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Form **990-EZ****Short Form
Return of Organization Exempt From Income Tax**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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

OMB No 1545-1150

2010**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20****B Check if applicable**

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

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****G Accounting method** ☒ Cash ☐ Accrual Other (specify) ►**I Website:** ► N/A**J Tax-exempt status**

(check only one)

501(c)(3)

☒

501(c) (6)

◀ (insert no)

4947(a)(1) or

527

H Check ☐ if the organization is not required to attach Schedule B

(Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required through Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,**

line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

► \$ 101,582.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I. ☒

Revenue	1	Contributions, gifts, and similar amounts received	1	27,500.	
	2	Program service revenue including government fees and contracts	2		
	3	Membership dues and assessments	3	58,775.	
	4	Investment income	4	538.	
	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	Gaming and fundraising events			
		a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
		b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of subtotals income and contributions exceed \$15,000)	6b		
		c Less direct expenses gaming and fundraising events	6c		
	6d	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
		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 in Schedule O), ATCH 2	8	14,769.	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	101,582.	
Expenses	10	Grants and similar amounts paid (list in Schedule O), ATCH 6	10	6,000.	
	11	Benefits paid to or for members	11		
	12	Salaries, other compensation, and employee benefits	12		
	13	Professional fees and other payments to independent contractors	13	861.	
	14	Occupancy, rent, utilities, and maintenance	14	2,983.	
	15	Printing, publications, postage, and shipping	15	2,580.	
	16	Other expenses (describe in Schedule O), ATCH 3	16	52,504.	
	17	Total expenses. Add lines 10 through 16	17	64,928.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	36,654.	
	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	149,081.	
	20	Other changes in net assets or fund balances (explain in Schedule O)	20		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	185,736.	

For Paperwork Reduction Act Notice, see the separate Instructions.

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Part V Other Information (Note the statement requirements in the instructions for Part V)
Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		
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.		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?		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 tax year covered by this return?		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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
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		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)?		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 ?		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. ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		
44b		X
c Did the organization receive any payments for indoor tanning services during the year?		X
44c		
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
44d		

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- | | Yes | No |
|-----|-----|----|
| 45 | | X |
| 45a | | X |
| 46 | | X |
- 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ
- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this part VI ☐

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

(a) Name and 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

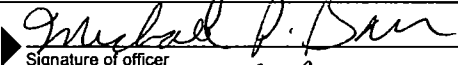

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(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

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

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

Sign Here	 Signature of officer	6/13/2011 Date			
	MICHAEL P. BARP CHIEF EXECUTIVE OFFICER Type or print name and title				
Paid Preparer Use Only	Print/preparer's name Jeffrey D. McGowan	Preparer's signature 	Date 5/9/11	Check <input type="checkbox"/> if self-employed	PTIN P00291676
	Firm's name LEEPER, KEAN & RUMLEY, LLP		Firm's EIN 56-1333355		
	Firm's address 3625 N ELM STREET, SUITE 100-A GREENSBORO, NC 27455		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				

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.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

Employer identification number

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

56-1304185

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

DESCRIPTION

AMOUNT

INTEREST INCOME

538.

TOTAL

538.

ATTACHMENT 2

FORM 990EZ, PART I - OTHER REVENUE

SC COMMERCIAL FORECAST INCOME

13,835.

MISCELLANEOUS INCOME

934.

TOTALS

14,769.

ATTACHMENT 3

FORM 990EZ, PART I - OTHER EXPENSES

TRAVEL

7,637.

CONFERENCES, CONVENTIONS

27,514.

DEPRECIATION

119.

ADMINISTRATIVE EXPENSES

15,675.

TAXES

9.

AWARDS

412.

BANK SERVICE CHARGES

947.

INSURANCE

191.

TOTAL

52,504.

ATTACHMENT 4

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

DESCRIPTION

BEGINNING
OF YEAR

END
OF YEAR

CASH

148,902.

185,676.

TOTALS

148,902.

185,676.

Name of the organization

Employer identification number

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

56-1304185

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.

FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS

ATTACHMENT 6

IN EXCESS OF \$5000

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

GRANTS PAID

CLEMSON UNIVERSITY
201 SIKES HALL
CLEMSON, SC 29634

EDUCATION - SIOR ANNUAL FELLOWSHIP

6,000

TOTAL CONTRIBUTIONS PAID

6,000

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

56-1304185

ATTACHMENT 7FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

<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>
LEAH BAILEY 440 SOUTH CHURCH STREET SUITE 800 CHARLOTTE, NC 28202	IMMEDIATE PAST PRESIDENT 1.00	0.	0.	0.
C. MARSHALL KIBLER 1111 LAUREL STREET COLUMBIA, SC 29211	PRESIDENT 1.00	0.	0.	0.
MARTIN A. MOORE 1333 MAIN STREET, SUITE 700 COLUMBIA, SC 29201	VICE PRESIDENT 1.00	0.	0.	0.
LAURENS C. NICHOLSON 101 A WEST COURT STREET GREENVILLE, SC 29601	TREASURER 1.00	0.	0.	0.
HAGOOD S. MORRISON 151 MEETING STREET, SUITE 350 CHARLESTON, SC 29401	EDUCATION CHAIR 1.00	0.	0.	0.
CHARLES W. SALLEY 1301 GERVAIS STREET, SUITE 600 COLUMBIA, SC 29201-1610	TECHNOLOGY CHAIR 1.00	0.	0.	0.
TEDDY CHAPMAN 212 SOUTH TRYON STREET, SUITE 375	ADMISSIONS CHAIRPERSON 1.00	0.	0.	0.

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

56-1304185

ATTACHMENT 7 (CONT'D)FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

<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>
CHARLOTTE, NC 28281				
DODSON SCHENK 101 CENTREPORT DRIVE SUITE 160 GREENSBORO, NC 27409	SECRETARY 1.00	0.	0.	0.
ROBIN BOYLAN 410 EXECUTIVE PARK ASHEVILLE, NC 28801	PUBLIC RELATIONS CHAIR 1.00	0.	0.	0.
JOHN SCHULTZ P.O. BOX 49579 GREENSBORO, NC 27419	MEMBERSHIP/RETENTION CHAIR 1.00	0.	0.	0.
BRUCE HARPER 1901 MAIN STREET COLUMBIA, SC 29201	SPONSORSHIP CHAIR 1.00	0.	0.	0.
CHARLES L MOORE JR 528 JOHNNIE DODDS BLVD, STE 103 MOUNT PLEASANT, SC 29464	SC FORECAST CHAIR 1.00	0.	0.	0.
GRAND TOTALS		0.	0.	0.