



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



► The organization may have to use a copy of this return to satisfy state reporting requirements

Form **990-EZ** (2010)

Part II

Balance Sheets

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

☒

| (See the instructions for Part II) | | (A) Beginning of year | (B) End of year | |
|-------------------------------------|---|-----------------------|-----------------|--------|
| 22 | Cash, savings, and investments | 18,092 | 22 | 15,908 |
| 23 | Land and buildings | | 23 | |
| 24 | Other assets (describe in Schedule O) | 1,741 | 24 | 2,340 |
| 25 | Total assets | 19,833 | 25 | 18,248 |
| 26 | Total liabilities (describe in Schedule O) | 2,422 | 26 | 2,632 |
| 27 | Net assets or fund balances (line 27 of column (B) must agree with line 21) . | 17,411 | 27 | 15,616 |

Part III

Statement of Program Service Accomplishments

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

☒

What is the organization's primary exempt purpose?
Services to Fayette County Realtors to advance professional & ethical practice of all real estate related professionals

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

| | | | |
|--|--|-----|---------|
| 28 Services to Fayette County Realtors including education, comparables, lock box, multi-list, networking, and social events (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | | 28a | 105,278 |
| 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 (describe in Schedule O) <input type="checkbox"/> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | | 31a | |
| 32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/> | | 32 | 105,278 |

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 O to respond to any question in this 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 V.)

Check if the organization used Schedule O to respond to any question in this Part V ☐ ☒

| | | Yes | No |
|-----|---|-----|-----|
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | No |
| 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 | 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, 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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | Yes |
| b | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | Yes |
| c | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | No |
| 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 <input type="checkbox"/> 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 tax year 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 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____ | | |
| 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 <input type="checkbox"/> _____ | | |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____ | | |
| 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 <input type="checkbox"/> _____ | | |
| 42a | The organization's books are in care of <input type="checkbox"/> BRENDA LILLEY Telephone no <input type="checkbox"/> (724) 437-1740 92 EAST MAIN STREET Located at <input type="checkbox"/> UNIONTOWN, PA ZIP + 4 <input type="checkbox"/> 15401 | | |
| 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 <input type="checkbox"/> _____ 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 <input type="checkbox"/> _____ | 42c | No |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43 _____ | | |
| 44a | Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ. | 44a | No |
| 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 | No |
| c | Did the organization receive any payments for indoor tanning services during the year? | 44c | No |
| 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 | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | No |
| 45b | 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) | 45b | |

| | | | |
|----|--|-----|----|
| | | Yes | No |
| 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 | | 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 47-49b and 52.

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

| | | | |
|-----|--|-----|----|
| | | Yes | No |
| 47 | Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? 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 |
|--|--|------------------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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 | ***** Signature of officer | | 2012-10-23 Date | | |
| | Cynthia Robinson President Type or print name and title | | | | |
| Paid Preparer's Use Only | Preparer's signature | James ADinsmoreCPA | Date 2012-10-23 | Check if self-employed <input type="checkbox"/> | Preparer's taxpayer identification number (See instructions) P00093475 |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 | McClure & Wolf CPA's 538 Morgantown Street Uniontown, PA 154015412 | | | EIN 25-1284683 |
| | | | | | Phone no (724) 437-2000 |
| May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
FAYETTE BOARD OF REALTORS

Employer identification number

25-1236266

| Identifier | Return Reference | Explanation |
|-------------------------|-------------------------------|--|
| Other Investment Income | Form 990-EZ, Part I, Line 4 | Interest 44 |
| Other Revenue | Form 990-EZ, Part I, Line 8 | Description Other Amount 1,519 |
| Payments to Affiliates | Form 990-EZ, Part I, Line 10 | Affiliate Name National Association of Realtors Affiliate Address 430 Michigan Ave Chicago, IL 60611 Purpose of Payment National Dues Amount of Payment 14,017 |
| Payments to Affiliates | Form 990-EZ, Part I, Line 10 | Affiliate Name PA Association of Realtors Affiliate Address 4501 Chambers Hill Rd Harrisburg, PA 17111 Purpose of Payment State Dues Amount of Payment 11,870 Total included on Form 990-EZ, line 10 25,887 |
| Other Expenses | Form 990-EZ, Part I, Line 16 | Description Supplies Amount 5,682 Description Telephone Amount 2,552 Description Conferences, conventions, meetings Amount 14,337 Description Lock Box System Amount 9,146 Description Promotions Amount 1,653 Description Insurance Amount 515 Description Other Amount 4,268 Description Continuing Education Amount 70 Total to Form 990-EZ, line 16 38,223 |
| Other Assets | Form 990-EZ, Part II, Line 24 | Description Accounts Receivable Beg of Year Amount 1,741 End of Year Amount 2,340 |
| Other Liabilities | Form 990-EZ, Part II, Line 26 | Description Sales & Payroll Tax Payable Beg of Year Amount 465 End of Year Amount 525 Description Accounts Payable Beg of Year Amount 1,957 End of Year Amount 2,107 |

Additional Data

Software ID:
Software Version:
EIN: 25-1236266
Name: FAYETTE BOARD OF REALTORS

Form 990-EZ, Special Condition Description:

| Special Condition Description |
|-------------------------------|
|-------------------------------|

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 |
|---|--|--|---|--|
| Cynthia Robinson 20 S Morgantown St Fairchance,PA 15436 | President 3 00 | 0 | 0 | 0 |
| Deborah Kirch 1307 Morrell Ave Connellsville,PA 15425 | President Elect 2 00 | 0 | 0 | 0 |
| Scott Cavinee 75 Morgantown St Uniontown,PA 15401 | Vice President 3 00 | 0 | 0 | 0 |
| Jacqueline Fiano 554 Morgantown Street Uniontown,PA 15401 | Secretary/Treasurer 3 00 | 0 | 0 | 0 |
| Amy Vidonish PO Box 1447 Uniontown,PA 15401 | Director 1 00 | 0 | 0 | 0 |
| Paula Shaffer 20 S Morgantown St Fairchance,PA 15436 | Director 1 00 | 0 | 0 | 0 |
| Dave Dursa 75 Morgantown St Uniontown,PA 15401 | Director 1 00 | 0 | 0 | 0 |
| Brenda Lilley 92 E Main St Uniontown,PA 15401 | Executive Officer 25 00 | 12,749 | 1,299 | 0 |

TY 2011 Transfers Personal Benefits Contracts Declaration

Name: FAYETTE BOARD OF REALTORS

EIN: 25-1236266

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.