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Form 990-EZ

## Short Form

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except 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.

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 11-01-2009

, and ending 10-31-2010

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

Please use IRS label or print or type.  
See Specific Instructions.

C Name of organization Frederick County Assoc of Realtors INC	D Employer identification number 52-0983489
Number and street (or P O box, if mail is not delivered to street address) 529 West South Street	E Telephone number (301) 590-2000
City or town, state or country, and ZIP + 4 Frederick, MD 21701	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: ► WWW FCAR ORG

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 ► \$ 385,875

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

1 Contributions, gifts, grants, and similar amounts received	1	
2 Program service revenue including government fees and contracts	2	50,960
3 Membership dues and assessments	3	243,441
4 Investment income	4	4,808
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)	5c	
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ►		
a Gross revenue (not including \$ of contributions reported on line 1)	6a	35,370
b Less direct expenses other than fundraising expenses	6b	8,549
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	26,821
7a Gross sales of inventory, less returns and allowances	7a	30,849
b Less cost of goods sold	7b	16,701
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	14,148
8 Other revenue (describe ►)	8	20,447
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	360,625
10 Grants and similar amounts paid (attach schedule) ►	10	1,050
11 Benefits paid to or for members	11	73,695
12 Salaries, other compensation, and employee benefits	12	142,841
13 Professional fees and other payments to independent contractors	13	20,104
14 Occupancy, rent, utilities, and maintenance	14	28,201
15 Printing, publications, postage, and shipping	15	12,430
16 Other expenses (describe ►)	16	143,736
17 Total expenses. Add lines 10 through 16	17	422,057
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-61,432
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	802,859
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	741,427

## 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	599,294	22
23 Land and buildings	143,951	23
24 Other assets (describe ►)	167,086	24
25 Total assets	910,331	25
26 Total liabilities (describe ►)	107,472	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	802,859	27
		741,427



<b>Part V Other Information</b> (Note the statement requirements in the instructions for Part V.)			<b>Yes</b>	<b>No</b>
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>33</b>		No	
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	<b>34</b>		No	
<b>35</b> 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 why the organization did not report the income on Form 990-T				
<b>a</b> 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?	<b>35a</b>	Yes		
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<b>35b</b>	Yes		
<b>36</b> 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	<b>36</b>	No		
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ► <b>37a</b>	<b>37a</b>	0		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<b>37b</b>			
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	<b>38a</b>	No		
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved	<b>38b</b>			
<b>39</b> <i>Section 501(c)(7) organizations.</i> Enter	<b>39a</b>			
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39a</b>			
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>			
<b>40a</b> <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____				
<b>b</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	<b>40b</b>			
<b>c</b> <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 ► _____				
<b>d</b> <i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax on line 40c reimbursed by the organization ► _____				
<b>e</b> <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	<b>40e</b>	No		
<b>41</b> List the states with which a copy of this return is filed ► MD				
<b>42a</b> The organization's books are in care of ► FCAR and GCAAR Telephone no ► (301) 590-2000				
529 West South Street Located at ► Frederick, MD		ZIP + 4	21701	
<b>b</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)?	<b>42b</b>	Yes	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>				
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.?	<b>42c</b>	No		
If "Yes," enter the name of the foreign country ► _____				
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here ► <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► <b>43</b>	<b>43</b>			
<b>44</b> Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	<b>44</b>	Yes	No	
<b>45</b> 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.	<b>45</b>	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.

		<b>Yes</b>	<b>No</b>
<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>46</b>	
<b>47</b>	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	
<b>48</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>48</b>	
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
	<b>b</b> If "Yes," was the related organization a section 527 organization?	<b>49b</b>	
<b>50</b>	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."		

<b>(a)</b> Name and address of each employee paid more than \$100,000	<b>(b)</b> Title and average hours per week devoted to position	<b>(c)</b> Compensation	<b>(d)</b> Contributions to employee benefit plans & deferred compensation	<b>(e)</b> 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."

<b>(a)</b> Name and address of each independent contractor paid more than \$100,000	<b>(b)</b> Type of service	<b>(c)</b> Compensation

**51(d)** Total number of other independent contractors each 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		
	***** Signature of officer Valerie Rivers Chief Executive Officer Type or print name and title	2011-03-17 Date	

<b>Paid Preparer's Use Only</b>	Preparer's signature S Vincent Crescenzi	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions)
	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 <input checked="" type="checkbox"/> Phone no <input checked="" type="checkbox"/> (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

### 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 529 West South Street Frederick, MD 21701	President 5 00	0	0	0
Sandy Fouche 529 West South Street frederick, MD 21701	President-Elect 5 00	0	0	0
Charles P Hawley 529 West South Street frederick, MD 21701	Secretary 5 00	0	0	0
Lawrence R Riggs 529 West South Street frederick, MD 21701	Immediate Past President 5 00	0	0	0
Diane Y Derr 529 West South Street frederick, MD 21701	Director 1 00	0	0	0
Norma Boone 529 West South Street frederick, MD 21701	Director 1 00	0	0	0
Leslie G Fulford 529 West South Street frederick, MD 21701	Director 1 00	0	0	0
Lisa M Goodman 529 West South Street frederick, MD 21701	Director 1 00	0	0	0
Michael Kurtianyk 529 West South Street frederick, MD 21701	Treasurer 1 00	0	0	0
Meg Gawler 529 West South Street frederick, MD 21701	Director 1 00	0	0	0
Valerie Rivers 529 West South Street frederick, MD 21701	Chief Executive Officer 40 00	79,895	0	0

## TY 2009 Grants and Similar Amounts Paid Schedule

**Name:** Frederick County Assoc of Realtors INC**EIN:** 52-0983489

<b>Item No.</b>	1
<b>Class of Activity</b>	charitable
<b>Donee's Name</b>	
<b>Donee's Address</b>	
<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>	2010-06

<b>Item No.</b>	2
<b>Class of Activity</b>	charitable
<b>Donee's Name</b>	
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	1,000
<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>	2010-09

## TY 2009 Other Assets Schedule

**Name:** Frederick County Assoc of Realtors INC**EIN:** 52-0983489

Description	Beginning of Year Amount	End of Year Amount
Accounts Receivable	621	1,000
Inventory	27,273	25,298
Prepaid Expenses	16,994	20,264
Sentrilock Conversion Asset	85,326	64,359
Notes Receivable	20,000	20,000
Other Investments	11,075	11,075
Other Depreciable Assets	5,797	11,009

## TY 2009 Other Expenses Schedule

**Name:** Frederick County Assoc of Realtors INC

**EIN:** 52-0983489

Description	Amount
Payroll Taxes	38,259
Office Expense	5,651
Travel	18,505
Insurance	3,480
Realtor Community Service	17,838
Bank Fees	14,738
Management Fees	15,000
Real Estate Taxes	7,350
Public Relations	4,122
Professional Standards	192
Training	1,815
Depreciation Expense	16,786

**TY 2009 Other Liabilities Schedule****Name:** Frederick County Assoc of Realtors INC**EIN:** 52-0983489

<b>Description</b>	<b>Beginning of Year Amount</b>	<b>End of Year Amount</b>
Accounts Payable and Accrued Expenses	22,458	16,701
Deferred Revenue	37,133	26,162
Other Liabilities	47,881	18,373

## TY 2009 Other Revenues Schedule

**Name:** Frederick County Assoc of Realtors INC

**EIN:** 52-0983489

Description	Amount
Facility Rental	5,400
Rebates	5,617
Miscellaneous	9,430

## TY 2009 Transfers Personal Benefits Contracts Declaration

**Name:** Frederick County Assoc of Realtors INC

**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.