

Form 990EZ

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 private foundations)

► Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZ for the latest information.

2018

Open to
Public
Inspection**A For the 2018 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018**

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 INC | | D Employer identification number |
| Number and street (or P O box, if mail is not delivered to street address) | | Room/suite | 58-1719394 |
| 115 BROAD ST | | | E Telephone number |
| City or town, state or province, country, and ZIP or foreign postal code | | | (706) 884-2600 |
| 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 527**K 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 ► \$ 127,480****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 | 7,449 |
| | 2 Program service revenue including government fees and contracts | 2 | 9,046 |
| | 3 Membership dues and assessments | 3 | 101,370 |
| | 4 Investment income | 4 | 103 |
| | 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 \$ 500 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 | 9,512 |
| | c Less direct expenses from gaming and fundraising events | 6c | 4,993 |
| | d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | 4,519 |
| | 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 | 122,487 |
| Expenses | 10 Grants and similar amounts paid (list in Schedule O) | 10 | 42,160 |
| | 11 Benefits paid to or for members | 11 | |
| | 12 Salaries, other compensation, and employee benefits | 12 | 27,538 |
| | 13 Professional fees and other payments to independent contractors | 13 | 6,496 |
| | 14 Occupancy, rent, utilities, and maintenance | 14 | 13,041 |
| | 15 Printing, publications, postage, and shipping | 15 | 262 |
| | 16 Other expenses (describe in Schedule O) | 16 | 24,400 |
| | 17 Total expenses. Add lines 10 through 16 ► | 17 | 113,897 |
| Net Assets | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 8,590 |
| | 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 | 3,722 |
| | 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 | 12,312 |

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 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? 37b 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 No

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 39a 0

39 Section 501(c)(7) organizations Enter 39b 0

a 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 0

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 40b 40c 40d 40e 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 40b 40c 40d 40e 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 ► 40b 40c 40d 40e 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 ► 40b 40c 40d 40e 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 40b 40c 40d 40e No

41 List the states with which a copy of this return is filed ► GA 41 42a 42b 42c 42d 42e 42f 42g 42h 42i 42j 42k 42l 42m 42n 42o 42p 42q 42r 42s 42t 42u 42v 42w 42x 42y 42z 42aa 42ab 42ac 42ad 42ae 42af 42ag 42ah 42ai 42aj 42ak 42al 42am 42an 42ao 42ap 42aq 42ar 42as 42at 42au 42av 42aw 42ax 42ay 42az 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42za 42ba 42ca 42da 42ea 42fa 42ga 42ha 42ia 42ja 42ka 42la 42ma 42na 42oa 42pa 42qa 42ra 42sa 42ta 42ua 42va 42wa 42xa 42ya 42

| | | | |
|---|--------------------------|---|-----------------------------|
| 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"/> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> 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 | <input type="checkbox"/> | <input checked="" 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | 48 | | |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | <input type="checkbox"/> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | 49a | | |
| b If "Yes," was the related organization a section 527 organization? | <input type="checkbox"/> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | 49b | | |

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 | 2019-11-13 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: 18007218
Software Version: 2018v3.1
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 \$ 3,037) 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 \$ 53,193)</p> <p>If this amount includes foreign grants, check here . . . ➤ <input data-bbox="3742 776 3850 878" 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 \$ 1,297)</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

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.
- ▶ Go to www.irs.gov/Form990 for the latest information.

2018**Open to Public
Inspection**

Name of the organization

TROUP COUNTY BOARD OF REALTORS INC

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 \$18466 |

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 \$23694 | |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------|----------------------------------|
| Other Expenses 1001 | Advertising and Promotion \$1615 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------|------------------------|
| Other Expenses 1002 | Office Expenses \$1201 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------|-------------------------------|
| Other Expenses 1003 | Information Technology \$3801 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------|--------------|
| Other Expenses 1005 | Travel \$487 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------|---|
| Other Expenses 1007 | Conferences, Conventions, and Meetings \$3803 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------|-----------------|
| Other Expenses 1012 | Insurance \$450 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------|----------------------------|
| Other Expenses 1 | QUARTERLY LUNCHEONS \$3037 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------|----------------------|
| Other Expenses 2 | CONTRIBUTIONS \$3000 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------|-----------------------------|
| Other Expenses 3 | CONTINUING EDUCATION \$2250 |

990 Schedule O, Supplemental Information

| Return Reference | | Explanation |
|---------------------|---------------------------------|-------------|
| Other Expenses 4 | PROFESSIONAL ACHIEVEMENT \$1980 | |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------|-------------------|
| Other Expenses 5 | GMLS STORE \$1297 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------|------------------------------|
| Other Expenses 6 | DUES AND SUBSCRIPTIONS \$762 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------|-------------|
| Other Expenses 7 | GIFTS \$280 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------|-------------------------------|
| Other Expenses 8 | MEALS AND ENTERTAINMENT \$257 |

990 Schedule O, Supplemental Information

| Return Reference | | Explanation |
|---------------------|--------------------------|-------------|
| Other Expenses 9 | LICENSES & PERMITS \$180 | |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------|--|
| Other Assets 1005 | Accounts Receivable - Beginning \$58902 Accounts Receivable - Ending \$34486 |

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------|---|
| Total Liabilities 1001 | Accounts Payable and Accrued Expenses - Beginning \$1775 Accounts Payable and Accrued Expenses - Ending \$772 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------|--|
| Total Liabilities 1003 | Deferred Revenue - Beginning \$98852 Deferred Revenue - Ending \$97032 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------|---|
| Total Liabilities 1 | PAYROLL LIABILITIES - Beginning \$1909 PAYROLL LIABILITIES - Ending \$537 |