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Short Form
Return of Organization Exempt From Income Tax

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

2010

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning

, 2010, and ending

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C GREATER ALLEGHENY KISKI AREA BOARD OF
REALTORS
1000 FIFTH AVENUE
NEW KENSINGTON, PA 15068

D Employer identification number

25-1435627

E Telephone number

724-337-3500

F Group Exemption
NumberG Accounting Method: Cash Accrual Other (specify) ►I Website: ► WWW.GAKAREALTORS.COMJ Tax-exempt status (ck 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 ► \$ 104,211.

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 8,026.
	3 Membership dues and assessments	3 89,193.
	4 Investment income	4 789.
	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
	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 6,203.
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 104,211.
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12 14,127.
	13 Professional fees and other payments to independent contractors	13 915.
	14 Occupancy, rent, utilities, and maintenance	14 5,225.
	15 Printing, publications, postage, and shipping	15 556.
	16 Other expenses (describe in Schedule O)	16 89,213.
ASSETS	17 Total expenses. Add lines 10 through 16	17 110,036.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -5,825.
	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)	19 107,122.
	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	21 101,297.

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

Form 990-EZ (2010)

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	103,646.22	97,619.
23 Land and buildings.	23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O)	3,476.24	3,678.
25 Total assets	107,122.25	101,297.
26 Total liabilities (describe in Schedule O)	0.26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	107,122.27	101,297.

Part III Statement of Program Service Accomplishments (see the instrs 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 Q

What is the organization's primary exempt purpose. ~~See section 501(c)(3).~~
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	<u>EDUCATION AND PROMOTION OF REAL ESTATE SALES FOR ALL MEMBERS.</u>	

	(Grants \$) If this amount includes foreign grants, check here . . .	► <input type="checkbox"/> 28a
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

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 and deferred compensation	(e) Expense account and other allowances
MICHAEL ROTTO 2400 LEECHBURG ROAD NEW KENSINGTON, PA 15068	PRESIDENT 3.00	0.	0.	0.
JOYCE HUTTERER 119 MULONE DRIVE SARVER, PA 16055	VICE PRESIDENT 3.00	0.	0.	0.
LAURA SMITH 823 PITTSBURGH ST SPRINGDALE, PA 15144	SECRETARY 3.00	0.	0.	0.
SHARON RESEK 1000 FIFTH AVENUE NEW KENSINGTON, PA 15068	FORMER CEO 25.00	486.	0.	0.
SUZETTE VENTURINI 228 CHARLES AVENUE NEW KENSINGTON, PA 15068	CEO 25.00	13,641.	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** **Yes** **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** **Yes** **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. **35** **Yes** **No** **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? **35a** **Yes** **No** **b** If 'Yes,' has it filed a tax return on **Form 990-T** for this year (see instructions)? **35b** **Yes** **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** **Yes** **No** **37a** Enter amount of political expenditures, direct or indirect, as described in the instructions **37a** **0** **37b** **Yes** **No** **b** Did the organization file **Form 1120-POL** for this year? **37b** **Yes** **No** **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** **Yes** **No** **b** If 'Yes,' complete Schedule L, Part II and enter the total amount involved **38b** **Yes** **No** **39** Section 501(c)(7) organizations Enter: **39a** **Yes** **No** **a** Initiation fees and capital contributions included on line 9 **39a** **Yes** **No** **b** Gross receipts, included on line 9, for public use of club facilities **39b** **Yes** **No** **40a** Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 **40a** **N/A**; section 4912 **40a** **N/A**; section 4955 **40a** **N/A** **40b** **Yes** **No** **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** **Yes** **No** **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** **0** **40c** **Yes** **No** **d** Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization **40d** **0** **40d** **Yes** **No** **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** **0** **40e** **Yes** **No** **41** List the states with which a copy of this return is filed **41** **NONE** **42a** The organization's books are in care of **42a** **ORGANIZATION** **42a** Telephone no. **42a** **724-337-3500** **42a** Located at **42a** **1000 FIFTH AVENUE NEW KENSINGTON PA** **42a** ZIP + 4 **42a** **15068** **42b** **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)? **42b** **Yes** **No** If 'Yes,' enter the name of the foreign country **42b** **42c** **Yes** **No** See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**. **42c** **Yes** **No** **c** At any time during the calendar year, did the organization maintain an office outside of the U.S.? **42c** **Yes** **No** If 'Yes,' enter the name of the foreign country **42c** **42d** **Yes** **No** **43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here **43** **Yes** **No** **43** **Yes** **No** 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 **44a** **Yes** **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** **Yes** **No** **c** Did the organization receive any payments for indoor tanning services during the year? **44c** **Yes** **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** **Yes** **No**

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

	Yes	No
45		X.
45a		X
46		X

or section 512(b)(13)? If Yes, Form 990 and Schedule R may need to be completed instead of Form 990-L2 (see Inst.).

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to

Did the organization, group, or association, engage in any activities or conduct any campaign activities in furtherance of the election of candidates for public office? If 'Yes', complete Schedule C, Part I.

Part VI: Section 501(c)(3) organizations and section 4841

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

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

a Did the organization make any transfers to an exempt non-charity?

	Yes	No
47		
48		
49a		
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.'

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

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		► <u>Kristen McKeag</u> Signature of officer	10-14-2011 Date		
		► <u>Kristen McKeag</u> Type or print name and title	Executive Officer		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	TRACEY R. KALIK	<u>Tracey R. Kalik CPA</u>	10-12-11		P00382448
	Firm's name ► WILDER AND CO. LTD. P.C. CPA'S			Firm's EIN ► 25-1264222	
Firm's address ► 633 CARL AVE NEW KENSINGTON, PA 15068-4835			Phone no (724) 339-1005		

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

► Yes No

May
BAA

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 990-EZ or to provide any additional information.
► **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization GREATER ALLEGHENY KISKI AREA BOARD OF REALTORS

Employer identification number
25-1435627

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

EDUCATION

2010

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

CLIENT 321

GREATER ALLEGHENY KISKI AREA BOARD OF
REALTORS

25-1435627

10/12/11

10:51AM

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

GALA	.....	\$ 3,494.
COMMUNITY SERVICE	.....	2,709.
TOTAL		\$ 6,203.

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

AMORTIZATION	.....	\$ 1,446.
COMMUNITY SERVICE PROJECT	.....	8,626.
CONFERENCES, CONVENTIONS, AND MEETINGS	.....	10,990.
DEPRECIATION	.....	354.
DUES	.....	54,003.
INAUGURAL DINNER/PICNIC	.....	4,827.
INFORMATION TECHNOLOGY	.....	1,574.
INSURANCE	.....	336.
OFFICE EXPENSES	.....	3,908.
TRAINING	.....	2,738.
TRAVEL	.....	411.
TOTAL		\$ 89,213.

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

	BEGINNING	ENDING
INTANGIBLE ASSETS	\$ 2,772.	\$ 1,326.
MACHINERY AND EQUIPMENT	704.	2,352.
TOTAL		\$ 3,476.
	\$ 3,476.	\$ 3,678.

Depreciation and Amortization
(Including Information on Listed Property)

2010

Attachment
Sequence No 67Name(s) shown on return GREATER ALLEGHENY KISKI AREA BOARD OF
REALTORSIdentifying number
25-1435627

Business or activity to which this form relates

FORM 990/990-PF

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1
2 Total cost of section 179 property placed in service (see instructions)	2
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7 Listed property. Enter the amount from line 29.	7		
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.	8		
9 Tentative deduction Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11		
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14
15 Property subject to section 168(f)(1) election	15
16 Other depreciation (including ACRS)	16 354.

Part III MACRS Depreciation (Do not include listed property.) (See instructions)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2010	17
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>	

Section B – Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C – Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L
b 12-year			12 yrs		S/L
c 40-year			40 yrs	MM	S/L

Part IV Summary (See instructions)

21 Listed property. Enter amount from line 28	21
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22 354.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If 'Yes,' is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . . .							25	

26 Property used more than 50% in a qualified business use:

27 Property used 50% or less in a qualified business use:

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. **28**

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 **29**

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30	Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
31	Total commuting miles driven during the year.												
32	Total other personal (noncommuting) miles driven.												
33	Total miles driven during the year. Add lines 30 through 32.												
34	Was the vehicle available for personal use during off-duty hours?												
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes		No		Yes		No		Yes		No	
		Yes	No										
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.												
39	Do you treat all use of vehicles by employees as personal use?												
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?												
41	Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)												

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year (see instructions):					

43 Amortization of costs that began before your 2010 tax year	43	1,446.
44 Total. Add amounts in column (f) See the instructions for where to report	44	1,446.

2010 GAKA BOARD OF REALTORS® LEADERSHIP

PRESIDENT	Mike Rotto	724-493-3535	mrotto@howardhanna.com
PRESIDENT ELECT	Joyce Hutterer	724-295-9090	joycehutterer@northwood.com
EXECUTIVE OFFICER	Suzette Venturini	724-337.3500	executive@gakarealtors.com
SECRETARY TREASURER	Laura Smith	724.274.5544	laurahometown@yahoo.com

BOARD OF DIRECTORS

2010	Brandy Fabry	724.831.2370	brandyfabry@remax.net
2010, 11	Frank Hansen	724-244-5932	frankhansen@century21.com
	Rita Sumney	412.303.9860	rsumney@howardhanna.com
	Mike Rotto	724.339.4000	mrotto@howardhanna.com
2010, 11, 12	Billie Jo Easterlin	724-339-4000	beasterlin@howardhanna.com
	Ginger Jones	724-845-4700	ginger.jones@century21.com
	Alan Winter	724-355-7779	awinter@northwood.com

Programs & Education

Ginny Frank, Chairwoman
Kim Reynolds, Kathy Logan, Debbie Stresky, Larena Mazurek, Jack Hutterer

P.R. & Community Service

Brandy Fabry, Chairwoman
Frank Hansen, Ginger Jones, Billie Jo Easterlin, Rita Sumney, Alan Winter, Angela Duda

Professional Standards

2010
2010, 2011
2010, 2011, 2012
Larena Mazurek, Chairwoman, Debbie Stresky, Co-Chair
Dana Riggle, Joyce Hutterer, Floyd Lux
Nancy Caliguri, Brandy Fabry
Donna Tolk, Laura Smith, Gwen Jackson, Patty Libengood, Billie Jo Easterlin, Alan Winter

Grievance

2010
2010, 2011
2010, 2011, 2012
Kim Reynolds, Chairwoman, Mike Rotto, Co Chair
Patty Libengood, Joanne Peitz, Valerie Vecchi
Wally Czekalski, Angela Duda
Jack Hutterer, Cheryl Landis, Karen Kasanicky, Jackie Sherrieb, Lisa Bowers, Bob Simko

By-Laws/Policy & Procedures & Std. Forms

Brandy Fabry, Chairwoman
Bob Simko, Rita Sumney, Ginger Jones, Billie Jo Easterlin

Strategic Planning & Risk Reduction Advisory

Pres. & 4 Immediate Past Presidents

Mike Rotto, Brandy Fabry, Debora Stresky, Ginny Frank

Legislation, Equal Opportunity & RPAC

Connie Rusek-Lichok, Chair
Laura Smith, Alan Winter, Bob Simko

Budget

Bob Simko, Chair
Laura Smith, Frank Hansen, Kim Reynolds, Ginny Frank

Membership & Website Committee

Billie Jo Easterlin, Chair
Kathy Logan, Frank Hansen, Marilee Kessler, Stacie Sacco, JoAnn Good, Jasmine Henry

Homes Digest

Rita Sumney, Chairwoman
Joyce Hutterer, Jack Hutterer, Brandy Fabry, Billie Jo Easterlin, Mike Kusenko, Ginny Frank, Heather Hartline

Summer Social

{ }

Installation Social

Rita Sumney, Chair
Billie Jo Easterlin, Tammy Eshbaugh, Kim Reynolds, Angie Slemok, Junnie Mendelowski, Leia Raraigh, Kelly Geyer, Brandy Fabry

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

Note: 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	Name of exempt organization GREATER ALLEGHENY KISKI AREA BOARD OF REALTORS	Employer identification number 25-1435627
	Number, street, and room or suite number. If a P.O. box, see instructions WILDER AND CO. LTD. P.C. CPA'S 633 CARL AVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW KENSINGTON, PA 15068-4835	

Enter the Return code for the return that this application is for (file a separate application for each return) **03**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 1041-A	08
Form 990-BL	02	Form 4720	09
Form 990-EZ	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (section 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06		

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. ► SUZETTE VENTURINI
Telephone No. ► 724-337-3500 FAX No. ► 734-337-3551
- 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 11/15, 20 11.
- 5 For calendar year 2010, or other tax year beginning _____, 20 ___, and ending _____, 20 ___.
6 If the tax year entered in line 5 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 THE TAXPAYER NEEDS ADDITIONAL TIME TO GATHER THE INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN.

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 \$
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 \$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c \$

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 ► Umaran W. Atta CPA Title ► CPA

Date ► 8-3-11

BAA

FIFZ0502L 11/15/10

Form 8868 (Rev 1-2011)