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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

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning 01-01-2012

, and ending 12-31-2012

B Check if applicable

 Address change Name change Initial return Terminated Amended return Application pending

C Name of organization TROUP COUNTY BOARD OF REALTORS INC		D Employer identification number 58-1719394
Number and street (or P O box, if mail is not delivered to street address) 115 BROAD ST		E Telephone number (706) 884-2600
City or town, state or country, and ZIP + 4 LAGRANGE, GA 30240		F Group Exemption Number ►

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)(3) 501(c)(6) (insert no) 4947(a)(1) or 527

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 ► \$ 113,793

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, grants, and similar amounts received	1 4,000
	2 Program service revenue including government fees and contracts	2 25,789
	3 Membership dues and assessments	3 76,620
	4 Investment income	4 455
	5a Gross amount from sale of assets other than inventory	5a
	b Less cost or other basis and sales expenses	5b 0
	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 such gross income and contributions exceeds \$15,000)	6b 6,178
Expenses	c Less direct expenses from gaming and fundraising events	6c 5,188
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 990
	7a Gross sales of inventory, less returns and allowances	7a
	b Less cost of goods sold	7b 0
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe in Schedule O)	8 751
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 108,605
	10 Grants and similar amounts paid (list in Schedule O)	10 29,621
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12 29,616
Net Assets	13 Professional fees and other payments to independent contractors	13 2,126
	14 Occupancy, rent, utilities, and maintenance	14 13,389
	15 Printing, publications, postage, and shipping	15 568
	16 Other expenses (describe in Schedule O)	16 18,899
	17 Total expenses. Add lines 10 through 16 ►	17 94,219
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 14,386
	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 -12,043
	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 2,343

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	46,962	22 29,882
23 Land and buildings	23	
24 Other assets (describe in Schedule O)	53,741	24 63,194
25 Total assets	100,703	25 93,076
26 Total liabilities (describe in Schedule O)	112,746	26 90,733
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-12,043	27 2,343

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

THE TROUP COUNTY BOARD OF REALTORS OPERATES AS A LOCAL REALTOR ASSOCIATION AFFILIATED WITH THE GEORGIA ASSOCIATION OF REALTORS (GAR) AND THE NATIONAL ASSOCIATION OF REALTORS (NAR) IT GENERATES FUNDS THROUGH ANNUAL MEMBERSHIP DUES AND UTILIZES THESE FOR MEMBERSHIP EDUCATION, AND TO PROMOTE AND MAINTAIN HIGH STANDARDS OF CONDUCT THROUGH NAR CODE OF ETHICS, FURTHERING THE INTERESTS OF HOME AND OTHER REAL PROPERTY OWNERSHIP, COMMUNITY SERVICE IN THE TROUP COUNTY AREA AND MEMBERSHIP IN GAR AND NAR

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses

(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 TO PROVIDE A UNIFIED MEDIUM FOR REAL ESTATE OWNERS AND THOSE ENGAGED IN THE REAL ESTATE PROFESSION WHEREBY THEIR INTEREST MAY BE SAFEGUARDED AND ADVANCED (Grants \$ 3,845)	If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	28a	4,000
29 TO PROMOTE AND MAINTAIN HIGH STANDARDS OF CONDUCT IN THE REAL ESTATE PROFESSION (Grants \$ 35,373)	If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	29a	
30 TO UNITE THOSE ENGAGED IN THE RECOGNIZED BRANCHES OF THE REAL ESTATE PROFESSION FOR THE PURPOSE OF EXERTING A BENEFICIAL INFLUENCE UPON THE PROFESSION AND RELATED INTERESTS (Grants \$ 4,984)	If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$)	If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	44,202

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average 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
See Additional Data Table				

Part V Other Information (Note the Schedule A and personal benefit contract 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 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	No
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	No
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	37b	No
b Did the organization file Form 1120-POL for this year?	38a	No
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?	38b	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	0
39 Section 501(c)(7) organizations Enter	39b	0
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____	40b	No
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	40e	No
41 List the states with which a copy of this return is filed ► _____		
42a The organization's books are in care of ► ANGIE JONES Telephone no ► (706) 884-2600 Located at ► 115 BROAD ST 250 LAGRANGE, GA ZIP + 4 ► 30240		
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	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 .	42c	No
c At any time during the calendar year, did the organization maintain an office outside the U.S.?		
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		
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	No
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	No
45a 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

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

	Yes	No
46		No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		
48		
49a		
49b		

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 title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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
NONE		

d Total number of other independent contractors each 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 BIKEL FRENELLE President Type or print name and title	2013-05-06 Date
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Paid Preparer Use Only	Print/Type preparer's name J Wayne Abbott	Preparer's signature J Wayne Abbott	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00012211
	Firm's name <input type="checkbox"/> AJK LLC	Firm's EIN <input type="checkbox"/>			
	Firm's address <input type="checkbox"/> 133 Main Street LaGrange, GA 30240	Phone no (706) 882-9226			

May the IRS discuss this return with the preparer shown above? See instructions Yes 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 to provide any additional information.
► Attach to Form 990 or 990-EZ.

2012**Open to Public
Inspection**Name of the organization
TROUP COUNTY BOARD OF REALTORS INC**Employer identification number**

58-1719394

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 2	Total Liabilities 2	SPECIAL PROJECT - Beginning \$892 SPECIAL PROJECT - Ending \$412
Form 990-EZ, Part II, Line 26 1	Total Liabilities 1	PAYROLL LIABILITIES - Beginning \$3322 PAYROLL LIABILITIES - Ending \$1875
Form 990-EZ, Part II, Line 26 1003	Total Liabilities 1003	Deferred Revenue - Beginning \$106436 Deferred Revenue - Ending \$88446
Form 990-EZ, Part II, Line 26 1001	Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$727 Accounts Payable and Accrued Expenses - Ending \$0
Form 990-EZ, Part II, Line 24 1005	Other Assets 1005	Accounts Receivable - Beginning \$52229 Accounts Receivable - Ending \$62287
Form 990-EZ, Part II, Line 24 1003	Other Assets 1003	Machinery and Equipment - Beginning \$1512 Machinery and Equipment - Ending \$907
Form 990-EZ, Part I, Line 16 9	Other Expenses 9	GRANT WRITING EXPENSE \$54
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	CONTRIBUTIONS \$141
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	DUES AND SUBSCRIPTIONS \$225
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	LICENSES & PERMITS \$897
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	PROFESSIONAL ACHIEVEMENT \$1841
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	GMLS STORE \$3845
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	CONTINUING EDUCATION \$3911
Form 990-EZ, Part I, Line 16 1012	Other Expenses 1012	Insurance \$400
Form 990-EZ, Part I, Line 16 1009	Other Expenses 1009	Depreciation \$605
Form 990-EZ, Part I, Line 16 1007	Other Expenses 1007	Conferences, Conventions, and Meetings \$4800
Form 990-EZ, Part I, Line 16 1003	Other Expenses 1003	Information Technology \$957
Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$641
Form 990-EZ, Part I, Line 16 1001	Other Expenses 1001	Advertising and Promotion \$582
Form 990-EZ, Part I, Line 10 2	Payments to Affiliates 2	Name NATIONAL ASSOC OF REALTOR Purpose of payment MEMBERSHIP DUES TO AFFILIATE Amount \$19365

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 10 1	Payments to Affiliates 1	Name GEORIGA ASSOCIATION OF REALTOR Purpose of payment MEMBERSHIP DUES TO AFFILIATE Amount \$10256
Form 990-EZ, Part I, Line 8 1	Other Revenue 1	APPLICATION FEES \$751

Additional Data

Software ID: 12000229
Software Version: 2012v2.0
EIN: 58-1719394
Name: TROUP COUNTY BOARD OF REALTORS INC

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

(a) Name and title	(b) Average 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
DARBY PIPPIN Director	10 00	0		
STEVE DANIEL Director	10 00	0		
OTTO KORTH Director	10 00	0		
LAMAR MCKEEN Director	10 00	0		
KATHY EVANS Director	10 00	0		
MICHELLE WHELESS Director	10 00	0		
ANGIE JONES Secretary	10 00	0		
REGENIA ANDREWS Vice President	10 00	0		
BIKEL FRENELLE President	10 00	0		