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Form <b>990-EZ</b>  Department of the Treasury Internal Revenue Service	<b>Short Form</b> <b>Return of Organization Exempt From Income Tax</b> <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code</b> <b>(except black lung benefit trust or private foundation)</b>	OMB No 1545-1150  <b>2008</b>
	<ul style="list-style-type: none"> <li>▶ Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.</li> <li>▶ <i>The organization may have to use a copy of this return to satisfy state reporting requirements.</i></li> </ul>	<b>Open to Public Inspection</b>




<b>A For the 2008 calendar year, or tax year beginning 11-01-2008 , and ending 10-31-2009</b>				
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b> Frederick County Assoc of Realtors INC - CO GCAAR		<b>D Employer identification number</b> 52-0983489
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 8757 Georgia Ave No 600		<b>E Telephone number</b> (301) 590-2000
		City or town, state or country, and ZIP + 4 Silver Spring, MD 209103742		<b>F Group Exemption Number</b>




<p><b>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</b></p>	<p><b>G</b> Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual          Other (specify) ▶</p>
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<b>I Website:</b> <input checked="" type="checkbox"/> WWW.FCAR.ORG		<b>H Check</b> <input checked="" type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
<b>J Organization type</b> (check only one) — <input checked="" type="checkbox"/> 501(c)(6) <input type="checkbox"/> (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 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 return is not required, but if the organization chooses to file a return, be sure to file a complete return.



<b>Part I</b>	<b>Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I )
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Revenue		1	2
1	Contributions, gifts, grants, and similar amounts received . . . . .		
2	Program service revenue including government fees and contracts . . . . .	2	77,146
3	Membership dues and assessments . . . . .	3	235,976
4	Investment income . . . . .	4	6,829
5a	Gross amount from sale of assets other than inventory . . . . .	5a	
b	Less cost or other basis and sales expenses . . . . .	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from <b>gaming</b> , check here 		
a	Gross revenue (not including \$ ____ 0 ____ of contributions reported on line 1) . . . . .	6a	37,490
b	Less direct expenses other than fundraising expenses . . . . .	6b	6,940
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c	30,550
7a	Gross sales of inventory, less returns and allowances . . . . .	7a	12,480
b	Less cost of goods sold . . . . .	7b	8,736
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	3,744
8	Other revenue (describe  _____)	8	16,407
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) . . . . . 	9	370,652

Expenses	<b>10</b>	Grants and similar amounts paid (attach schedule) 	<b>10</b>	2,176
	<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>	95,284
	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	111,718
	<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>13</b>	21,312
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	34,507
	<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>	21,813
	<b>16</b>	Other expenses (describe  _____)	<b>16</b>	157,575
	<b>17</b>	<b>Total expenses</b> (add lines 10 through 16) . . . . . 	<b>17</b>	444,385

Net Assets	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	-73,733
	<b>19</b>	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) . . . . .	<b>19</b>	876,592
	<b>20</b>	Other changes in net assets or fund balances (attach explanation) . . . . .	<b>20</b>	
	<b>21</b>	Net assets or fund balances at end of year (combine lines 18 through 20) . . . . .	<b>21</b>	802,859

**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II )		(A) Beginning of year	(B) End of year	
<b>22</b>	Cash, savings, and investments . . . . .	685,482	<b>22</b>	599,294
<b>23</b>	Land and buildings . . . . .	153,391	<b>23</b>	143,951
<b>24</b>	Other assets (describe  _____)	200,711	<b>24</b>	167,086
<b>25</b>	<b>Total assets</b> . . . . .	1,039,584	<b>25</b>	910,331
<b>26</b>	<b>Total liabilities</b> (describe  _____)	162,992	<b>26</b>	107,472
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) .	876,592	<b>27</b>	802,859


<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )		<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? (TO UNITE THOSE IN REAL ESTATE PROFESSION, PROVIDE REALTOR SUPPORT AND EDUCATION, AND TO PROMOTE A HIGH STANDARD OF PROFESSIONAL CONDUCT)			
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, or other relevant information for each program title			
<b>28</b> The association provides and promotes realtors education and cooperation. It promotes consumer trust and confidence through the support of approximately 1,000 members. (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>28a</b>	0
<b>29</b>  (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>29a</b>	
<b>30</b>  (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>30a</b>	
<b>31</b> Other program services (attach schedule) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .		<b>32</b>	

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> 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
See Additional Data Table				

Part V		Other Information (Note the statement requirements in the instructions for Part VI.)		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 but not reported to the IRS? 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 <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T				
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? . . . . .			35a	Yes
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .			35b	Yes
36	Was there a liquidation, dissolution, termination, or substantial contraction 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	0
b	Did the organization file <b>Form 1120-POL</b> 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 unpaid at the start 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	501(c)(7) organizations. 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	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 (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I. . . . .			40b	
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶				0
d	Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶				0
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . . . .			40e	No
41	List the states with which a copy of this return is filed ▶ MD				
42a	The books are in care of ▶ Michael Moran GCAAR Telephone no ▶ (301) 590-2000 8757 georgia avenue suite 600 Located at ▶ Silver Spring, MD ZIP + 4 ▶ 20850				
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 <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .				
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?			42c	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 <b>Form 1041</b> —Check here . . . . . ▶			43	
	and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶				
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.			44	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

complete the tables for lines 50 and 51.






<b>46</b>	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	<b>Yes</b>	<b>No</b>
<b>47</b>	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
<b>48</b>	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization?		
<b>b</b>	If "Yes," was the related organization(s) a section 527 organization?		
<b>50</b>	Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are 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
Total number of other employees paid over \$100,000 				

**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000		

<b>Please Sign Here</b>	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.	
	*****	2010-08-11
	Signature of officer	Date
	Michael Moran Director Type or print name and title	

<b>Paid Preparer's Use Only</b>	Preparer's signature  S Vincent Crescenzi	Date	Check if self-employed 	Preparer's PTIN (See Gen Inst X)
	Firm's name (or yours if self-employed), address, and ZIP + 4  Councilor Buchanan & Mitchell PC 7910 Woodmont Avenue Suite 500 Bethesda, MD 20814			EIN 
				Phone no  (301) 986-0600

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

Additional Data

Software ID:

Software Version:

EIN: 52-0983489

Name: Frederick County Assoc of Realtors INC - CO GCAAR

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
Nicole D Lapera-Holler 8757 Georgia Ave Suite 600 Silver Spring, MD 209103742	President 5 00	0	0	0
Julina Coiner 8757 Georgia Ave Suite 600 silver Spring, MD 209103742	President-Elect 5 00	0	0	0
Charles P Hawley 8757 Georgia Ave Suite 600 silver Spring, MD 209103742	Secretary 5 00	0	0	0
Humberto Benitez 8757 Georgia Ave Suite 600 silver Spring, MD 209103742	Treasurer 5 00	0	0	0
Lawrence R Riggs 8757 Georgia Ave Suite 600 silver Spring, MD 209103742	Past President 5 00	0	0	0
Diane Y Derr 8757 Georgia Ave Suite 600 Silver Spring, MD 209103742	Director 1 00	0	0	0
Sandra M Fouche 8757 Georgia Ave Suite 600 silver Spring, MD 209103742	Director 1 00	0	0	0
Leslie G Fulford 8757 Georgia Ave Suite 600 silver Spring, MD 209103742	Director 1 00	0	0	0
Lisa M Goodman 8757 Georgia Ave Suite 600 Silver Spring, MD 209103742	Director 1 00	0	0	0
Michael Kurtianyk 8757 Georgia Ave Suite 600 Silver Spring, MD 209103742	Director 1 00	0	0	0

**TY 2008 Grants and Similar Amounts Paid Schedule**

**Name:** Frederick County Assoc of  
Realtors INC - CO GCAAR

**EIN:** 52-0983489

<b>Item No.</b>	1
<b>Class of Activity</b>	charitable
<b>Donee's Name</b>	Frederick Arts Council
<b>Donee's Address</b>	15 West Patrick Street Frederick, MD 21701
<b>Amount (FMV)</b>	500
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	None
<b>Description</b>	Cash
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-11

Item No.	2
Class of Activity	charitable
Donee's Name	Habitat for Humanity
Donee's Address	2 East Church Street Frederick, MD 21701
Amount (FMV)	576
Purpose of Payment to Affiliate	
Relationship	None
Description	Cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-03



<b>Item No.</b>	3
<b>Class of Activity</b>	charitable
<b>Donee's Name</b>	american Diabetes Association
<b>Donee's Address</b>	1701 North Beauregard Street Alexandria, VA 22311
<b>Amount (FMV)</b>	50
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	none
<b>Description</b>	cash
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-12

<b>Item No.</b>	4
<b>Class of Activity</b>	charitable
<b>Donee's Name</b>	College View Nursing
<b>Donee's Address</b>	700 Toll House Avenue Frederick, MD 21701
<b>Amount (FMV)</b>	50
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	none
<b>Description</b>	cash
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2009-03

Item No.	5
Class of Activity	charitable
Donee's Name	Maryland Association of Realtors
Donee's Address	200 Harry Truman Parkway Annapolis, MD 21401
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-08

## TY 2008 Other Assets Schedule

**Name:** Frederick County Assoc of

Realtors INC - CO GCAAR

**EIN:** 52-0983489

Description	Beginning of Year Amount	End of Year Amount
Accounts Receivable	3,238	621
Inventory	17,899	27,273
Prepaid Expenses	21,774	16,994
Sentrilock Conversion Asset	118,810	85,326
Notes Receivable	20,000	20,000
Other Investments	11,075	11,075
Other Depreciable Assets	7,915	5,797

**TY 2008 Other Expenses Schedule**

**Name:** Frederick County Assoc of  
Realtors INC - CO GCAAR

**EIN:** 52-0983489

Description	Amount
Payroll Taxes	31,725
Office Expense	3,877
Travel	12,184
Insurance	3,296
Realtor Community Service	17,549
Bank Fees	12,749
Management Fees	38,280
Real Estate Taxes	6,668
Public Relations	12,200
Professional Standards	2,449
Training	1,055
Depreciation Expense	15,543

## TY 2008 Other Liabilities Schedule

**Name:** Frederick County Assoc of  
Realtors INC - CO GCAAR

**EIN:** 52-0983489

Description	Beginning of Year Amount	End of Year Amount
Accounts Payable and Accrued Expenses	37,299	22,458
Deferred Revenue	55,045	37,133
Other Liabilities	70,648	47,881

## TY 2008 Other Revenues Schedule

**Name:** Frederick County Assoc of  
Realtors INC - CO GCAAR

**EIN:** 52-0983489

Description	Amount
Facility Rental	5,175
Rebates	4,799
Miscellaneous	6,433

**TY 2008 Transfers Personal Benefits  
Contracts Declaration**

**Name:** Frederick County Assoc of  
Realtors INC - CO GCAAR

**EIN:** 52-0983489

**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.