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DLN: 93492182006003

OMB No 1545-1150

2012

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning 01-01-2012 , and ending 12-31-2012 Check if applicable D Employer identification number **C** Name of organization CAROLINAS CHAPTER OF SIOR LTD Address change 56-1304185 Name change % BARBARA GILLILAND E Telephone number Number and street (or P O box, if mail is not delivered to street address) Room/suite Initial return 23 OAK BRANCH DRIVE (336) 854-5868 Terminated F Group Exemption Amended return City or town, state or country, and ZIP + 4 Number Application pending GREENSBORO, NC 27407 Check ► I if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: www.siorcarolinas.com

K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are

normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though 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 **►**\$ 115.014 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 30,750 Contributions, gifts, grants, and similar amounts received 1 Program service revenue including government fees and contracts 2 34,206 2 Membership dues and assessments 3 49,550 3 4 158 4 Investment income 5a Gross amount from sale of assets other than inventory Less cost or other basis and sales expenses Revenue Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 0 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000) of contributions Gross income from fundraising events (not including \$] from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b Less direct expenses from gaming and fundraising events 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d Gross sales of inventory, less returns and allowances Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 0 Other revenue (describe in Schedule O) R 350 8 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 q 115,014 9 13,000 Grants and similar amounts paid (list in Schedule O) 10 10 11 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 0 12 12 Professional fees and other payments to independent contractors 5,000 13 13 Expenses Occupancy, rent, utilities, and maintenance 14 14 15 Printing, publications, postage, and shipping 15 Other expenses (describe in Schedule O) 86,140 16 **Total expenses.** Add lines 10 through 16 104,140 17 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 10,874 NetAssets 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) 19 227,164 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year Combine lines 18 through 20 238,038

Form 990-EZ (2012)					Page 2
Part II Balance Sheets (see the Check if the organization used		any question in this Pa	art II		
		(A)	Beginning of year		(B) End of year
22 Cash, savings, and investments .			227,164	22	238,038
23 Land and buildings			. 0		0
24 Other assets (describe in Schedule O			0	24	0
25 Total assets			227,164	25	238,038
26 Total liabilities (describe in Schedule	0)		. 0	 	0
27 Net assets or fund balances (line 27 of		th line 21)	227,164	27	238,038
Part III Statement of Program	Service Accomplishn	nents (see the instruction	ns for Part III)		Expenses
Check if the organization use			· —	1 '	quired for section 501 (3) and 501(c)(4)
What is the organization's primary exempt PROMOTE THE IMAGE AND REPUTATION GIVING ASSISTANCE AND GUIDANCE PROVIDING OPPORTUNITES FOR PARTESTATE EDUCATION BY SUPPORTING APPROVED REAL ESTATE COURSES AN SOCIETY IN ACHIEVING THEIR PURPOFEEDBACK, COURSE PROMOTION, PUBALSO IN PROVIDING A FORUM FOR THE Describe the organization's program service measured by expenses In a clear and con	ON OF THE SOCIETY AND TO CANDIDATES SEEKIN FICIPATION BY MEMBERS THE EDUCATION PROGRAND SEMINARS FOR THE CHOSE AND OBJECTIVES, INSULIC RELATION, MEMBERS E EXCHANGE OF INFORM Ce accomplishments for eac	G TO BECOME DESIGNED OF THE INSTITUT HAPTER, AND BY ASSIGNED FOR THE RECRUITMENT A STION AND BUSINES TO THE BETT OF THE BETT O	GNEES, OGRAM OF REAL E, CONDUCTING ISTING THE ATED TO MARKET AND RETENTION, SO DEVELOPMENT rogram services, as	49	anizations and section 47(a)(1) trusts, ional for others)
benefited, and other relevant information for		retvices provided, the	number of persons		
28 PROFESSIONAL COMPETENCE & ED ITS MEMBERS AND TO OFFER EDUCAT: THE REAL ESTATE INDUSTRY AND THE (Grants \$ 13,000) If the control of the con	IONAL OPPURTUNITIES T	O MEMBERS, PROSP TE COMMUNITY	ECTIVE MEMBERS,		68,580
	ıs amount ıncludes foreıgn ç	grants, check here .	▶┌	29a	
(Grants \$) If th	ıs amount ıncludes foreıgn (grants, check here .	▶┌	30a	
31 Other program services (describe in So			. —		
· · · · · · · · · · · · · · · · · · ·	is amount includes foreign (•		31a	60.506
Part IV List of Officers, Directors, Tro		ıst each one even if not co		32	for Part IV)
Check if the organization use					
(a) Name and title	(b) A verage hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099- MISC) (if not paid, enter-0-)	(d) Health benef contributions t employee benefit p and deferred compensation	o olans,	(e) Estimated amount of other compensation
See Additional Data Table					

	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part	v		<u>Г</u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
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)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Νo
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
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		No
37a	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?	37b		Νo
38a	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?	38a		Νo
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9 39a 0			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	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	40b		
С	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		Νo
41	List the states with which a copy of this return is filed 🕨 NC			
42a	The organization's books are in care of Paragram Barbara GILLILAND Telephone no	(33	6)854-	5868
	Located at 🕨 23 OAK BRANCH DRIVE GREENSBORO, NC ZIP + 4	_ 2 7	7407	
ь	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	Yes	No No
	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 the U S ?	42c		No
	If "Yes," enter the name of the foreign country 🕨			
	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			▶ Г
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		Νo
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		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
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		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	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 may need to be completed instead of Form 990-EZ (see instructions)	45b		No

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

orm 990-EZ (2	(012)						Page 4
						Yes	No
	ganızatıon engage, dırectly s for public office? If "Yes,"			ehalf of or in opposi	L		No
	ection 501(c)(3) orga I section 501(c)(3) orgai	-	guestions 47 40h an	nd 52, and comple	sta tha tabl	os for li	noc 50
ar	nd 51		•			C3 101 II	iles 50
Cr	neck if the organization used	3 Schedule O to respond t	o any question in this P	art VI		Yes	.l No
					_		
	ganızatıon engage ın lobbyır complete Schedule C, Part I		tion 501(h) election in		x year? 47		
18 Is the org	anızatıon a school as descri	ıbed ın section 170(b)(1)(A)(11)? If "Yes," comple	ete Schedule E	48		
19a Did the or	ganızatıon make any transfe	ers to an exempt non-char	ritable related organizat	ion?	49a	ı	
b If"Yes," v	vas the related organization	a section 527 organization	on?		491	,	
	this table for the organization						
	s) who each received more t title of each employee paid	than \$100,000 of compen (b) A verage	(c) Reportable	ation If there is nor (d) Health bene		ne " stimateo	d amount
	than \$100,000	hours per week devoted to position	compensation (Forms W-2/1099- MISC)	contributions employee benefit and deferred	to of otl plans, I	ner comp	
				compensatio	n		
f Total nu	mber of other employees pa	nd over \$100,000					
					· · •		
51 Complete	mber of other employees pa this table for the organization isation from the organization	on's five highest compens		actors who each rec	►	than \$10	0,00,0
51 Complete of compen	this table for the organization	on's five highest compens n If there is none, enter "l	None "	actors who each rec		than \$10 Comper	
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51 Complete of compen	this table for the organizations at the contraction from the organization from the organization from the contractions are contracted in the contractions are contracted in the	on's five highest compens n If there is none, enter "l	None "				
51 Complete of compen (a) Name	this table for the organizationsation from the organization and address of each indepe	on's five highest compens n If there is none, enter "I ndent contractor paid mor	None " e than \$100,000	(b) Type of serv	rice (c)		
d Total nu	this table for the organization from the organization and address of each independent of other independent of organization complete Sche	on's five highest compens If there is none, enter "I ndent contractor paid more contractors each receiving	None " e than \$100,000 i over \$100,000 in 501(c)(3) organizatio	(b) Type of serv	rice (c)	Comper	sation
d Total nu	this table for the organizations at the organization from the organization and address of each independent of other independent of	on's five highest compens If there is none, enter "I ndent contractor paid more contractors each receiving	None " e than \$100,000 i over \$100,000 in 501(c)(3) organizatio	(b) Type of serv	rice (c)	Comper	sation
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DLN: 93492182006003

OMB No 1545-0047

SCHEDULE 0 (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 to provide any additional information. ► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization CAROLINAS CHAPTER OF SIOR LTD **Employer identification number**

56-1304185

ldentifier	Return Reference	Explanation
REVIEW OF FORM 990	PART VI, SECTION B, LINE 11B	A COPY OF FORM 990 IS PROVIDED TO MIKE BARR, PRESIDENT OF GREENSBORO REGIONAL REALTORS ASSOCIATION, WHICH HANDLES ALL OF THE ADMINISTRATIVE FUNCTIONS OF THE ORGANIZATION HE REVIEWS ALL NUMBERS AND ANSWERS FOR ACCURACY AND COMPLETENESS AND SUGGESTS ANY CHANGES THAT MAY NEED TO BE MADE
CONFLICT OF INTEREST POLICY	PART VI, SECTION B, LINE 12C	THE BOARD MEMBERS ANNUALLY ARE REQUIRED TO COMPLETE A CONFIDENTIALITY POLICY AGREEMENT AND CORPORATE INTEGRITY POLICIES STATEMENT TO DISCLOSE ANY CONFLICTS WHICH MAY ARISE
AVAILABILITY OF DOCUMENTS TO THE PUBLIC	PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE ONLY UPON REQUEST
OTHER REVENUE SCHEDULE	FORM 990EZ PART I LINE 8	Description MISCELLANEOUS INCOME Amount 350
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990EZ PART I LINE 10	DONEES NAME SALVATION ARMY DONEES ADDRESS 307 WEST LEE STREET GREENSBORO, NC 27406 PURPOSE OF PAYMENT HURRICANE SANDY RELIEF AMOUNT 10000
OTHER EXPENSES SCHEDULE	FORM 990EZ PART I LINE 16	Description MANAGEMENT FEES Amount 16400
OTHER EXPENSES SCHEDULE	FORM 990EZ PART I LINE 16	Description OFFICE EXPENSES Amount 14160

Software ID: Software Version:

EIN: 56-1304185

Name: CAROLINAS CHAPTER OF SIOR LTD

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) A verage hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099- MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MARTIN MOORE IMMEDIATE PAST PRESIDENT	1 0	0	0	0
LAURENS NICHOLSON BOARD SECRETARY	1 0	0	0	0
HAGOOD MORRISON ADMISSIONS CHAIR	1 0	0	0	0
CHARLES SALLEY BOARD PRESIDENT	1 0	0	0	0
TEDDY CHAPMAN BOARD TREASURER	1 0	0	0	0
DODSON SCHENK BOARD VICE PRESIDENT	1 0	0	0	0
ALAN BOLDUC MEMBERSHIP DEVELOPMENT CHAIR	1 0	0	0	0
REID DAVIS PROGRAMS & EDUCATION CHAIR	1 0	0	0	0
BERONICE WHISNANT SPONSORSHIP CHAIR	1 0	0	0	0
ROBIN BOYLAN SPONSORSHIP CHAIR	1 0	0	0	0
BOB CALDWELL SC FORCAST CHAIR	1 0	0	0	0
CHARLIE MOORE PUBLIC RELATIONS CHAIR	1 0	0	0	0
STEVE GARRETT TECHNOLOGY CHAIR	1 0	0	0	0
SIMONS JOHNSON YOUNG PRFESSIONALS CHAIR	1 0	0	0	0
CHARLES GOUCH EDUCATION/PROGRAMS CO-CHAIR	1 0	0	0	0