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Short Form
Return of Organization Exempt From Income TaxUnder 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
- All other organizations with gross receipts less than \$200,000 and total assets less than \$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

2010

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning

, 2010, and ending

, 20

B Check if applicable

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

C Name of organization

LAWRENCE COUNTY BOARD OF REALTORS

D Employer identification number

25-6066320

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

2910 WILMINGTON ROAD

E Telephone number

724-946-2712

City or town, state or country, and ZIP + 4

NEW CASTLE, PA 16105

F Group Exemption
Number ►G Accounting Method Cash Accrual Other (specify) ►

I Website: ► N/A

J Tax-exempt status (check only one) — 501(c)(3) 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 \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

97348

► \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I □

1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	61490
3	Membership dues and assessments	3	32949
4	Investment income	4	111
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)		
6	Gaming and fundraising events	6a	
a	Gross income from gaming (attach Schedule G if greater than \$15,000)		
b	Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	2376
c	Less: direct expenses from gaming and fundraising events	6c	1144
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	1232
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
8	Other revenue (describe in Schedule O)	8	366
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	96148
10	Grants and similar amounts paid (list in Schedule O)	10	500
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	3000
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	328
16	Other expenses (describe in Schedule O)	16	97064
17	Total expenses. Add lines 10 through 16 ►	17	100892
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-4744
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	16131
20	Other changes in net assets or fund balances (explain in Schedule O)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	11387

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	16131	22 11387
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	16131	25 11387
26 Total liabilities (describe in Schedule O)	26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	16131	27 11387

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **SEE STATEMENT 2**

What is the organization's primary exempt purpose? SEE STATEMENT 2
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 SEE STATEMENT 3

(Grants \$)

) If this amount includes foreign grants, check here

28a

29

(Grants \$)

) If this amount includes foreign grants, check here

29a

30

(Grants \$)

) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule Q)

(Grants \$) If this amount includes foreign grants, check here

313

32 Total program service expenses (add lines 28a through 31)

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule Q to respond to any question in this Part IV.

Check if the organization used Schedule C to respond to any question in this part				
(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
JOSEPH CAROFINO 324 SIMS STREET ELLWOOD CITY, PA 16117	PRESIDENT-1	0	0	0
DENISE JOHNSON 2000-A WILMINGTON ROAD NEW CASTLE, PA 16105	VICE-PRESIDENT-1	0	0	0
PATRICIA J WILSON 2911 WILMINGTON ROAD NEW CASTLE, PA 16105	SECRETARY-1	0	0	0
SHERI BABB 220 W NESHANNOCK AVE NEW WILMINGTON, PA 16142	TREASURER-1	0	0	0
C. THOMAS DEAN 2189 STATE ROUTE 956 VOLANT, PA 16156	FIN. DIRECTOR-1	0	0	0
SAM ANGELUCCI 2900 WILMINGTON ROAD NEW CASTLE, PA 16105	DIRECTOR-0	0	0	0
ZACHERY T POWELL 500 CRESENT AVENUE ELLWOOD CITY, PA 16117	DIRECTOR-0	0	0	0
KIMBERLY CLAVELLI 2911 WILMINGTON ROAD NEW CASTLE, PA 16105	DIRECTOR-0	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 ✓

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 ✓

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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

b If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?

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 ✓

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a

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 tax year covered by this return?

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 39a N/A

b Gross receipts, included on line 9, for public use of club facilities 39b N/A

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A 40a

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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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 40c

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d

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 ✓

41 List the states with which a copy of this return is filed. ► PA

42a The organization's books are in care of ► **FINANCIAL DIRECTOR** Telephone no. ► 724-553-4230
Located at ► **2189 STATE ROUTE 956 VOLANT, PA** ZIP + 4 ► 16156

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**.

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: ►

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

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a ✓

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b ✓

c Did the organization receive any payments for indoor tanning services during the year? 44c ✓

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

	Yes	No
33	✓	
34	✓	
35a	✓	
35b		
36	✓	
37a		
37b	✓	
38a	✓	
38b	N/A	
39a	N/A	
39b	N/A	
40a		
40b		
40c		
40d		
40e	✓	

	Yes	No
42b	✓	
42c	✓	

	Yes	No
44a	✓	
44b	✓	
44c	✓	
44d		

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? 45

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46

Yes	No
45	✓
45a	✓
46	✓

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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a

b If "Yes," was the related organization a section 527 organization? 49b

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

f Total number of other employees paid over \$100,000 ►

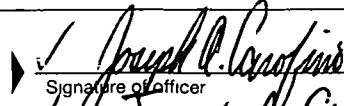
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

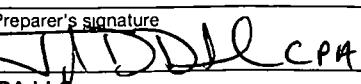
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► Yes No

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			✓ 5-12-11
	Signature of officer	2011 PRESIDENT	Date
Type or print name and title			

Paid Preparer Use Only	Print/Type preparer's name JOSEPH D DOSTILIO CPA	Preparer's signature 	Date 5-9-11	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00045318
	Firm's name ► JOSEPH D DOSTILIO CPA LLC			Firm's EIN ► 27-4016583	
	Firm's address ► 143 E WALLACE AVENUE NEW CASTLE, PA 16101			Phone no ► 724-652-0611	

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

Form 990-EZ, Page 1, Part I, Line 16

Other Expenses Statement 1

Bank service charges	8
Donations	1,500
Holiday party	2,139
Legal & technical support	1,792
Organization dues	22,337
Program service expense	61,155
Lunch subsidy	2,186
Realtor recognition expense	504
Special events expense	1,560
Travel expense	3,548
Miscellaneous expense	335
<hr/>	
TOTAL	<u>97,064</u>

Form 990-EZ, Page 2, Part III - Statement 2

The LCBR was formed in the 1990s in order to standardize the way realtors conduct their business in Lawrence county, PA.

Form 990-EZ, Page 2, Part III, Line 28 - Statement 3

The body currently exists to provide professional development, legal protection and to ensure fair competition between its member agencies. All agencies who are members of the LCBR are permitted to engage in sales between agencies, meaning an agent from one company can sell the house of another agent who holds the listing, even if they are from another agency. Through the agreement, the LCBR ensures that a buyer can find the best house for their needs.