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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 \$1,000,000 and total assets less than \$2,500,000 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.

OMB No 1545-1150

**2008**

Open to Public Inspection

**A** For the **2008** calendar year, or tax year beginning **NOV 1, 2008** and ending **OCT 31, 2009**

<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	Please use IRS label or print or type See Specific Instructions	<b>C</b> Name of organization <b>THE GREATER BALTIMORE BOARD OF REALTORS FOUNDATION, INC.</b>		<b>D</b> Employer identification number <b>52-2143132</b>
		Number and street (or P.O. box, if mail is not delivered to street address) <b>1306 BELLONA AVENUE</b>		<b>E</b> Telephone number <b>(410) 337-7200</b>
		City or town, state or country, and ZIP + 4 <b>LUTHERVILLE, MD 21093</b>		<b>F</b> 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: ▶ **N/A****J** Organization type (check only one) — ☒ 501(c) ( **3** ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 **H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**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.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ **\$ 39,955.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	23,376.
	2	Program service revenue including government fees and contracts	2	0.
	3	Membership dues and assessments	3	0.
	4	Investment income	4	4,441.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	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 gaming, check here <input checked="" type="checkbox"/>		
	6a	Gross revenue (not including \$ <b>4,200.</b> of contributions reported on line 1)	6a	12,138.
	6b	Less: direct expenses other than fundraising expenses	6b	5,306.
Expenses	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	6,832.
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶)	8	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	34,649.
	10	Grants and similar amounts paid (attach schedule) <b>STMT 4</b>	10	53,750.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	29,249.
	13	Professional fees and other payments to independent contractors	13	7,000.
Net Assets	14	Occupancy, rent, utilities, and maintenance	14	3,162.
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ <b>SEE STATEMENT 1</b> )	16	6,572.
	17	<b>Total expenses.</b> Add lines 10 through 16	17	99,733.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<65,084.>
	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	710,320.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	645,236.

**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
22 Cash, savings, and investments	676,137.	639,516.
23 Land and buildings		
24 Other assets (describe ▶ <b>SEE STATEMENT 2</b> )	55,584.	36,692.
25 Total assets	731,721.	676,208.
26 Total liabilities (describe ▶ <b>SEE STATEMENT 3</b> )	21,401.	30,972.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	710,320.	645,236.

P 15

**Expenses**  
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28a	56,986.
-----	---------

29a

30a

31a

32	56.986.
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**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	X
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	X
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 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 section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0.
b Did the organization file Form 1120-POL for this year?	37b	X
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	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:	39a	N/A
a Initiation fees and capital contributions included on line 9	39b	N/A
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 0.; section 4912 0.; section 4955 0.		
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	X
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? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed. MD		
42a The books are in care of CHRISTINE SPARZAK Telephone no. 410-828-7635		
Located at 1306 BELLONA AVENUE, BALTIMORE, MD ZIP + 4 21093		
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	X
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.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
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	N/A
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
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	X

Form 990-EZ (2008)

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 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 operating 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(s) a section 527 organization?
- 50 Complete this table for the 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."

	Yes	No
46		X
47		X
48		X
49a		X
49b		

(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
NONE				
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 is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000		

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: *Joseph T. Londers III* Date: 9/10/10  
Signature of officer

*Joseph T. Londers III, Executive Vice President*  
Type or print name and title

Paid Preparer's Use Only: Preparer's signature: *A. Mount 7 and CRA* Date: 9/8/10 Check if self-employed: ☐ Preparer's Identifying Number (See instr): P00363084

Firm's name (or yours if self-employed), address, and ZIP + 4: RSM MCGLADREY, INC.  
100 INTERNATIONAL DRIVE, SUITE 1400  
BALTIMORE, MARYLAND 21202

EIN: Phone no. (410) 246-9300

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No



**THE GREATER BALTIMORE BOARD OF REALTORS**

Schedule A (Form 990 or 990-EZ) 2008

**FOUNDATION, INC.**

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**Part II: Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	96,039.	104,326.	111,680.	37,405.	23,376.	372,826.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 - 3	96,039.	104,326.	111,680.	37,405.	23,376.	372,826.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public Support.</b> Subtract line 5 from line 4						372,826.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	96,039.	104,326.	111,680.	37,405.	23,376.	372,826.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,708.	13,218.	17,073.	16,043.	4,441.	58,483.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						431,309.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	86.44	%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	88.97	%
<b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
<b>b 33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>17a 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>b 10% -facts-and-circumstances test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2008

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 - 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐



FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
OFFICE EXPENSE		1,009.	
MISCELLANEOUS		2,227.	
PAYROLL TAXES		3,336.	
TOTAL TO FORM 990-EZ, LINE 16		6,572.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PLEDGES RECEIVABLE (NET)	38,509.	24,834.	
PREPAID EXPENSES	14,500.	10,500.	
INTEREST RECEIVABLE	2,575.	1,121.	
DUE FROM RELATED PARTY	0.	237.	
TOTAL TO FORM 990-EZ, LINE 24	55,584.	36,692.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS PAYABLE	19,555.	30,972.	
DUE TO RELATED PARTY	346.	0.	
DEFERRED REVENUE	1,500.	0.	
TOTAL TO FORM 990-EZ, LINE 26	21,401.	30,972.	

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT

4

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
MISCELLANEOUS 1306 BELLONA AVENUE BALTIMORE, MD 21093	NONE	3,750.
REBUILDING BALTIMORE TOGETHER 1014 WEST 36TH STREET BALTIMORE, MD 21211	NONE	3,000.
MARYLAND MENTORING PARTNERSHIP 517 NORTH CHARLES STREET, SUITE 200 BALTIMORE, MD 21201	NONE	4,000.
HABITAT FOR HUMANITY OF THE CHESAPEAKE 3741 COMMERCE DRIVE, SUITE 309 BALTIMORE, MD 21227	NONE	15,000.
NEW ORLEANS AREA HABITAT FOR HUMANITY 7100 SAINT CHARLES AVENUE NEW ORLEANS, LA 70118	NONE	1,000.
HOME PARTNERSHIP, INC. 626 TOWNE CENTER DRIVE, SUITE 301 JOPPATOWNE, MD 21085	NONE	2,500.
UNITED WAY OF CENTRAL MARYLAND 100 SOUTH CHARLES, 5TH FLOOR BALTIMORE, MD 21201	NONE	1,000.
ADOPT-A-CLASSROOM 4141 NE 2ND AVENUE, #2038 MIAMI, FL 33137	NONE	14,500.
BALTIMORE COUNTY HOUSING RESOURCE DAY 6401 YORK ROAD, 2ND FLOOR BALTIMORE, MD 21212	NONE	750.

THE GREATER BALTIMORE BOARD OF REALTORS

52-2143132

NONE

6,250.

SAINT AMBROSE HOUSING AID CENTER  
321 EAST 25TH STREET  
BALTIMORE, MD 21218

NONE

2,000.

BALTIMORE STATION  
P.O. BOX 27144  
BALTIMORE, MD 21230

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

53,750.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 5

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 6

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JAN HAYDEN, 1306 BELLONA AVENUE, LUTHERVILLE, MD 21093	CHAIRPERSON 2.00	0.	0.	0.
BOB KIMBALL, 1306 BELLONA AVENUE, LUTHERVILLE, MD 21093	EX - OFFICIO 2.00	0.	0.	0.
DAVID MCILVAINE, 1306 BELLONA AVENUE, LUTHERVILLE, MD 21093	EX - OFFICIO 2.00	0.	0.	0.
SUSAN MYSZKOWSKI, 1306 BELLONA AVENUE, LUTHERVILLE, MD 21093	EX - OFFICIO 2.00	0.	0.	0.
GWENDOLYN WYNN, 1306 BELLONA AVENUE, LUTHERVILLE, MD 21093	EX - OFFICIO 2.00	0.	0.	0.
KARIN BATTERTON, 1306 BELLONA AVENUE, LUTHERVILLE, MD 21093	TRUSTEE 2.00	0.	0.	0.
PEGGY CASTLE, 1306 BELLONA AVENUE, LUTHERVILLE, MD 21093	TRUSTEE 2.00	0.	0.	0.
LANE CHAISSON, 1306 BELLONA AVENUE, LUTHERVILLE, MD 21093	TRUSTEE 2.00	0.	0.	0.
MAUREEN FLYNN, 1306 BELLONA AVENUE, LUTHERVILLE, MD 21093	TRUSTEE 2.00	0.	0.	0.
KATIE GROVE, 1306 BELLONA AVENUE, LUTHERVILLE, MD 21093	TRUSTEE 2.00	0.	0.	0.
DORIS HALL-SCHEELER, 1306 BELLONA AVENUE, LUTHERVILLE, MD 21093	TRUSTEE 2.00	0.	0.	0.
MELVIN KNIGHT, 1306 BELLONA AVENUE, LUTHERVILLE, MD 21093	TRUSTEE 2.00	0.	0.	0.
MARTHA LESSNER, 1306 BELLONA AVENUE, LUTHERVILLE, MD 21093	TRUSTEE 2.00	0.	0.	0.
JAMES MATTHEWS, 1306 BELLONA AVENUE, LUTHERVILLE, MD 21093	TRUSTEE 2.00	0.	0.	0.

THE GREATER BALTIMORE BOARD OF REALTORS

52-2143132

SHARON MCKENNA, 1306 BELLONA AVENUE, LUTHERVILLE, MD 21093	TRUSTEE 2.00	0.	0.	0.
MARCELLIS MOSBY, 1306 BELLONA AVENUE, LUTHERVILLE, MD 21093	TRUSTEE 2.00	0.	0.	0.
JAMES PIPER, 1306 BELLONA AVENUE, LUTHERVILLE, MD 21093	TRUSTEE 2.00	0.	0.	0.
ASHLEY RICHARDSON, 1306 BELLONA AVENUE, LUTHERVILLE, MD 21093	TRUSTEE 2.00	0.	0.	0.
BOB SIMON, 1306 BELLONA AVENUE, LUTHERVILLE, MD 21093	TRUSTEE 2.00	0.	0.	0.
CATHY WERNER, 1306 BELLONA AVENUE, LUTHERVILLE, MD 21093	TRUSTEE 2.00	0.	0.	0.
WILLIAM YERMAN, 1306 BELLONA AVENUE, LUTHERVILLE, MD 21093	TRUSTEE 2.00	0.	0.	0.
MARY ZIMMERMAN, 1306 BELLONA AVENUE, LUTHERVILLE, MD 21093	TRUSTEE 2.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		0.	0.	0.

990-EZ PG 2

STATEMENT 7

RAISE FUNDS AND DIRECT CONTRIBUTIONS TO VARIOUS NONPROFIT ORGANIZATIONS IN THE BALTIMORE AREA IN THE COLLECTIVE NAME OF THE REALTOR COMMUNITY, AND TO PROVIDE PUBLIC EDUCATION TO COMBAT REAL ESTATE FRAUD.

990-EZ PG 2

STATEMENT 8

RAISE FUNDS AND DIRECT CONTRIBUTIONS TO VARIOUS NONPROFIT CHARITABLE ORGANIZATIONS IN THE COLLECTIVE NAME OF THE REALTOR COMMUNITY, AND PROVIDE PUBLIC EDUCATION TO COMBAT REAL ESTATE FRAUD.



Application for Extension of Time To File an  
Exempt Organization Return

OMB No 1545 1709

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒ X
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3 month extension on a previously filed Form 8868

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)A corporation required to file Form 990 T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3 month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990 T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3 month extension or (2) you file Forms 990 BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization <b>THE GREATER BALTIMORE BOARD OF REALTORS FOUNDATION, INC.</b>	Employer identification number <b>52-2143132</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>1306 BELLONA AVENUE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LUTHERVILLE, MD 21093</b>	

Check type of return to be filed (file a separate application for each return)

- |   |  |                                    |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990 BL            | <input type="checkbox"/> Form 990 T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990 PF            | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

**WAYNE STINCHCOMB**

- The books are in the care of ▶ **1306 BELLONA AVENUE - BALTIMORE, MD 21093**  
Telephone No ▶ **410-828-7635** FAX No ▶

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3 month (6-months for a corporation required to file Form 990-T) extension of time until **JUNE 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ▶ ☐ calendar year \_\_\_\_\_ or
- ▶ ☒ tax year beginning **NOV 1, 2008**, and ending **OCT 31, 2009**

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990 BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990 PF or 990 T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$ <b>N/A</b>

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453 EO and Form 8879-EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ☒ **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

Type or print  File by the extended due date for filing the return. See instructions	Name of Exempt Organization <b>THE GREATER BALTIMORE BOARD OF REALTORS FOUNDATION, INC.</b>	Employer identification number <b>52-2143132</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1306 BELLONA AVENUE</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>LUTHERVILLE, MD 21093</b>	

Check type of return to be filed (File a separate application for each return):

- |                                      |   |   |                                      |                                    |                                    |
|--------------------------------------|---|---|--------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990    | <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 5227 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 6069 |                                    |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.****THE ORGANIZATION**

- The books are in the care of **1306 BELLONA AVENUE - BALTIMORE, MD 21093**

Telephone No. **410-828-7635**FAX No. 

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **SEPTEMBER 15, 2010.**5 For calendar year , or other tax year beginning **NOV 1, 2008**, and ending **OCT 31, 2009**6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

**ADDITIONAL TIME IS NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>8a</b>	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$ <b>N/A</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Julia Miller** Title **CPA**Date **6/8/10**

Form 8868 (Rev. 4-2009)