



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



Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2009Department 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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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.

Open to Public Inspection**A For the 2009 calendar year, or tax year beginning****, 2009, and ending**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization BRISTOL TN-VA ASSOCIATION OF REALTORS		D Employer identification number 62-1268836
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone number (423) 968-1192
		900 ANDERSON ST, 2ND FLOOR		
		City or town, state or country, and ZIP + 4 BRISTOL TN 37620		F Group Exemption Number

• 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 ☐ Cash ☒ Accrual
Other (specify) ►

I Website: ► **N/A**

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

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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

► \$ **116,150.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

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	57,087.
4 Investment income	4	1,042.
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 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
a Gross revenue (not including \$ of contributions reported on line 1)	6a	
b Less: direct expenses other than fundraising expenses	6b	
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	
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 ► See Other Revenue Statement)	8	58,021.
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	116,150.
10 Grants and similar amounts paid (attach schedule)	10	
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	42,596.
13 Professional fees and other payments to independent contractors	13	
14 Occupancy, rent, utilities, and maintenance	14	3,950.
15 Printing, publications, postage, and shipping	15	406.
16 Other expenses (describe ► See Other Expenses Statement)	16	78,436.
17 Total expenses. Add lines 10 through 16	17	125,388.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-9,238.
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	42,129.
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	32,891.

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	47,241.	54,084.
23 Land and buildings	816.	494.
24 Other assets (describe ► See L-24 Stmt)	19,673.	9,808.
25 Total assets	67,730.	64,386.
26 Total liabilities (describe ► See L-26 Stmt)	25,601.	31,495.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	42,129.	32,891.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

TEEA0812 01/30/10

26 G5

SCANNED OCT 26 2010

EXPENSES

ASSETS

Expenses

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

28a	100,770.
-----	----------

29 a

30 a

31 a

32	100,770.
----	----------

0.

0.

42,596.

0.

Part V Other Information (Note the statement requirements in the instrs 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	X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34	X
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	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b	
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	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?	37b	X
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	X
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 40a , section 4912 40a , section 4955 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 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 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		X
41 List the states with which a copy of this return is filed 41		

42a The organization's books are in care of **DEBBIE FLICK** Telephone no **(423) 968-1192**
 Located at **900 ANDERSON STREET, BRISTOL, TN** ZIP + 4 **37620**

	Yes	No
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. 42b		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a 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. 42c		X

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
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44		X
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		X

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.

	Yes	No
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	46	
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 and 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 ▶

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.			
	<i>Cathy Mullins</i> Signature of officer		Date <i>10/5/10</i>	
Paid Preparer's Use Only	<i>Cathy Mullins, President</i> Type or print name and title.			
	Preparer's signature <i>A Douglas Bailey CPA</i>	Date 10/05/10	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 BLACKLEY, OLINGER & ASSOCIATES, PLLC 601 VOLUNTEER PARKWAY, SUITE C BRISTOL TN 37620		EIN ▶ Phone no (423) 989-3387		

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

☐ Yes ☐ No

BAA

Form 990-EZ (2009)

Form 990-EZ
Part II

Other Assets and Liabilities

2009

Name as Shown on Return

BRISTOL TN-VA ASSOCIATION OF REALTORS

Employer Identification No

62-1268836

Line 24 - Other Assets:	Beginning of Year	End of Year
ACCTS REC. - HOMES MAGAZINE	7,834.	9,729.
EDWARD JONES MONEY MARKET	11,839.	79.
Totals to Form 990-EZ, Part II, line 24	19,673.	9,808.

Line 26 - Total Liabilities:	Beginning of Year	End of Year
ACCOUNTS PAYABLE & ACCRUED EXPENSES	5,301.	8,715.
PREPAID DUES	20,300.	22,780.
Totals to Form 990-EZ, Part II, line 26	25,601.	31,495.

Form 990-EZ, Part I, Line 8

Other Revenue Statement

Other revenue (describe)

BANQUET	3,599.
EDUCATION-SEMINAR	9,650.
HOMES MAGAZINE ADVERTISING	40,612.
MISCELLANEOUS	4,160.

Total	58,021.
-------	----------------

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

ANNUAL BANQUET	12,688.
AWARDS	1,790.
BANK CHARGES	397.
Depreciation	322.
EDUCATION & LITERATURE	17,484.
HOMES MAGAZINE ADVERTISING	5,895.
INSURANCE	8,519.
MEMBERSHIP MEETINGS	5,407.
MISCELLANEOUS EXPENSE	657.
OFFICE SUPPLIES	2,220.
PAYROLL TAXES	1,536.
REGISTRATION FEES	3,655.
TELEPHONE & INTERNET	3,358.
TRAINING-RECEPTION-MEETING	1,470.
TRAVEL EXPENSES	13,013.
WEBPAGE	25.

Total	78,436.
-------	----------------

Supporting Statement of:**Form 990-EZ/Line 14**

Description	Amount
RENT	3,600.
REPAIRS & MAINTENANCE	350.
Total	<u>3,950.</u>



Bristol Tennessee/Virginia Association of Realtors



900 Anderson Street, 2nd Floor, Bristol, Tennessee 37620 ~ 423-968-1192 ~ Fax 423-968-2840 ~ email btvar@earthlink.net

2009 Board of Directors

President	Pat Callebs	425 State Street, Bristol, VA 24201
President Elect	Victoria Warren	824 Cumberland Street, Bristol, VA 24201
Vice President	Howard Morris	5 West Valley Drive, Bristol, VA 24201
Secretary	Linda Wampler	1429 Wildcat Road, Big Stone Gap, VA 24219
Treasurer	Lynn Butcher	836 State Street, Bristol, TN 37620
Immed. Past President	Jim Warren	1916 Euclid Avenue, Bristol, VA 24201
Director	Mike Mumpower	190 Bluff City Highway, Bristol, TN 37620
Director	Debbie Miller	836 State Street, Bristol, TN 37620
Director	Garth Blackburn	1901 Highway 394, Blountville, TN 37617
Director	Marge Cawood	5 West Valley Drive, Bristol, VA 24201
Director	David Leonard	601 Volunteer Parkway, Bristol, TN 37620
Director	Joseph V. Hicks, Jr.	836 State Street, Bristol, TN 37620
Sr. MLS Rep	Cathy Armstrong	403 Sixth Street, Bristol, TN 37620

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization		Employer identification number
	BRISTOL TN-VA ASSOCIATION OF REALTORS		62-1268836
	Number, street, and room or suite number. If a P.O. box, see instructions.		
	900 ANDERSON ST, 2ND FLOOR		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	BRISTOL		TN 37620

Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► **DEBBIE FLICK**

Telephone No ► **(423) 968-1192** FAX No. ► **(423) 968-2840**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **Aug 16**, 20 **10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ☒ calendar year 20 **09** or
- ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization	Employer identification number
	BRISTOL TN-VA ASSOCIATION OF REALTORS	62-1268836
	Number, street, and room or suite number If a P O box, see instructions	For IRS use only
	900 ANDERSON ST, 2ND FLOOR	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	BRISTOL TN 37620	

Check type of return to be filed (File a separate application for each return)

- | | | | |
|--|--|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of **DEBBIE FLICK**
 Telephone No **(423) 968-1192** FAX No **(423) 968-2840**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **Nov 15**, 20 **10**.

5 For calendar year **2009**, or other tax year beginning _____, 20____, and ending _____, 20____

6 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension **CLIENT STILL NEEDS MORE TIME TO GATHER AND COMPILE INFORMATION NEEDED BY THE CPA IN ORDER TO ACCURATELY COMPLETE THE 990.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instrs	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature  Title **CPA** Date **08-11-10**