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Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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, 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.

A For the 2012 calendar year, or tax year beginning 1/1, 2012, and ending 12/31, 20 12

B Check if applicable	C Name of organization		D Employer identification number
<input type="checkbox"/> Address change	Lawrence County Board of Realtors		25-6066320
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)		E Telephone number
<input type="checkbox"/> Initial return			724-498-5368
<input type="checkbox"/> Terminated	P.O. Box 5402		F Group Exemption Number ►
<input type="checkbox"/> Amended return	City or town, state or country, and ZIP + 4		
<input type="checkbox"/> Application pending	New Castle, PA 16105		

G Accounting Method  Cash  Accrual Other (specify) ►

I Website: ► [www.lcbr.org](http://www.lcbr.org)

J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( 6 ) ◀ (insert no.)  4947(a)(1) or  527

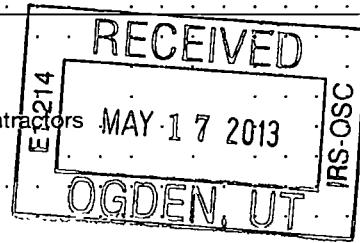
K Check ►  If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization 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 ► \$

## 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 4165
3 Membership dues and assessments	3 13,247
4 Investment income	4
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	5c
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 2215
c Less: direct expenses from gaming and fundraising events	6c 500
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 1715
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)	7c
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	8 133
10 Grants and similar amounts paid (list in Schedule O)	9 19,260
11 Benefits paid to or for members	10
12 Salaries, other compensation, and employee benefits	11
13 Professional fees and other payments to independent contractors	12 2600
14 Occupancy, rent, utilities, and maintenance	13
15 Printing, publications, postage, and shipping	14
16 Other expenses (describe in Schedule O)	15 9
17 Total expenses. Add lines 10 through 16	16 9468
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	17 12,077
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)	18 7183
20 Other changes in net assets or fund balances (explain in Schedule O)	19 16,113
21 Net assets or fund balances at end of year. Combine lines 18 through 20	20 23,296



**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	16,113	22
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	<b>Total assets</b>	16,113	25
26	<b>Total liabilities</b> (describe in Schedule O)		26
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	16,113	27
			23,296

**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? **Professional Development for its member agencies**

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 **The body exists to provide professional development, legal protection and to ensure fair competition between its member agencies** **Bi-Monthly meetings are held and educational programs are presented for the members**  
**Approximate attendance is 20 to 30 per meeting.**  
 (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 O)  
 (Grants \$ ) If this amount includes foreign grants, check here ►  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)  
 Check if the organization used Schedule O to respond to any question in this Part IV . . . . . 

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Denise Johnson				
President	1 Hour	0	0	0
Patricia J. Wilson				
Vice President	1 Hour	0	0	0
Sam Angelucci				
Treasurer	1 Hour	0	0	0
Sherie Babb				
Secretary	1 Hour	0	0	0
Joseph Carofino				
Immediate Past President	1 Hour	0	0	0
Kim Clavelli				
Director	1 Hour	0	0	0
Tammy Romesburg				
Director	1 Hour	0	0	0
Zachary Powell				
Director	1 Hour	0	0	0
Renee Dean				
Director	1 Hour	0	0	0
Anita McKeever				
Affiliate Liaison	1 Hour	0	0	0
Amy Kunselman				
Association Executive	5 Hours	2600	0	0

**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

**Part V Other Information** (Note the Schedule A and personal benefit contract 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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O Yes  No   
**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) Yes  No   
**34** ✓

35a 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)? Yes  No   
**35a** ✓

35b Yes  No   
**35b**

35c Yes  No   
**35c** ✓

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 Yes  No   
**36** ✓

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** Yes  No   
**37a**

b Did the organization file Form 1120-POL for this year? Yes  No   
**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? Yes  No   
**38a** ✓

b If "Yes," complete Schedule L, Part II and enter the total amount involved Yes  No   
**38b**

39 Section 501(c)(7) organizations. Enter: Yes  No   
**39a**

a Initiation fees and capital contributions included on line 9 Yes  No   
**39b**

b Gross receipts, included on line 9, for public use of club facilities Yes  No

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ► \_\_\_\_\_ ; section 4912 ► \_\_\_\_\_ ; section 4955 ► \_\_\_\_\_ Yes  No   
**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 Yes  No   
**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 Yes  No   
**40c**

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization Yes  No   
**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 Yes  No   
**40e** ✓

41 List the states with which a copy of this return is filed ► Yes  No

42a The organization's books are in care of ► \_\_\_\_\_ Telephone no. ► \_\_\_\_\_ Located at ► \_\_\_\_\_ ZIP + 4 ► Yes  No   
**42a** ✓

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. Yes  No   
**42b** ✓

c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country. ► \_\_\_\_\_ Yes  No   
**42c** ✓

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** Yes  No

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes  No   
**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 Yes  No   
**44b** ✓

c Did the organization receive any payments for indoor tanning services during the year? Yes  No   
**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 Yes  No   
**44d**

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Yes  No   
**45a** ✓

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) Yes  No   
**45b** ✓

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

	Yes	No
46		✓

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations 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

1

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.

	Yes	No
47		
48		
49a		
49b		

48 Is the organization 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?

48

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

10b

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."

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.

<b>Sign Here</b>	 Signature of officer	<b>5-14-13</b> Date	
	<b>Amy Kunselman Association Executive</b> Type or print name and title		
	Prepared's signature	Date	PTIN

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no.	

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

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Form 990-EZ (2012)

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

Lawrence County Board of Realtors

Employer identification number

25-6066320

Part I Line 8 Other Revenue : Interest \$1; Special Events \$132; Total - \$133

Line 16 Other Expenses: Holiday Party - \$2005; Returned Chks - \$640, Lunch Meetings - \$341; Advertising - \$120; Bank Service Chgs- \$12;

Donations - \$1524, Website/Tech Support - \$424; Office Equipment - \$717, Office Operations - \$158; Realtor Recognition - \$500; State and

National Meetings - \$3027 TOTAL - \$9468

Part II Line 24 Other Assets: Accounts Receivable

Name of the organization	Employer identification number
<u>Lawrence County Board of Realtors</u>	25-6066320