

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 private foundations)

2017

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 01-01-2017

, and ending 12-31-2017

B Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization
TROUP COUNTY BOARD OF REALTORS INCD Employer identification number
58-1719394Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
115 BROAD STE Telephone number
(706) 884-2600City or town, state or province, country, and ZIP or foreign postal code
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: ► <http://tcbor.com/>J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527K Form of organization Corporation Trust Association Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 128,784

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

1	Contributions, gifts, grants, and similar amounts received	1	16,700
2	Program service revenue including government fees and contracts	2	18,078
3	Membership dues and assessments	3	84,572
4	Investment income	4	94
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)		
6	Gaming and fundraising events	5c	
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ 350 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	9,340
c	Less direct expenses from gaming and fundraising events	6c	6,336
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	3,004
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	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	122,448
10	Grants and similar amounts paid (list in Schedule O)	10	40,163
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	30,907
13	Professional fees and other payments to independent contractors	13	7,953
14	Occupancy, rent, utilities, and maintenance	14	14,500
15	Printing, publications, postage, and shipping	15	221
16	Other expenses (describe in Schedule O)	16	35,649
17	Total expenses. Add lines 10 through 16 ►	17	129,393
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-6,945
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	10,667
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	3,722

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	44,337	22 46,906
23 Land and buildings		23
24 Other assets (describe in Schedule O)	66,951	24 59,352
25 Total assets	111,288	25 106,258
26 Total liabilities (describe in Schedule O)	100,621	26 102,536
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	10,667	27 3,722

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

28See Additional Data Table

(Grants \$)

If this amount includes foreign grants, check here ►

28a

29 See Additional Data Table

29a

(Grants \$)

If this amount includes foreign grants, check here ►

30a

30 See Additional Data Table

30a

(Grants \$)

If this amount includes foreign grants, check here ► **31** Other program services (describe in Schedule O)

(Grants \$)

If this amount includes foreign grants, check here ►

31a

32 Total program service expenses (add lines 28a through 31a) **32** 64,031**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
BEN YATES Director	1 00	0		
JAMES POTTS Director	1 00	0		
ANGIE COTTON-JONES Director	1 00	0		
PATTY MAENHOUDT Past President	3 00	0		
TANIA GRIFFIN President	5 00	0		
MARIA HARRIS Director	1 00	0		
STEVE DANIEL President Elect	3 00	0		
ALISA MATHENY Treasurer	3 00	0		
JANET FOX Director	1 00	0		
JARED JONES Director	1 00	0		

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.

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 Yes 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 Yes 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 Yes 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 Yes 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 Yes 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 Yes No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a Yes No

b Did the organization file **Form 1120-POL** for this year? 37b Yes 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? 38a Yes No

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Yes No

39 Section 501(c)(7) organizations Enter 39a Yes No

a Initiation fees and capital contributions included on line 9 39b Yes No

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 Yes No

b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 40c Yes No

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40d Yes No

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization 40e Yes No

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 41 Yes No

41 List the states with which a copy of this return is filed ► GA

42a The organization's books are in care of ► GEORGIA FLOWERS Telephone no ► (706) 884-2600
Located at ► 115 BROAD ST 250 LAGRANGE, GA ZIP + 4 ► 30240 42b Yes No

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)? 42c Yes No

If "Yes," enter the name of the foreign country ► _____

See the instructions for exceptions and filing requirements for **FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)**

c At any time during the calendar year, did the organization maintain an office outside the U.S.? 43 Yes No

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 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 Yes 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 Yes No

c Did the organization receive any payments for indoor tanning services during the year? 44c Yes 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 Yes No

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a Yes 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 Yes No

	Yes	No
44a		No
44b		No
44c		No
44d		No
45a		No
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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
46		

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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48	
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a	
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b If "Yes," was the related organization a section 527 organization?

49b	
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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	(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 business address of each independent contractor	(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 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

2018-08-01

Date

STEVE DANIEL President
Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name J Wayne Abbott	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00012211
	Firm's name ► ABBOTT AND ASSOCIATES LLC			Firm's EIN ► 46-2885424	
	Firm's address ► 133 MAIN ST LAGRANGE, GA 30240			Phone no (706) 882-9226	

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

Additional Data

Software ID: 17005038
Software Version: 2017v2.2
EIN: 58-1719394
Name: TROUP COUNTY BOARD OF REALTORS INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

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; optional for others.)
<p>28 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 \$ 3,804) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p>28a</p>

Form 990EZ, Part III - Statement of Program Service Accomplishments

<p>Expenses 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.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>
<p>29 TO PROMOTE AND MAINTAIN HIGH STANDARDS OF CONDUCT IN THE REAL ESTATE PROFESSION (Grants \$ 56,007)</p> <p>If this amount includes foreign grants, check here . . . ➤ <input data-bbox="3508 773 3557 875" type="checkbox"/></p>	<p>29a</p>

Form 990EZ, Part III - Statement of Program Service Accomplishments

<p>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.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>
<p>30 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 \$ 4,220)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p>30a</p>

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
~~Internal Revenue Service~~

Name of the organization

TROUP COUNTY BOARD OF REALTORS INC

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.
- ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2017**Open to Public
Inspection****Employer identification number**

58-1719394

990 Schedule O, Supplemental Information

Return Reference	Explanation
Payments to Affiliates 1	Name GEORIGA ASSOCIATION OF REALTOR Purpose of payment MEMBERSHIP DUES TO AFFILIATE Amount \$18618

990 Schedule O, Supplemental Information

Return Reference	Explanation
Payments to Affiliates 2	Name NATIONAL ASSOC OF REALTOR Purpose of payment MEMBERSHIP DUES TO AFFILIATE Amount \$21545

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1001	Advertising and Promotion \$2031

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$2880

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1003	Information Technology \$3466

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1007	Conferences, Conventions, and Meetings \$8099

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$450

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	CONTINUING EDUCATION \$3889

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	QUARTERLY LUNCHEONS \$3804

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	GMLS STORE \$3358

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	CONTRIBUTIONS \$3050

990 Schedule O, Supplemental Information

Return Reference		Explanation
Other Expenses 5	DUES AND SUBSCRIPTIONS \$990	

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	GIFTS \$899

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	ACTIVE KEY PAYMENTS \$862

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 8	PROFESSIONAL ACHIEVEMENT \$806

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 9	MEALS AND ENTERTAINMENT \$618

990 Schedule O, Supplemental Information

Return Reference		Explanation
Other Expenses 11	REPAIRS AND MAINTENANCE \$172	

990 Schedule O, Supplemental Information

Return Reference		Explanation
Other Expenses 12	LICENSES & PERMITS \$140	

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 13	MISCELLANEOUS \$135

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1005	Accounts Receivable - Beginning \$66951 Accounts Receivable - Ending \$58902

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1011	Prepaid Expenses and Deferred Charges - Beginning \$0 Prepaid Expenses and Deferred Charges - Ending \$450

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$5267 Accounts Payable and Accrued Expenses - Ending \$1775

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1003	Deferred Revenue - Beginning \$93746 Deferred Revenue - Ending \$98852

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1	PAYROLL LIABILITIES - Beginning \$1608 PAYROLL LIABILITIES - Ending \$1909