

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 private foundations)

- Do not enter social security numbers on this form as it may be made public.
- Go to www.irs.gov/Form990EZ for instructions and the latest information.

2018

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning

and ending

B Check if applicable	C Name of organization		D Employer identification number
<input type="checkbox"/> Address change	FAYETTE BOARD OF REALTORS		25-1236266
<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	315A MORGANTOWN STREET	Room/suite	7244371740
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption Number ►
<input type="checkbox"/> Amended return	UNIONTOWN, PA 15401	06	
<input type="checkbox"/> Application pending			

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 527K Form of organization: Corporation Trust Association Other

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, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 59685.

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	59004.
	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)	5c	
	6 Gaming and fundraising events.		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
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	of contributions	
c Less direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
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)	7c		
8 Other revenue (describe in Schedule O)	8	681.	
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	59685.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	SEE SCHEDULE O	
	11 Benefits paid to or for members	10	27340.
	12 Salaries, other compensation, and employee benefits	11	
	13 Professional fees and other payments to independent contractors	12	
	14 Occupancy, rent, utilities, and maintenance	13	-200.
	15 Printing, publications, postage, and shipping	14	50.
	16 Other expenses (describe in Schedule O)	15	219.
	17 Total expenses Add lines 10 through 16	16	10938.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	17	38347.
	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	21338.
	20 Other changes in net assets or fund balances (explain in Schedule O)	19	39323.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	20	-16661.
		21	44000.

LHA For Paperwork Reduction Act Notice, see the separate instructions

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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

X

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	30189.	30621.
23	Land and buildings	23	
24	Other assets (describe in Schedule O)	9789.	13915.
25	Total assets	39978.	44536.
26	Total liabilities (describe in Schedule O)	655.	536.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	39323.	44000.

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 SCHEDULE O**

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 1821.
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)			
	(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 1821.

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.

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 Sch. 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	33	X
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	34	X
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)?	
35a	35a	X
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	
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	
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	36	X
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?	
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	38b	N/A
39	Section 501(c)(7) organizations. Enter:	
a	Initiation fees and capital contributions included on line 9	
b	Gross receipts, included on line 9, for public use of club facilities	
39a	39a	N/A
39b	39b	N/A
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► <u>N/A</u> ; section 4912 ► <u>N/A</u> ; section 4955 ► <u>N/A</u>	
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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	
40b	40b	N/A
40e	40e	X
41	List the states with which a copy of this return is filed ► <u>NONE</u>	
42a	The organization's books are in care of ► <u>BRENDA LILLEY</u>	Telephone no. ► <u>7244371740</u>
	Located at ► <u>92 EAST MAIN STREET, UNIONTOWN, PA</u>	ZIP + 4 ► <u>15401</u>
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 ► <u> </u> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	
c	At any time during the calendar year, did the organization maintain an office outside the United States?	
	If "Yes," enter the name of the foreign country: ► <u> </u>	
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	N/A
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	44a	X
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	44b	X
c	Did the organization receive any payments for indoor tanning services during the year?	
44c	44c	X
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	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	
b	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	
45a	45a	X
	45b	

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? Yes No
If "Yes," complete Schedule C, Part I

46 X

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. 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 title of each employee N/A	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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." N/A

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 0

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations 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

Date

Bruce K. Raby, President

5/13/19

Paid Preparer Use Only	Print/Type preparer's name STACEY SZEWCZYK, CPACPA	Preparer's signature STACEY SZEWCZYK,	Date 05/13/19	Check <input type="checkbox"/> if self-employed	PTIN P00063899
	Firm's name ► WILLIAM T. GRIMM & ASSOC., P.C.			Firm's EIN ► 25-1708408	
	Firm's address ► 219 PITTSBURGH STREET UNIONTOWN, PA 15401			Phone no 724-437-8000	

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

Yes No

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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.
► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

FAYETTE BOARD OF REALTORS

Employer identification number
25-1236266

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

<u>DESCRIPTION OF OTHER REVENUE:</u>	<u>AMOUNT:</u>
INTEREST INCOME	30.
MISCELLANEOUS	651.
TOTAL TO FORM 990-EZ, LINE 8	681.

FORM 990-EZ, PART I, LINE 10, PAYMENTS TO AFFILIATES:

AFFILIATE NAME: NATIONAL ASSOCIATION OF REALTORS

AFFILIATE ADDRESS: 430 MICHIGAN AVE CHICAGO, IL 60611

PURPOSE OF PAYMENT: NATIONAL DUES

<u>AMOUNT OF PAYMENT:</u>	13295.
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AFFILIATE NAME: PA ASSOCIATION OF REALTORS

AFFILIATE ADDRESS: 4501 CHAMBERS HILL ROAD HARRISBURG, PA 17111

PURPOSE OF PAYMENT: STATE DUES

<u>AMOUNT OF PAYMENT:</u>	14045.
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TOTAL INCLUDED ON FORM 990-EZ, LINE 10	27340.
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FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

<u>DESCRIPTION OF OTHER EXPENSES:</u>	<u>AMOUNT:</u>
CONFERENCE, CONVENTIONS, MEETINGS	3046.
HOSPITALITY	303.
LIABILITY INSURANCE	530.
PROSTANDARDS PARTICIPATION FEES	1000.
MISCELLANEOUS	2235.
BUSINESS LUNCHEON	3444.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization

FAYETTE BOARD OF REALTORS

Employer identification number

25-1236266

<u>CONTINUING EDUCATION</u>	110.
<u>EQUIPMENT AND REPAIR EXPENSE</u>	270.
<u>TOTAL TO FORM 990-EZ, LINE 16</u>	10938.

FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:

<u>CHANGES IN NET ASSETS OR FUND BALANCES:</u>	<u>AMOUNT:</u>
<u>UNRELATED BUSINESS INCOME (LOSS)</u>	-16661.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
<u>ACCOUNTS RECEIVABLE</u>	9789.	13915.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
<u>PAYROLL TAXES PAYABLE</u>	655.	536.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - SERVICES TO FAYETTE COUNTY
REALTORS TO ADVANCE PROFESSIONAL & ETHICAL PRACTICE OF ALL REAL ESTATE
RELATED PROFESSIONALS.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

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.