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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning , 2009, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization CAROLINAS CHAPTER OF S.I.O.R., LTD. Number and street (or P O box, if mail is not delivered to street address) Room/suite 23 OAK BRANCH DRIVE City or town, state or country, and ZIP + 4 GREENSBORO, NC 27407	D Employer identification number 56-1304185
			E Telephone number (336) 854-5868
			F Group Exemption Number . . . ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

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

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ N/A

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

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$ 210,152.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	29,780.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	34,300.
	4	Investment income	4	1,400.
	5 a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
b	Less direct expenses other than fundraising expenses	6b		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7 a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ ATCH 2)	8	144,672.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	210,152.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	5,000.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	0.
	13	Professional fees and other payments to independent contractors	13	854.
	14	Occupancy, rent, utilities, and maintenance	14	4,233.
	15	Printing, publications, postage, and shipping	15	2,602.
	16	Other expenses (describe ▶ ATCH 3)	16	147,565.
	17	Total expenses. Add lines 10 through 16	17	160,254.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	49,898.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	99,183.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	149,081.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	98,885.	148,902.
23 Land and buildings	298.	179.
24 Other assets (describe ▶)		
25 Total assets	99,183.	149,081.
26 Total liabilities (describe ▶)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	99,183.	149,081.

65 14

Part V Other Information (Note the statement requirements in the instructions for Part V)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . .	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ ; section 4912 ▶ , section 4955 ▶		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ▶ NC		
42 a The organization's books are in care of ▶ BARBARA GILLILAND Telephone no ▶ 336-854-5868		
Located at ▶ 23 OAK BRANCH DRIVE GREENSBORO, NC ZIP + 4 ▶ 27407		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
If "Yes," enter the name of the foreign country. ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c	X
If "Yes," enter the name of the foreign country ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. ▶		
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Form 990-EZ (2009)

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I **46** ☐ Yes ☐ No
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **47** ☐ Yes ☐ No
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** ☐ Yes ☐ No
- 49 a** Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ Yes ☐ No
- b** If "Yes," was the related organization a section 527 organization? **49b** ☐ Yes ☐ No
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

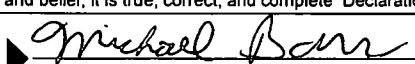
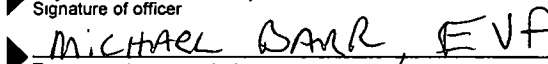
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 **f**

- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors receiving over \$100,000 **d**

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 officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		6/10/10 Date	
Paid Preparer's Use Only	 Type or print name and title		Date 6/2/10	
	Preparer's signature		Check if self-employed <input type="checkbox"/>	
	Firm's name (or yours if self-employed), address, and ZIP + 4 LEEPER, KEAN & RUMLEY, L.L.P. 3625 N ELM STREET, SUITE 100-A GREENSBORO, NC 27455		Preparer's identifying number (See instructions) EIN 56-1333355 Phone no 336-274-3700	
	May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Form 990-EZ (2009)

CAROLINAS CHAPTER OF S.I.O.R., LTD.

56-1304185

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>AMOUNT</u>
INTEREST INCOME	1,400.
TOTAL	<u>1,400.</u>

CAROLINAS CHAPTER OF S.I.O.R., LTD.

56-1304185

ATTACHMENT 2

FORM 990EZ, PART I - OTHER REVENUE

SC COMMERCIAL FORECAST INCOME
CONFERENCES

14,572.
130,100.

TOTALS

144,672.

ATTACHMENT 3FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	12.
TRAVEL	6,657.
CONFERENCES, CONVENTIONS	120,737.
DEPRECIATION	119.
CONTRIBUTIONS	850.
TAXES	8.
GIFTS	1,576.
AWARDS	57.
EDUCATION EXPENSE	1,599.
BANK SERVICE CHARGES	420.
INSURANCE	165.
RECRUITING	365.
ADMINISTRATIVE EXPENSES	15,000.
TOTAL	<u>147,565.</u>

ATTACHMENT 4FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	98,885.	148,902.
TOTALS	<u>98,885.</u>	<u>148,902.</u>

ATTACHMENT 5

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROMOTE THE IMAGE AND REPUTATION OF THE SOCIETY AND ITS SIOR DESIGNEE MEMBERS BY GIVING ASSISTANCE AND GUIDANCE TO CANDIDATES SEEKING TO BECOME DESIGNEES, PROVIDING OPPORTUNITES FOR PARTICIPATION BY MEMBERS IN AN ONGOING PROGRAM OF REAL ESTATE EDUCATION BY SUPPORTING THE EDUCATION PROGRAM OF THE INSTITUTE, CONDUCTING APPROVED REAL ESTATE COURSES AND SEMINARS FOR THE CHAPTER, AND BY ASSISTING THE SOCIETY IN ACHIEVING THEIR PURPOSE AND OBJECTIVES, INCLUDING THOSE RELATED TO MARKET FEEDBACK, COURSE PROMOTION, PUBLIC RELATION, MEMBERSHIP RECRUITMENT AND RETENTION, ALSO IN PROVIDING A FORUM FOR THE EXCHANGE OF INFORMATION AND BUSINESS DEVELOPMENT.

CAROLINAS CHAPTER OF S.I.O.R., LTD.

56-1304185

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEESATTACHMENT 6

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT. AND OTHER ALLOWANCES</u>
STEPHEN B. SMITH P.O. BOX 2487 GREENVILLE, SC 29602	IMMEDIATE PAST PRESIDENT 1.00	0.	0.	0.
LEAH BAILEY 440 SOUTH CHURCH STREET SUITE 800 CHARLOTTE, NC 28202	PRESIDENT 1.00	0.	0.	0.
C. MARSHALL KIBLER 1111 LAUREL STREET COLUMBIA, SC 29211	VICE PRESIDENT 1.00	0.	0.	0.
MARTIN A. MOORE 1333 MAIN STREET, SUITE 700 COLUMBIA, SC 29201	TREASURER 1.00	0.	0.	0.
LAURENS C. NICHOLSON 101 A WEST COURT STREET GREENVILLE, SC 29601	ADMISSIONS CHAIR 1.00	0.	0.	0.
HAGOOD S. MORRISON 151 MEETING STREET, SUITE 350 CHARLESTON, SC 29401	FORECAST CHAIR 1.00	0.	0.	0.
JEFFREY K. HEIN 1901 MAIN STREET, SUITE 200	PUBLIC RELATIONS CHAIR 1.00	0.	0.	0.

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56-1304185

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEESATTACHMENT 6 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT. AND OTHER ALLOWANCES</u>
COLUMBIA, SC 29201				
CHARLES W. SALLEY 1301 GERVAIS STREET, SUITE 600 COLUMBIA, SC 29201-1610	SECRETARY 1.00	0.	0.	0.
TEDDY CHAPMAN 212 SOUTH TRYON STREET, SUITE 375 CHARLOTTE, NC 28281	PROGRAMS CHAIR 1.00	0.	0.	0.
LEE CLYBURN 1511 SUNDAY DRIVE SUITE 200 RALEIGH, NC 27607	MEMBERSHIP DEVELOPMENT 1.00	0.	0.	0.
DODSON SCHENK 101 CENTREPORT DRIVE SUITE 160 GREENSBORO, NC 27409	SPONSORSHIP CHAIR 1.00	0.	0.	0.
ROBIN BOYLAN 410 EXECUTIVE PARK ASHEVILLE, NC 28801	TECHNOLOGY CHAIR 1.00	0.	0.	0.
GRAND TOTALS		0.	0.	0.

Carolinas Chapter of S.I.O.R., LTD.
Form 990EZ Part I, Line 10
Grants and Similar Amounts Paid
12/31/2009

<u>Scholarship</u>	<u>Recipient</u>	<u>Amount</u>
SIOR Annual Fellowship	Clemson University 201 Sikes Hall Clemson, SC 29634	\$ 5,000.00