                    |                            |  |  |
|   | <b>g Total.</b> Add lines 2a-2f   |                      |                | 270,514.      |                                    |                            |  |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and other similar amounts)   |                      |                | 769.          |                                    |                            | 769.   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds                             |                      |                |               |                                    |                            |  |  |
|   | <b>5</b> Royalties  |                      |                |               |                                    |                            |  |  |
|   | <b>6 a</b> Gross rents  | <b>6a</b>            | (i) Real       |               |                                    |                            |  |  |
|   |   |                      | (ii) Personal  |               |                                    |                            |  |  |
|   |   |                      |                |               |                                    |                            |  |  |
|   | <b>b</b> Less: rental expenses  | <b>6b</b>            |                |               |                                    |                            |  |  |
|   | <b>c</b> Rental income or (loss)  | <b>6c</b>            |                |               |                                    |                            |  |  |
|   | <b>d</b> Net rental income or (loss)  |                      |                |               |                                    |                            |  |  |
|   | <b>7 a</b> Gross amount from sales of assets other than inventory                       | <b>7a</b>            | (i) Securities |               |                                    |                            |  |  |
|   |   |                      | (ii) Other     |               |                                    |                            |  |  |
|   |   |                      |                |               |                                    |                            |  |  |
|   | <b>b</b> Less: cost or other basis and sales expenses                                   | <b>7b</b>            |                |               |                                    |                            |  |  |
|   | <b>c</b> Gain or (loss)   | <b>7c</b>            |                |               |                                    |                            |  |  |
| <b>d</b> Net gain or (loss)   |   |                      |                |               |                                    |                            |  |  |
| <b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | <b>8a</b>   |                      |                |               |                                    |                            |  |  |
|   |   |                      |                |               |                                    |                            |  |  |
|   |   |                      |                |               |                                    |                            |  |  |
| <b>b</b> Less: direct expenses  | <b>8b</b>   |                      |                |               |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from fundraising events   |   |                      |                |               |                                    |                            |  |  |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19  | <b>9a</b>   |                      |                |               |                                    |                            |  |  |
|   |   |                      |                |               |                                    |                            |  |  |
|   |   |                      |                |               |                                    |                            |  |  |
| <b>b</b> Less: direct expenses  | <b>9b</b>   |                      |                |               |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from gaming activities  |   |                      |                |               |                                    |                            |  |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances   | <b>10a</b>  |                      |                |               |                                    |                            |  |  |
|   |   |                      |                |               |                                    |                            |  |  |
|   |   |                      |                |               |                                    |                            |  |  |
| <b>b</b> Less: cost of goods sold   | <b>10b</b>  |                      |                |               |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from sales of inventory   |   |                      |                |               |                                    |                            |  |  |
| <b>Miscellaneous Revenue</b>  | <b>11 a</b> Other Revenue-Related   | <b>Business Code</b> | 531390         | 30,125.       | 30,125.                            |                            |  |  |
|   | <b>b</b> Miscellaneous Income   |                      | 531390         | 11,168.       | 11,168.                            |                            |  |  |
|   | <b>c</b> Key System   |                      | 531390         | 3,040.        | 3,040.                             |                            |  |  |
|   | <b>d</b> All other revenue  |                      |                |               |                                    |                            |  |  |
|   | <b>e Total.</b> Add lines 11a-11d   |                      |                | 44,333.       |                                    |                            |  |  |
| <b>12 Total revenue.</b> See instructions   |   |                      | 591,489.       | 314,847.      | 0.                                 | 769.                       |  |  |

**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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   |                       |                                 |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22  |                       |                                 |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   |                       |                                 |  |                             |
| 4 Benefits paid to or for members  |                       |                                 |  |                             |
| 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   | 138,602.              |                                 |  |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 950.                  |                                 |  |                             |
| 9 Other employee benefits  |                       |                                 |  |                             |
| 10 Payroll taxes   | 11,726.               |                                 |  |                             |
| 11 Fees for services (nonemployees):   |                       |                                 |  |                             |
| a Management   |                       |                                 |  |                             |
| b Legal  | 7,130.                |                                 |  |                             |
| c Accounting   | 25,954.               |                                 |  |                             |
| d Lobbying   |                       |                                 |  |                             |
| e 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   |                       |                                 |  |                             |
| 13 Office expenses   | 3,926.                |                                 |  |                             |
| 14 Information technology  |                       |                                 |  |                             |
| 15 Royalties   |                       |                                 |  |                             |
| 16 Occupancy   | 29,788.               |                                 |  |                             |
| 17 Travel  | 33,639.               |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings  |                       |                                 |  |                             |
| 20 Interest  | 22,441.               |                                 |  |                             |
| 21 Payments to affiliates  |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization   | 900.                  |                                 |  |                             |
| 23 Insurance   | 10,625.               |                                 |  |                             |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| a <b>Computer Expense</b>  | 186,296.              |                                 |  |                             |
| b <b>Installation &amp; Awards</b>   | 28,740.               |                                 |  |                             |
| c <b>Larpac Expense</b>  | 20,923.               |                                 |  |                             |
| d <b>Public Relations</b>  | 1,732.                |                                 |  |                             |
| e All other expenses   | 37,141.               |                                 |  |                             |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24e   | 560,513.              |                                 |  |                             |
| 26 <b>Joint costs.</b> 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

|   |  | (A)<br>Beginning of year |            | (B)<br>End of year    |
|---|--|--------------------------|------------|-----------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 6,044.                   | <b>1</b>   | 26,529.               |
|   | <b>2</b> Savings and temporary cash investments .....  | 808,834.                 | <b>2</b>   | 335,504.              |
|   | <b>3</b> Pledges and grants receivable, net .....  |                          | <b>3</b>   |                       |
|   | <b>4</b> Accounts receivable, net .....  |                          | <b>4</b>   | 222.                  |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                          | <b>5</b>   |                       |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | <b>6</b>   |                       |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>   |                       |
|   | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>   |                       |
|   | <b>9</b> Prepaid expenses and deferred charges .....   |                          | <b>9</b>   |                       |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 1,083,351.    |            |                       |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 12,075.       | 3,649.     | <b>10c</b> 1,071,276. |
|   | <b>11</b> Investments - publicly traded securities .....   |                          | <b>11</b>  |                       |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>  |                       |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>  |                       |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>  |                       |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   |                          | <b>15</b>  |                       |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... |  | 818,527.                 | <b>16</b>  | 1,433,531.            |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 4,529.                   | <b>17</b>  | 0.                    |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>  |                       |
|   | <b>19</b> Deferred revenue .....   |                          | <b>19</b>  |                       |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>  |                       |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>  |                       |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                          | <b>22</b>  |                       |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>  | 586,958.              |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>  |                       |
|   | <b>25</b> 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 .....  | 7,397.                   | <b>25</b>  | 8,996.                |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 11,926.                  | <b>26</b>  | 595,954.              |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>   |                          |            |                       |
|   | <b>27</b> Net assets without donor restrictions .....  |                          | <b>27</b>  |                       |
|   | <b>28</b> Net assets with donor restrictions .....   |                          | <b>28</b>  |                       |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 29 through 33.</b>  |                          |            |                       |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   | 0.                       | <b>29</b>  | 0.                    |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   | 0.                       | <b>30</b>  | 0.                    |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   | 806,601.                 | <b>31</b>  | 837,577.              |
|   | <b>32 Total net assets or fund balances</b> .....  | 806,601.                 | <b>32</b>  | 837,577.              |
| <b>33 Total liabilities and net assets/fund balances</b> .....            | 818,527.   | <b>33</b>                | 1,433,531. |                       |

**Part 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  | 591,489. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 560,513. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 30,976.  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 806,601. |
| 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 on Schedule O)   | 9  | 0.       |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 837,577. |

**Part 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: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  |     |    |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| b Were the organization's financial statements audited by an independent accountant? _____<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                            |     | X  |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  |     |    |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____  |     | X  |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____   |     |    |

| Form 990-T | Description of Organization's Primary Unrelated Business Activity | Statement | 1 |
|------------|---|-----------|---|
|------------|---|-----------|---|

MULTIPLE LISTING SERVICE-MEMBER SERVED NEWSLETTER AND OTHER EXEMPT FUNCTIONS INFORMATION PUBLISHED IN MULTIPLE LIST BOOKS

To Form 990-T, Page 1

| Form 990-T | Other Deductions | Statement | 2 |
|------------|------------------|-----------|---|
|------------|------------------|-----------|---|

| Description                          | Amount  |
|--------------------------------------|---------|
| SEE ATTACHED STATEMENT               | 86,074. |
| Total to Form 990-T, Page 1, line 27 | 86,074. |

| Form 990-T | Cost of Goods Sold - Other Costs | Statement | 3 |
|------------|----------------------------------|-----------|---|
|------------|----------------------------------|-----------|---|

| Description                              | Amount   |
|--|----------|
| Computer expense for MLS                 | 178,165. |
| Total to Form 990-T, Schedule A, line 4b | 178,165. |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization SWLA Association of Realtors, Inc. Employer identification number 72-6020725

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, acreage, and expenses, and questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures and amounts of revenue and assets.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value    |
|--|--------------------------------------|---------------------------------|------------------------------|-------------------|
| 1a Land  |                                      |                                 |                              |                   |
| b Buildings  | 819,921.                             |                                 |                              | 819,921.          |
| c Leasehold improvements   | 229,150.                             |                                 |                              | 229,150.          |
| d Equipment  | 13,536.                              |                                 | 11,287.                      | 2,249.            |
| e Other  | 20,744.                              |                                 | 788.                         | 19,956.           |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | <b>1,071,276.</b> |



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)      | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives .....   |                |   |
| (2) Closely held equity interests .....                                   |                |   |
| (3) Other .....   |                |   |
| (A)   |                |   |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ |                |   |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |   |

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ |                |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) <b>Other Liabilities</b>  | <b>8,996.</b>  |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | <b>8,996.</b>  |

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions and numerical values for lines 1, 2e, 3, 4c, and 5.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions and numerical values for lines 1, 2e, 3, 4c, and 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 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Multiple horizontal lines provided for entering supplemental information.

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

SWLA Association of Realtors, Inc.

Employer identification number

72-6020725

Form 990, Part VI, Section A, line 6:

The organization has members.

Form 990, Part VI, Section A, line 7b:

Members approve all decisions made by Board of Directors.

Form 990, Part VI, Section B, line 11b:

The Treasurer and CEO review Form 990 before filing.

Form 990, Part VI, Section B, Line 15:

CEO is evaluated by the Executive Committee - written recommendations are approved or denied by the Board of Directors - contract is looked at for renewal and/or extension each year. CEO evaluates Executive Assistant and makes recommendation to Executive Committee.

Form 990, Part VI, Section C, Line 19:

Bylaws are posted on website - all other documents are housed in office and available upon request.

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

## 2019

For calendar year 2019 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ **Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.**

▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
501(c)(3) Organizations Only

|  |                     |  |   |
|--|---------------------|--|---|
| <p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section<br/> <input checked="" type="checkbox"/> 501(c)(6)<br/> <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)<br/> <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)<br/> <input type="checkbox"/> 529(a)</p> | Print<br>or<br>Type | <p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)<br/> <b>SWLA Association of Realtors, Inc.</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.<br/> <b>791 E Bayou Pines Dr</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code<br/> <b>Lake Charles, LA 70601</b></p> | <p><b>D</b> Employer identification number (Employees' trust, see instructions.)<br/> <b>72-6020725</b></p> <p><b>E</b> Unrelated business activity code (See instructions.)<br/> <b>531390</b></p> |
|--|---------------------|--|---|

**C** Book value of all assets at end of year **1,433,531.**

**F** Group exemption number (See instructions.) ▶ \_\_\_\_\_

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Enter the number of the organization's unrelated trades or businesses. ▶ **1** Describe the only (or first) unrelated trade or business here ▶ **See Statement 1**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶ \_\_\_\_\_

**J** The books are in care of ▶ **The Organization** Telephone number ▶ **337-478-9717**

| Part I Unrelated Trade or Business Income |   | (A) Income | (B) Expenses | (C) Net |
|---|---|------------|--------------|---------|
| 1 a                                       | Gross receipts or sales <b>270,515.</b>   |            |              |         |
| b   | Less returns and allowances _____ c Balance ▶ _____   | 1c         | 270,515.     |         |
| 2   | Cost of goods sold (Schedule A, line 7) _____   | 2          | 178,165.     |         |
| 3   | Gross profit. Subtract line 2 from line 1c _____  | 3          | 92,350.      | 92,350. |
| 4 a                                       | Capital gain net income (attach Schedule D) _____   | 4a         |              |         |
| b   | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) _____                      | 4b         |              |         |
| c   | Capital loss deduction for trusts _____   | 4c         |              |         |
| 5   | Income (loss) from a partnership or an S corporation (attach statement) _____               | 5          |              |         |
| 6   | Rent income (Schedule C) _____  | 6          |              |         |
| 7   | Unrelated debt-financed income (Schedule E) _____   | 7          |              |         |
| 8   | Interest, annuities, royalties, and rents from a controlled organization (Schedule F) _____ | 8          |              |         |
| 9   | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) _____      | 9          |              |         |
| 10  | Exploited exempt activity income (Schedule I) _____   | 10         |              |         |
| 11  | Advertising income (Schedule J) _____   | 11         |              |         |
| 12  | Other income (See instructions; attach schedule) _____                                      | 12         |              |         |
| 13  | Total. Combine lines 3 through 12 _____   | 13         | 92,350.      | 92,350. |

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
 (Deductions must be directly connected with the unrelated business income.)

|    |  |     |      |          |
|----|--|-----|------|----------|
| 14 | Compensation of officers, directors, and trustees (Schedule K) _____   |     |      |          |
| 15 | Salaries and wages _____   |     |      | 52,800.  |
| 16 | Repairs and maintenance _____  |     |      |          |
| 17 | Bad debts _____  |     |      |          |
| 18 | Interest (attach schedule) (see instructions) _____  |     |      |          |
| 19 | Taxes and licenses _____   |     |      |          |
| 20 | Depreciation (attach Form 4562) _____  | 20  | 900. |          |
| 21 | Less depreciation claimed on Schedule A and elsewhere on return _____  | 21a |      | 900.     |
| 22 | Depletion _____  |     |      |          |
| 23 | Contributions to deferred compensation plans _____   |     |      |          |
| 24 | Employee benefit programs _____  |     |      |          |
| 25 | Excess exempt expenses (Schedule I) _____  |     |      |          |
| 26 | Excess readership costs (Schedule J) _____   |     |      |          |
| 27 | Other deductions (attach schedule) _____ <b>See Statement 2</b>  |     |      | 86,074.  |
| 28 | Total deductions. Add lines 14 through 27 _____  |     |      | 139,774. |
| 29 | Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 _____           |     |      | -47,424. |
| 30 | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) _____ |     |      | 0.       |
| 31 | Unrelated business taxable income. Subtract line 30 from line 29 _____   |     |      | -47,424. |

| <b>Part III Total Unrelated Business Taxable Income</b>  |             |
|--|-------------|
| 32 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)                                    | 32 -47,424. |
| 33 Amounts paid for disallowed fringes   | 33          |
| 34 Charitable contributions (see instructions for limitation rules)  | 34 0.       |
| 35 Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33             | 35 -47,424. |
| 36 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)   | 36 0.       |
| 37 Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35   | 37 -47,424. |
| 38 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)   | 38 1,000.   |
| 39 <b>Unrelated business taxable income.</b> Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37 | 39 -47,424. |

| <b>Part IV Tax Computation</b>  |       |
|---|-------|
| 40 <b>Organizations Taxable as Corporations.</b> Multiply line 39 by 21% (0.21)   | 40 0. |
| 41 <b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 39 from:<br><input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | 41    |
| 42 <b>Proxy tax.</b> See instructions   | 42    |
| 43 <b>Alternative minimum tax (trusts only)</b>   | 43    |
| 44 <b>Tax on Noncompliant Facility Income.</b> See instructions   | 44    |
| 45 <b>Total.</b> Add lines 42, 43, and 44 to line 40 or 41, whichever applies   | 45 0. |

| <b>Part V Tax and Payments</b>  |       |
|---|-------|
| 46a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)   | 46a   |
| b Other credits (see instructions)  | 46b   |
| c General business credit. Attach Form 3800   | 46c   |
| d Credit for prior year minimum tax (attach Form 8801 or 8827)  | 46d   |
| e <b>Total credits.</b> Add lines 46a through 46d   | 46e   |
| 47 Subtract line 46e from line 45   | 47 0. |
| 48 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) | 48    |
| 49 <b>Total tax.</b> Add lines 47 and 48 (see instructions)   | 49 0. |
| 50 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3   | 50 0. |
| 51a Payments: A 2018 overpayment credited to 2019   | 51a   |
| b 2019 estimated tax payments   | 51b   |
| c Tax deposited with Form 8868  | 51c   |
| d Foreign organizations: Tax paid or withheld at source (see instructions)  | 51d   |
| e Backup withholding (see instructions)   | 51e   |
| f Credit for small employer health insurance premiums (attach Form 8941)  | 51f   |
| g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total  | 51g   |
| 52 <b>Total payments.</b> Add lines 51a through 51g   | 52    |
| 53 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>  | 53    |
| 54 <b>Tax due.</b> If line 52 is less than the total of lines 49, 50, and 53, enter amount owed   | 54    |
| 55 <b>Overpayment.</b> If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid   | 55    |
| 56 Enter the amount of line 55 you want: <b>Credited to 2020 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>  | 56    |

| <b>Part VI Statements Regarding Certain Activities and Other Information</b> (see instructions)   |     |    |
|---|-----|----|
| 57 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here | Yes | No |
|   |     | X  |
| 58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.  |     | X  |
| 59 Enter the amount of tax-exempt interest received or accrued during the tax year \$   |     |    |

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

|   |   |                              |      |   |                          |
|---|---|------------------------------|------|---|--------------------------|
| <b>Paid Preparer Use Only</b>                                   | Print/Type preparer's name<br><b>Mollie C. Broussard, CPA</b> | Preparer's signature         | Date | Check <input type="checkbox"/> if self-employed | PTIN<br><b>P00166708</b> |
|   | Firm's name <b>MCELROY, QUIRK &amp; BURCH (APC)</b>           | Firm's EIN <b>72-1086674</b> |      | Phone no. <b>337-433-1063</b>                   |                          |
| Firm's address <b>P.O. BOX 3070 LAKE CHARLES, LA 70602-3070</b> |   |                              |      |   |                          |

May the IRS discuss this return with the preparer shown below (see instructions)?  **Yes**  **No**

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

|    |   |    |          |   |  |     |          |
|----|---|----|----------|---|--|-----|----------|
| 1  | Inventory at beginning of year                  | 1  | 0.       | 6 | Inventory at end of year   | 6   | 0.       |
| 2  | Purchases                                       | 2  |          | 7 | <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2                           | 7   | 178,165. |
| 3  | Cost of labor                                   | 3  |          | 8 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes | No       |
| 4a | Additional section 263A costs (attach schedule) | 4a |          |   |  |     |          |
| b  | Other costs (attach schedule) **                | 4b | 178,165. |   |  |     | X        |
| 5  | <b>Total.</b> Add lines 1 through 4b            | 5  | 178,165. |   |  |     |          |

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

|     |  |
|-----|--|
| (1) |  |
| (2) |  |
| (3) |  |
| (4) |  |

2. Rent received or accrued

| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| (1)   |   |   |
| (2)   |   |   |
| (3)   |   |   |
| (4)   |   |   |
| Total   | 0.  | Total 0.  |

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0. (b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

| 1. Description of debt-financed property  | 2. Gross income from or allocable to debt-financed property                           | 3. Deductions directly connected with or allocable to debt-financed property |  |   |
|---|---|--|--|---|
|   |   | (a) Straight line depreciation (attach schedule)                             | (b) Other deductions (attach schedule)                   |   |
| (1)   |   |  |  |   |
| (2)   |   |  |  |   |
| (3)   |   |  |  |   |
| (4)   |   |  |  |   |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5  | 7. Gross income reportable (column 2 x column 6)         | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1)   |   | %  |  |   |
| (2)   |   | %  |  |   |
| (3)   |   | %  |  |   |
| (4)   |   | %  |  |   |
| <b>Totals</b>   |   |  | Enter here and on page 1, Part I, line 7, column (A). 0. | Enter here and on page 1, Part I, line 7, column (B). 0.            |
| <b>Total dividends-received deductions</b> included in column 8                                   |   |  |  | 0.  |

\*\* See Statement 3

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations                   |                                     |   |  |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
|                                    |                                   | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1)                                |                                   |   |                                     |   |  |
| (2)                                |                                   |   |                                     |   |  |
| (3)                                |                                   |   |                                     |   |  |
| (4)                                |                                   |   |                                     |   |  |

**Nonexempt Controlled Organizations**

| 7. Taxable income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|-------------------|---|-------------------------------------|--|--|
| (1)               |   |                                     |  |  |
| (2)               |   |                                     |  |  |
| (3)               |   |                                     |  |  |
| (4)               |   |                                     |  |  |

|                     |  |  |  |  |
|---------------------|--|--|--|--|
|                     |  |  | Add columns 5 and 10.<br>Enter here and on page 1, Part I, line 8, column (A). | Add columns 6 and 11.<br>Enter here and on page 1, Part I, line 8, column (B). |
| <b>Totals</b> ..... |  |  | 0.   | 0.   |

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|--------------------------|---------------------|--|---------------------------------|---|
| (1)                      |                     |  |                                 |   |
| (2)                      |                     |  |                                 |   |
| (3)                      |                     |  |                                 |   |
| (4)                      |                     |  |                                 |   |

|                     |  |   |  |   |
|---------------------|--|---|--|---|
|                     |  | Enter here and on page 1, Part I, line 9, column (A). |  | Enter here and on page 1, Part I, line 9, column (B). |
| <b>Totals</b> ..... |  | 0.  |  | 0.  |

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|---|---|--|---|--------------------------------------|--|
| (1)                                  |   |   |  |   |                                      |  |
| (2)                                  |   |   |  |   |                                      |  |
| (3)                                  |   |   |  |   |                                      |  |
| (4)                                  |   |   |  |   |                                      |  |

|                     |  |  |  |  |   |
|---------------------|--|--|--|--|---|
|                     |  | Enter here and on page 1, Part I, line 10, col. (A). | Enter here and on page 1, Part I, line 10, col. (B). |  | Enter here and on page 1, Part II, line 25. |
| <b>Totals</b> ..... |  | 0.   | 0.   |  | 0.  |

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|-----------------------|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1)                   |                             |                             |  |                       |                     |   |
| (2)                   |                             |                             |  |                       |                     |   |
| (3)                   |                             |                             |  |                       |                     |   |
| (4)                   |                             |                             |  |                       |                     |   |

|  |  |    |    |  |  |    |
|--|--|----|----|--|--|----|
| <b>Totals</b> (carry to Part II, line (5)) ..... |  | 0. | 0. |  |  | 0. |
|--|--|----|----|--|--|----|

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical                    | 2. Gross advertising income                                    | 3. Direct advertising costs                                    | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|--|--|--|-----------------------|---------------------|---|
| (1)                                      |  |  |  |                       |                     |   |
| (2)                                      |  |  |  |                       |                     |   |
| (3)                                      |  |  |  |                       |                     |   |
| (4)                                      |  |  |  |                       |                     |   |
| <b>Totals from Part I</b> .....          | <b>0.</b>  | <b>0.</b>  |  |                       |                     | <b>0.</b>   |
| <b>Totals, Part II (lines 1-5)</b> ..... | Enter here and on page 1, Part I, line 11, col. (A). <b>0.</b> | Enter here and on page 1, Part I, line 11, col. (B). <b>0.</b> |  |                       |                     | Enter here and on page 1, Part II, line 26. <b>0.</b>                             |

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

| 1. Name  | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|--|----------|--|--|
| (1)  |          | %                                      |  |
| (2)  |          | %                                      |  |
| (3)  |          | %                                      |  |
| (4)  |          | %                                      |  |
| <b>Total.</b> Enter here and on page 1, Part II, line 14 ..... |          |  | <b>0.</b>  |



| Form 990-T | Description of Organization's Primary Unrelated Business Activity | Statement | 1 |
|------------|---|-----------|---|
|------------|---|-----------|---|

MULTIPLE LISTING SERVICE-MEMBER SERVED NEWSLETTER AND OTHER EXEMPT FUNCTIONS INFORMATION PUBLISHED IN MULTIPLE LIST BOOKS

To Form 990-T, Page 1

| Form 990-T | Other Deductions | Statement | 2 |
|------------|------------------|-----------|---|
|------------|------------------|-----------|---|

| Description                          | Amount  |
|--------------------------------------|---------|
| SEE ATTACHED STATEMENT               | 86,074. |
| Total to Form 990-T, Page 1, line 27 | 86,074. |

| Form 990-T | Cost of Goods Sold - Other Costs | Statement | 3 |
|------------|----------------------------------|-----------|---|
|------------|----------------------------------|-----------|---|

| Description                              | Amount   |
|--|----------|
| Computer expense for MLS                 | 178,165. |
| Total to Form 990-T, Schedule A, line 4b | 178,165. |

**SWLA Association of Realtors, Inc.**  
**72-6020725**  
**December 31, 2019**

**Other Deductions - Line 28:**

|                          |        |
|--------------------------|--------|
| Accounting               | 11,959 |
| Bank Charges             | 248    |
| Computer Expense         | 3,746  |
| Copy machine expense     | 389    |
| Credit Card Fees         | 1,272  |
| Employee Mileage         | 60     |
| Insurance                | 4,896  |
| Interest Expense         | 10,340 |
| Janitorial service       | 1,203  |
| Key system               | 896    |
| 1/2 Meals Expense        | 1,565  |
| Office supplies          | 1,809  |
| Rent                     | 11,048 |
| Retirement Pension Plan  | 855    |
| Taxes - payroll          | 10,554 |
| Telephone                | 1,474  |
| Utilities                | 2,677  |
| Affiliate member expense | 1,384  |
| Bd. of directors expense | 658    |
| Larpac Auction expense   | 9,641  |
| Legislative Affairs      | 46     |
| Community Involvement    | 9      |
| Public relations         | 330    |
| President Fund           | 55     |
| Install & GMM            | 13,243 |
| YPN Committee Expense    | 278    |
| Association Growth       | 468    |
| Leadership               | 1,163  |
| Staff expense            | 185    |
| State director expense   | 49     |
| Dues and Subscriptions   | 154    |

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92,654

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McElroy, Quirk & Burch (APC)  
P.O. Box 3070  
Lake Charles, LA 70602-3070  
337-433-1063

SWLA Association of Realtors, Inc.  
791 E Bayou Pines Drive  
Lake Charles, LA 70601

SWLA Association of Realtors, Inc.:

We have prepared and enclosed your 2019 Louisiana Corporation income tax return for the year ended December 31, 2019.

The Louisiana Form CIFT-620 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the LDR, please sign, date and return Form LA8453C to our office. We will then submit the electronic return to the LDR. Do not mail a paper copy of the return to the LDR.

No payment is required with this return when filed.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Yours very truly,

Mollie C. Broussard, CPA



## Unrelated Business Income Worksheet for IRC 401(a) and 501 Organizations

Print your LA Revenue Account Number here. > **204669001**

|  |   |
|--|---|
| Name as shown on CIFT-620<br><b>SWLA Association of Realtors, Inc.</b> | Income Taxable Period Covered<br><b>December 31, 2019</b> |
|--|---|

### General Information

Louisiana Revised Statute 47:287.501 provides that an organization described in Internal Revenue Code Sections 401(a) or 501 shall be exempt from income taxation to the extent the organization is exempt from income taxation under federal law, unless the contrary is expressly provided. Accordingly, an exempt organization that has income from an unrelated trade or business and files a Federal Form 990-T with the Internal Revenue Service is subject to file and report its Louisiana sourced unrelated business income to Louisiana. Louisiana Administrative Code 61:I.1140 and Revenue Information Bulletin 09-009 have been published providing guidance whereby these organizations are not exempt from taxation on the Louisiana sourced unrelated business income or income not included under I.R.C. Sections 401(a) or 501, and they are required to file a Form CIFT-620 reporting such income.

This worksheet will serve as a guide in determining the amount of Louisiana sourced unrelated business income that the organization must report and the amount of federal income tax that is allowed as a deduction. The instructions for each line on the worksheet refers to a corresponding line or schedule for Form CIFT-620. When completing this worksheet, include only income items related to the production of unrelated business income. Also note that Form CIFT-620, Lines 7A through 13 are not required to be completed if these organizations are not subject to the Louisiana Franchise Tax.

| <b>Unrelated Business Income</b>   |  |   |                    |
|--|--|---|--------------------|
| To determine the amount of unrelated business income that should be reported to Louisiana, complete Lines 1 and 2 below.                           |  |   |                    |
| 1  | Federal net unrelated business taxable income – Print the amount from Federal Form 990-T, Line 34 here and on Form CIFT-620, Schedule P, Line 26.  | 1 | <b>-125,945.00</b> |
| 2  | Louisiana net unrelated business taxable income – Complete Form CIFT-620, Schedule P and Schedule Q, if applicable, to calculate Louisiana net unrelated business taxable income. Print the amount from Form CIFT-620, Schedule P, Line 31 here and on Form CIFT-620, Line 1A. | 2 | <b>-125,945.00</b> |
| <b>Federal Income Tax Deduction</b>  |  |   |                    |
| To determine the amount of federal income tax that is allowed as a deduction from Louisiana unrelated business income, complete Lines 3 – 5 below. |  |   |                    |
| 3  | Federal income tax liability – Print the amount shown on Federal Form 990-T, Line 39.  | 3 | <b>0.00</b>        |
| 4  | Ratio of Louisiana net unrelated business taxable income to federal net unrelated business income – Divide Line 2 by Line 1. Round to two decimal places.  | 4 | <b>100.00 %</b>    |
| 5  | Federal income tax deduction – Multiply the amount of the federal income tax liability on Line 3 above by the ratio determined on Line 4. Print the result here and on Form CIFT-620, Line 1E.   | 5 |                    |
| <b>Louisiana Net Taxable Income</b>  |  |   |                    |
| 6  | Louisiana taxable income – Subtract Line 5 from Line 2. Print the balance here and on Form CIFT-620, Line 1F and on Schedule E, Line 1.  | 6 | <b>-125,945.00</b> |
| <b>Tax Calculation</b>   |  |   |                    |
| 7  | Louisiana income tax – Follow the instructions for Form CIFT-620, Schedule E. Print the amount from Schedule E, Line 4 here and on Form CIFT-620, Line 2.  | 7 | <b>0.00</b>        |

**Follow the instructions for completing Form CIFT-620.**

**Attach Schedules P and Q and this worksheet to the completed Form CIFT-620.**

