

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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
2009
Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization GREATER COLUMBIA ASSOCIATION OF REALTORS	D Employer identification number 57-0428278
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 1717 ST JULIAN PLACE	E Telephone number (803) 771-8852
		City or town, state or country, and ZIP + 4 COLUMBIA, SC 29204	F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).
G Accounting method: Cash Accrual
 Other (specify):

I Website: NA
H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-Exempt status (check only one) — 501(c)(6) (insert no) 4947(a)(1) or 527
K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 442,153

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	10	Grants and similar amounts paid (attach schedule)	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	11	Benefits paid to or for members	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)
3	Membership dues and assessments	12	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (attach explanation)
4	Investment income	13	Professional fees and other payments to independent contractors	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	14	Occupancy, rent, utilities, and maintenance		
5b	Less cost or other basis and sales expenses	15	Printing, publications, postage, and shipping		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	16	Other expenses (describe)		
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	17	Total expenses. Add lines 10 through 16		
6a	Gross revenue (not including \$ of contributions reported on line 1)				
6b	Less direct expenses other than fundraising expenses				
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)				
7a	Gross sales of inventory, less returns and allowances				
7b	Less cost of goods sold				
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
8	Other revenue (describe)				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8				

Part II Balance Sheets—If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	812,982	22 693,715
23 Land and buildings	166,521	23 156,273
24 Other assets (describe)	27,029	24 29,110
25 Total assets	1,006,532	25 879,098
26 Total liabilities (describe)	292,620	26 316,466
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	713,912	27 562,632

Part III Statement of Program Service Accomplishments (See the instructions for Part III)	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? TO PROMOTE AND MAINTAIN HIGH STANDARDS OF CONDUCT IN THE REAL ESTATE PROFESSION, TO UNITE REAL ESTATE PROFESSIONALS OF THE SOUTH CAROLINA AND NATIONAL ASSOCIATION OF REALTORS Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title		
28 The organization distinguished outstanding real estate professionals in the Circle of Excellence (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29 The Association organized a series of socials/meetings to provide members with updates for the changes in the environment and profession (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30 The Association organized fund raising event to benefit Habitat for Humanity (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		No
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, attach a statement explaining 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 subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a	Yes	
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	Yes	
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 <input type="checkbox"/> _____	37a		26,887
b Did the organization file Form 1120-POL for this year?	37b		
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 period covered by this return?	38a		No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39 <i>Section 501(c)(7) organizations.</i> 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		
40a <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____			
b <i>Section 501(c)(3) and 501(c)(4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____			
d <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____			
e <i>All organizations.</i> 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 <input type="checkbox"/> SC _____			
42a The organization's books are in care of <input type="checkbox"/> MR CHIP KREPS EXECUTIVE VP _____ Telephone no <input type="checkbox"/> (803) 771-8852 1717 ST JULIAN PLACE Located at <input type="checkbox"/> COLUMBIA, SC _____ ZIP + 4 <input type="checkbox"/> 29204			
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)? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____	42c		No
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 <input type="checkbox"/> 43 _____			
44 Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45		No

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 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school 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?		
49b 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

50(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

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here

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.

Signature of officer

2010-04-28
Date

MR CHIP KREPS EXECUTIVE VP
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: WILLIAM W FRANCIS CPA

Date: _____

Check if self-employed:

Preparer's identifying number (See instructions): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: McGregor and Company LLP
Post Office Box 135
Columbia, SC 29202

EIN: _____

Phone no: (803) 787-0003

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

Additional Data**Software ID:****Software Version:****EIN:** 57-0428278**Name:** GREATER COLUMBIA ASSOCIATION OF REALTORS**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
AMMERMANNWILLIAM B 10607 TWO NOTCH RD ELGIN, SC 29045	DIRECTOR 0 00	0	0	0
BRANTLEY BENJAMIN E PO BOX 1837 COLUMBIA, SC 29202	DIRECTOR 0 00	0	0	0
DERRICK LAURA 2132 DEVINE STREET COLUMBIA, SC 29205	DIRECTOR 0 00	0	0	0
HARPER T BRUCE 1901 MAIN STREET STE 200 COLUMBIA, SC 29201	DIRECTOR 0 00	0	0	0
HOOD KAREN P 132 HARBISON BLVD COLUMBIA, SC 29212	DIRECTOR 0 00	0	0	0
MERRIEATHER C DESIREE 117 CREECH ROAD BLYTHEWOOD, SC 29016	DIRECTOR 0 00	0	0	0
MONTEITH EDMUND H 1711 GERVAIS STREET COLUMBIA, SC 29201	DIRECTOR 0 00	0	0	0
MURPHY REGGIE T 146 LEISURE LANE STE B COLUMBIA, SC 29210	DIRECTOR 0 00	0	0	0
WEBBER AKRE ELIZABETH M 426 BUSH RIVER ROAD COLUMBIA, SC 29210	DIRECTOR 0 00	0	0	0
YOUNG PRESTON M 117 CREECH ROAD COLUMBIA, SC 29016	DIRECTOR 0 00	0	0	0
CORNELIUS SHARON 5324 FAIRFIELD ROAD COLUMBIA, SC 29203	DIRECTOR 0 00	0	0	0
JAMES MARK PO BOX 11610 COLUMBIA, SC 29211	DIRECTOR 0 00	0	0	0
LYLES MORRIS 1730 MAIN STREET COLUMBIA, SC 29201	DIRECTOR 0 00	0	0	0
NELSON NANCY 459 ST ANDREWS ROAD COLUMBIA, SC 29210	DIRECTOR 0 00	0	0	0
RAINER TERRY 4400 ST ANDREWS ROAD COLUMBIA, SC 29212	DIRECTOR 0 00	0	0	0

Part III Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>golf tournament</u> (event type)	<u></u> (event type)	<u></u> (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	36,497			36,497
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	36,497			36,497
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	4,374			4,374
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				4,374
11 Net income summary Combine lines 3, column d, and line 10. ▶				32,123	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1, column d, and line 7 ▶					

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	13a		
b An outside facility	13b		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name ▶ _____			
Address ▶ _____			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____			
c If "Yes," enter name and address			
Name ▶ _____			
Address ▶ _____			
16 Gaming manager information			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

TY 2009 Other Assets Schedule

Name: GREATER COLUMBIA ASSOCIATION OF REALTORS

EIN: 57-0428278

Description	Beginning of Year Amount	End of Year Amount
PREPAID EXPENSES	5,040	0
Other Depreciable Assets	21,989	29,110

TY 2009 Other Expenses Schedule**Name:** GREATER COLUMBIA ASSOCIATION OF REALTORS**EIN:** 57-0428278

Description	Amount
PROFESSIONAL FEES	5,725
CONTRIBUTIONS	1,550
PUBLIC RELATIONS/MEETINGS	186,861
OTHER MISCELANEOUS EXPENSES	48,030
HABITAT FOR HUMANITY	55,000

TY 2009 Other Liabilities Schedule

Name: GREATER COLUMBIA ASSOCIATION OF REALTORS

EIN: 57-0428278

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLES	8,767	50,545
DUES COLLECTED IN ADVANCE	283,853	265,921

TY 2009 Other Revenues Schedule**Name:** GREATER COLUMBIA ASSOCIATION OF REALTORS**EIN:** 57-0428278

Description	Amount
MEETINGS & SOCIALS	11,395
EDUCATION	47,013
INTEREST INCOME	3,813
MISCELANEOUS INCOME	4,032

**TY 2009 Transfers Personal Benefits
Contracts Declaration**

Name: GREATER COLUMBIA ASSOCIATION OF REALTORS

EIN: 57-0428278

Declaration: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.