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A For the 2009 calendar year, or tax year beginning 11-01-2009, and ending 10-31-2010				
B Check if applicable	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
Address change		Number and street (or P O box, if mail is not delivered to street address) Room/suite 529 West South Street		E Telephone number (301) 590-2000
Name change				
Initial return		City or town, state or country, and ZIP + 4 Frederick, MD 21701		F Group Exemption Number
Terminated				
Amended return				
Application pending				

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) <input type="checkbox"/>	
I Website: <u>WWW.FCAR.ORG</u>		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
J Tax-Exempt status (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 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)										
Revenue	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		5c		
	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 							6c	26,821
	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				
	7a	Gross sales of inventory, less returns and allowances				7a	30,849			
	b	Less cost of goods sold				7b	16,701	7c	14,148	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				7c					
8	Other revenue (describe )						8			20,447
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 						9	360,625		
Expenses	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	
Net Assets	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	22 515,279
23 Land and buildings	143,951	23 134,379
24 Other assets (describe  )	167,086	24 153,005
25 Total assets	910,331	25 802,663
26 Total liabilities (describe  )	107,472	26 61,236
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) .	802,859	27 741,427

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 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, and other relevant information for each program title			
28 The association provides and promotes realtors education and cooperation. It promotes consumer trust and confidence through the support of approximately 900 members. (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		28a	0
29 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		29a	
30 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		30a	
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 VOther 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 ▶	37a	0
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	Section 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 501(c)(4) organizations. 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	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
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	No
41	List the states with which a copy of this return is filed ▶ MD		
42a	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	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 ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	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 ▶ _____	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 ▶ 43		
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

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.

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	Yes	No
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 *****		Date 2011-03-17	
Paid Preparer's Use Only	Valerie Rivers, Chief Executive Officer Type or print name and title			
	Preparer's signature S Vincent Crescenzi	Date	Check if self-employed <input 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 ▶
				Phone no ▶ (301) 986-0600
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 Kurtianyik 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

Item No.	1
Class of Activity	charitable
Donee's Name	
Donee's Address	
Amount (FMV)	50
Purpose of Payment to Affiliate	
Relationship	None
Description	Cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-06

Item No.	2
Class of Activity	charitable
Donee's Name	
Donee's Address	
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	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

Description	Beginning of Year Amount	End of Year Amount
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.