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032001 02-22-11

Department of the Treasury Internal Revenue Service

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)

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

Open to Public Inspection

B const. Implemental personal process of personal person	A	For th	2010 calendar year, or tax year beginning and ending		
Dong Business As Section Section Dong Business As Dong Busines		Check if applicab	C Name of organization	D Employer ident	ification number
Dong Business As Section Section Dong Business As Dong Busines	ΓΣ	Addre	EASTERN THUMB ASSOCIATION OF REALTORS		
Number and street (or P D box of mail is not element to street address) Room/bute E Tolephone number \$12.0 McMoRAN BLVD.	Ē	Name	e Doing Business As	38-	6108081
Carry or town, state or country, and 2/P + 4 PORT HURON, MI 48060 Hole is this a group return for affitiates? Yes X No No 12 A MCMORRAN BLVD, PORT HURON, MI 48060 Hole is this a group return for affitiates? Yes X No		Initial return Termi	Number and street (or P O box if mail is not delivered to street address) Room/si	ute E Telephone numi	ber
PORT HURON, MI 48060	F	Amen			
F Name and address of principal offices, JODI SMITH Taveourmpt status: S012(3) S010(1 6) (insert no) 4947(a)(1) or 527 (insert no) 5447(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(F	Applic			
Taxexempt status: 501C)(3) X 501(c) 6	_				
Taxeexempt status:					
J. Website: N N A	1	Tax-ex			
Name Part Summary					
Part Summary					
PROFESSIONALS IN LOCAL AREA. 2 Check this box					• • • • • • • • • • • • • • • • • • •
PROFESSIONALS IN LOCAL AREA. 2 Check this box	م	1	Briefly describe the organization's mission or most significant activities: BOARD OF	REAL ESTATE	
b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Other revenue - add lines 8 through 11 (must be per IVI) 12 Total revenue - add lines 8 through 11 (must be per IVI) 13 Grants and similar amounts paid (Part IX, column (A), line 1) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salanes, other compensation, employee benefits (Part IX, column (A), line 5-10) 16 Professional fundraising fees (Part IX, column (A), line 11e) 16 Total fundraising expenses (Part IX, column (A), line 11e) 17 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 10 Total liabilities (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets of tund balances. Subtract line 21 from line 20 Part II Signature Block 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 prepafer other line 10 from line 20 Part II Signature Block 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 prepafer other line 10 from line 20 Print'yee preparer's name WILLIAM J. BUTLER Priparer Priparer Priparer Priparer Priparer Priparer saddress Priparer Priparer Priparer Priparer saddress Priparer Priparer Priparer Priparer saddress Priparer P	ĕ				·
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b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Other revenue - add lines 8 through 11 (must be per IVI) 12 Total revenue - add lines 8 through 11 (must be per IVI) 13 Grants and similar amounts paid (Part IX, column (A), line 1) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salanes, other compensation, employee benefits (Part IX, column (A), line 5-10) 16 Professional fundraising fees (Part IX, column (A), line 11e) 16 Total fundraising expenses (Part IX, column (A), line 11e) 17 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 10 Total liabilities (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets of tund balances. Subtract line 21 from line 20 Part II Signature Block 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 prepafer other line 10 from line 20 Part II Signature Block 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 prepafer other line 10 from line 20 Print'yee preparer's name WILLIAM J. BUTLER Priparer Priparer Priparer Priparer Priparer Priparer saddress Priparer Priparer Priparer Priparer saddress Priparer Priparer Priparer Priparer saddress Priparer P	Š.	3	Number of voting members of the governing body (Part VI, line 1a)	[;	
b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Other revenue - add lines 8 through 11 (must be per IVI) 12 Total revenue - add lines 8 through 11 (must be per IVI) 13 Grants and similar amounts paid (Part IX, column (A), line 1) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salanes, other compensation, employee benefits (Part IX, column (A), line 5-10) 16 Professional fundraising fees (Part IX, column (A), line 11e) 16 Total fundraising expenses (Part IX, column (A), line 11e) 17 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 10 Total liabilities (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets of tund balances. Subtract line 21 from line 20 Part II Signature Block 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 prepafer other line 10 from line 20 Part II Signature Block 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 prepafer other line 10 from line 20 Print'yee preparer's name WILLIAM J. BUTLER Priparer Priparer Priparer Priparer Priparer Priparer saddress Priparer Priparer Priparer Priparer saddress Priparer Priparer Priparer Priparer saddress Priparer P	ত	4	Number of independent voting members of the governing body (Part VI, line 1b)	[-	4 10
b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Other revenue - add lines 8 through 11 (must be per IVI) 12 Total revenue - add lines 8 through 11 (must be per IVI) 13 Grants and similar amounts paid (Part IX, column (A), line 1) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salanes, other compensation, employee benefits (Part IX, column (A), line 5-10) 16 Professional fundraising fees (Part IX, column (A), line 11e) 16 Total fundraising expenses (Part IX, column (A), line 11e) 17 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 10 Total liabilities (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets of tund balances. Subtract line 21 from line 20 Part II Signature Block 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 prepafer other line 10 from line 20 Part II Signature Block 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 prepafer other line 10 from line 20 Print'yee preparer's name WILLIAM J. BUTLER Priparer Priparer Priparer Priparer Priparer Priparer saddress Priparer Priparer Priparer Priparer saddress Priparer Priparer Priparer Priparer saddress Priparer P	es	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	[;	
b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Other revenue - add lines 8 through 11 (must be per IVI) 12 Total revenue - add lines 8 through 11 (must be per IVI) 13 Grants and similar amounts paid (Part IX, column (A), line 1) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salanes, other compensation, employee benefits (Part IX, column (A), line 5-10) 16 Professional fundraising fees (Part IX, column (A), line 11e) 16 Total fundraising expenses (Part IX, column (A), line 11e) 17 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 10 Total liabilities (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets of tund balances. Subtract line 21 from line 20 Part II Signature Block 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 prepafer other line 10 from line 20 Part II Signature Block 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 prepafer other line 10 from line 20 Print'yee preparer's name WILLIAM J. BUTLER Priparer Priparer Priparer Priparer Priparer Priparer saddress Priparer Priparer Priparer Priparer saddress Priparer Priparer Priparer Priparer saddress Priparer P	ξį	6	Total number of volunteers (estimate if necessary)	(
Section Sect	Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7	
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11 Other revenue (Part VIII, column (A), Ines 5, 6d, 6c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, Column (A), line 4) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 4) 16 Professional fundraising expenses (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses (Part IX, column (A), line 11e) 19 Revenue less expenses Subtract line 18 from line 12 10 Total sessets (Part X, line 16) 10 Total liabilities (Part X, line 16) 11 Total liabilities (Part X, line 26) 12 Total assets (Part X, line 26) 13 Part II Signature Block 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 prepaler other fran officer) is based on all information of which preparer has any knowledge 10 Print/Type preparer's name 11 Print/Type preparer's name 12 Total Professional fundraising fees (Part X, Ine 26) 13 Grants and similar amounts paid (Part X, Ine 26) 14 Benefits paid to or for members (Part X, Ine 26) 15 Salaries, other compensation, employee behefits (Part X, Ione 10) 16 Part IX Column (A), line 4) 17 Other expenses (Part X, Ione 10) 18 Total fundraising fees (Part X, Ione 10) 19 Cart X, Ione 10 20 Total assets (Part X, Ione 16) 21 Total assets (Part X, Ione 16) 22 Total assets (Part X, Ione 16) 23 Beginning of Current Year 24 Beginning of Current Year 25 Beginning of Current Year 26 Beginning of Current Year 27 Beginning of Current Year 28 Beginning of Current Year 29 Beginning of Current Year 20 Total liabilities (Part X, Ione 26) 21 Total liabilities (Part X, Ione 26) 22 Total assets (Part X, Ione 16) 23 Beginning of Current Year 24 Beginning of Current Year 25 Beginning of Current Year 26 Be	n	9	Program service revenue (Part VIII, line 2g)		
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19 Revenue less expenses Subtract line 18 from line 12 -8,946. 81,044.	≓	17	Other expenses (Part IX, column (A), lines He 10-11-240)	22,885	. 28,598.
19 Revenue less expenses Subtract line 18 from line 12		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		
Total liabilities (Part X, line 16) 144,210. 21,271. 22 Net assets or fund balances. Subtract line 21 from line 20 41,901. 122,945.		19	Revenue less expenses Subtract line 18 from line 12	-8,946	81,044.
Total liabilities (Part X, line 16) 144,210. 21,271. 22 Net assets or fund balances. Subtract line 21 from line 20 41,901. 122,945.	Zos		i		
Part II Signature Block	Sset	20			
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 JODI SMITH, PRESIDENT Date	و الم	21	Total liabilities (Part X, line 26)		
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 prepaler (other than officer) is based on all information of which preparer has any knowledge Sign Here JODI SMITH, PRESIDENT Date	Ž			41,901	122,945.
Sign Here Print/Type preparer's name WILLIAM J. BUTLER Preparer Firm's name FROHM KELLEY BUTLER PORT HURON, MI 48060 Pinner of other than officer) is based on all information of which preparer has any knowledge Date Date Date Check PTIN Check PTIN Date O 5/16/11 Self-employed Prim's EIN Phone no 810-987-2727					
Sign Here JODI SMITH, PRESIDENT Type or print name and title Print/Type preparer's name WILLIAM J. BUTLER Preparer Use Only Firm's address 333 FORT STREET PORT HURON, MI 48060 Date O5/16/11 SILON Date O5/16/11 Sell-employed Print's EIN Phone no 810-987-2727			, , , , , , , , , , , , , , , , , , ,		my knowledge and belief, it is
Here JODI SMITH, PRESIDENT Type or print name and title Print/Type preparer's name WILLIAM J. BUTLER Preparer WILLIAM J. BUTLER Firm's name FROHM KELLEY BUTLER Print/Type preparer's name FROHM KELLEY BUTLER Print/Type preparer's name From KELLEY BUTLER Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name WILLIAM J. BUTLER Print/Type preparer's name From KELLEY BUTLER Print/Type preparer's name Print/Type preparer's name WILLIAM J. BUTLER Print/Type preparer's name Print/Type preparer's name WILLIAM J. BUTLER Print/Type preparer's name Print/Type preparer's name WILLIAM J. BUTLER Print/Type preparer's name WILLIAM J. BUTLER Print/Type preparer's name Print/Type preparer's name WILLIAM J. BUTLER Print/Type preparer's name WILLIAM J. BUTLER Print/Type preparer's name Print/Type preparer's name WILLIAM J. BUTLER Print/Type preparer's name WILLIAM J. BUTLER Print/Type preparer's name Preparer Print/Type preparer's name WILLIAM J. BUTLER Print/Type preparer's name Print/Type preparer's name WILLIAM J. BUTLER Print/Type preparer's name Preparer Print/Type preparer's name WILLIAM J. BUTLER Print/Type preparer's name Print/Type preparer's name WILLIAM J. BUTLER Print/Type preparer's name Print/Type preparer's name WILLIAM J. BUTLER Print/Type preparer's name Print/Type preparer's name WILLIAM J. BUTLER Print/Type preparer's name Print/Type preparer's name WILLIAM J. BUTLER Print/Type preparer's name Print/Type pre	true	e, correc	it, and complete. Declaration of preparer Jother than officer) is based on all information of which prep	arer has any knowledge	110/11
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Preparer Use Only Use Only Promise PROHM KELLEY BUTLER & RYAN PC Firm's address 333 FORT STREET PORT HURON, MI 48060 Phone no 810-987-2727	Da:	н		l lif	Ш т
Use Only Firm's address 333 FORT STREET PORT HURON, MI 48060 Phone no 810-987-2727				·	
PORT HURON, MI 48060 Phone no 810-987-2727				Firm S EIN	<u> </u>
	USC			Phone no	810-987-2727
	— Ma	v the II		I mone no	X Yes No

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

		age 2
Pai	rt III Statement of Program Service Accomplishments	$\overline{}$
_	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission: TO UNITE MEMBERS AND PROMOTE HIGH STANDARDS OF CONDUCT IN THE REAL ESTATE PROFESSION.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes	₹ No
-	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(1.050	02.)
70	ORGANIZATION TO UNITE AND EDUCATE THOSE ENGAGED IN THE REAL ESTATE	,
	PROFESSION. TO PROMOTE AND MAINTAIN HIGH STANDARDS OF CONDUCT FOR THO	OSE
	ENGAGED IN THE REAL ESTATE PROFESSION. APPROXIMATELY 150 MEMBERS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$	
70	/(Lode	
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 61,858.	
	Form 990	(2010)

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	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	3		Х
4	Section 501(c)(3) organizations. 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	4		
_			_	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5	Х	
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		 -	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	6		x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			 ^
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		 ^
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		X
	Schedule D, Part III	8	-	<u> </u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	_		v
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X_
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			,
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			U
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			l v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	-	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			\ .
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	-	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	├-	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	_		v
	Schedule D, Parts XI, XII, and XIII	12a	ļ	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	├	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	 	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			,
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	 	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	1		v
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	ļ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		İ	
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	-	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			V
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			١,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		1	,,
	complete Schedule G, Part III	19	 	X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	 	X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note . Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	<u> </u>	

Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь	Is the organization 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	25b	ļ	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b		28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X_
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	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," complete Schedule R, Part V, line 2			ŀ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2010)

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	<u> </u>	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь	ļ	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ь	ļ	<u> </u>
4a	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)?	4a	ļ	X
b	If "Yes," enter the name of the foreign country	_		
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6ь		ļ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	r? 7a	ļ	_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	ļ	<u> </u>
	If "Yes," indicate the number of Forms 8282 filed during the year	\dashv		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		-
f	,,,,,,,,,,,,,	7f	+	
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79		-
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C	? 7h	 	ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			1
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	 	1
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a	+	
_	Did the organization make a distribution to a donor, donor advisor, or related person?	96	 	ļ
0	Section 501(c)(7) organizations. Enter.			
a	Initiation fees and capital contributions included on Part VIII, line 12	\dashv		
		\dashv		
1	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a	\dashv		
Þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
ο-	amounts due or received from them.)	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	-
_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	\dashv		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-	+	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	
L	Note. See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b	\dashv		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	X

Form **990** (2010)

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

EASTERN THUMB ASSOCIATION OF REALTORS 38-6108081 Page 6 Form 990 (2010) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 10 1a Enter the number of voting members of the governing body at the end of the tax year 10 **b** Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х 3 of officers, directors or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the 7a governing body? b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Х a The governing body? Х **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Х 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with those of the organization? Х 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c 13 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a 15b **b** Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website X Upon request Own website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 19 statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization FROHM KELLEY BUTLER & RYAN, PC - (810)987-2727

333 FORT STREET, PORT HURON, MI

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- ◆ List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	Position			Reportable	Reportable	Estimated			
	hours per	(cl	heck	all '	that	app	ly)	compensation	compensation	amount of
	week	E						from	from related	other
	(describe hours for	trustae or director				pg.	1	the organization	organizations (W-2/1099-MISC)	compensation from the
	related	Stee	aggree and a			beug		(W-2/1099-MISC)	(11 2) 1000 111100)	organization
	organizations	ᇤ	lano		Solo	S 8				and related
	in Schedule O)	Individual	Institutional frustee	Officer	Key employee	Highest compensated employee	Former			organizations
BONNIE BARRETT	-							0	0.	0
SECRETARY/TREASURER		ļ	<u> </u>	_	_		 	0.	0.	0.
MIKE DEISING						l		0.	0.	0
DIRECTOR				-	 		-	0.	0.	0.
CHRIS HERBER								0.	0.	0.
PRESIDENT			_		<u> </u>	-	 	0.	U .	
FRANK LOCRICCHIO		1						0.	0.	0.
DIRECTOR		-	-	├		-			0.	· ·
JOE SCHULTE			İ					0.	0.	0.
DIRECTOR	 		1	₩		-	-	0.	0.	0.
JIM PEMBERTON								0.	0.	0.
DIRECTOR	-	╁╌	 -	├		\vdash	1		0.	
JODI SMITH PRESIDENT-ELECT								0.	0.	0.
KRISTI HAZARD		╁┈				╁╌	╫┈	+		
DIRECTOR								0.	0.	0.
DONNA CLASS				<u> </u>	 	 -				
DIRECTOR								0.	0.	0.
ED QUAIN										
DIRECTOR		L.						0.	0.	0.
-						1	<u> </u>			
		-	-	ļ	ļ		╁			
			+	+	\vdash					
		ļ	ļ		\vdash	_	\perp			
	<u>.l</u>	1	1	Ц.	J		1	<u> </u>	L	- 000 :

Pa	rt VII Section A. Officers, Directors, Tri	ustees, Key E	mple	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)			
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average hours per	(с		Pos all		app	oly)	Reportable compensation	Reportable compensation	am	timated lount o	
		week (describe hours for	director				8		from the organization	from related organizations (W-2/1099-MISC)	com	other pensati om the	
		related	ustae or	trustae			Highest compensated employee		(W-2/1099-MISC)	(44-2/1099-141130)		anızatıc	
		organizations in Schedule	dual tr	Institutional trustae	_	Key employee	St coll					d relate	
		O)	Individual	Instit	ES ES	Keye	High	Former			Orga	ınızatıo	115
			\vdash		_		1	<u> </u>					
				-			<u> </u>	ļ					
			-	<u> </u>	-		-	L					
			-					ļ —					
			-	-				-			+		
			ļ	<u> </u>			 	ļ			-		
1 b	Sub-total		<u> </u>	<u>, </u>	<u> </u>	<u> </u>		<u> </u>	0.	0	•	· · · ·	0
C		II, Section A							0.	0	-		0
d	Total (add lines 1b and 1c) Total number of individuals (including but r	not limited to the	1086	lieta	ed a	boy	≥	ho r	0.	0 000 in reportable	•		0
_	compensation from the organization			- 11011							· · · · · · · · · · · · · · · · · · ·	1	
3	Did the organization list any former officer	. director or tru	istee	e. ke	v en	olar	vee.	or h	nighest compensated er	molovee on	<u> </u>	Yes	No
	line 1a? If "Yes," complete Schedule J for s			,	,		, ,	· .			3		X
4	For any individual listed on line 1a, is the se	•		•					•	the organization	4		х
5	and related organizations greater than \$15 Did any person listed on line 1a receive or									Idual for services	4		
_	rendered to the organization? If "Yes," con										5		X
1	ction B. Independent Contractors Complete this table for your five highest co	ompensated in	dep	ende	ent c	ont:	racto	ors t	hat received more than	\$100,000 of comper	sation f	rom	
	the organization NONE												
	(A) Name and business	address							(B) Description of s	services	(C) Comper		j
				•									
-						•							
								\dashv					
		,											
2	Total number of independent contractors (including but r	ot li	mıte	d to	tho	se li	stec	d above) who received n	nore than			
	\$100,000 in compensation from the organi	zation >				(0				· ·	000 (0	

P	art-VI	III Statement of Reven	ue		-			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a					
arai our	b	Membership dues	<u>1</u> b	39,616.				
S, S	0	Fundraising events	[1c]					
gift	0	d Related organizations	1d	•				
S, C	e	Government grants (contribution	ons) 1e					
lion Sign	f							
the t		similar amounts not included above						
50	۰	Noncash contributions included in lines 1						
Contributions, gifts, grants and other similar amounts	h	h Total. Add lines 1a-1f		•	39,616.			
			le	Business Code	***			
Ð	2 a	a					•	
Σ. Σ.	Ь	b				- '		
Se			1		-			-
am eve		d				·		
Program Service Revenue	ء ا	e						
٣	f	f All other program service rever	nue					
	و ا	g Total. Add lines 2a-2f	_	•				
	3	Investment income (including of	dividends, interes	t, and				
		other similar amounts)		•	1,376.	1,376.		
	4	Income from investment of tax	exempt bond pro	ceeds >				
	5	Royalties		•				
			(ı) Real	(ii) Personal				711111
	6 a	a Gross Rents						
	į t	b Less: rental expenses						
	۰	c Rental income or (loss)						
		d Net rental income or (loss)		•				
	7 a	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		13,060.				
	l t	b Less cost or other basis						
		and sales expenses		15,768.				
		c Gain or (loss)		97,292.				
	1	d Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·	•	97,292.	97,292.		
ø.	1	Gross income from fundraising	events (not		•			······································
Other Revenue		including \$	of					
eve		contributions reported on line						
Ē		Part IV, line 18	а					
the	b	b Less: direct expenses	b					
0	1	Net income or (loss) from fundi	raising events	•				
	1	a Gross income from gaming act						
		Part IV, line 19	а					
	b	b Less: direct expenses	ь					
	1	Net income or (loss) from gami	ng activities	•				
		a Gross sales of inventory, less r	_					
		and allowances	а					
	l t	b Less cost of goods sold	ь					
	9	Net income or (loss) from sales	of inventory	•				
		Miscellaneous Revenue		Business Code				
	11 a	COMMENSATION PRINCE		531390	2,082.	2,082.		
	ь	MISCELLANEOUS II	NCOME	531390	1,665.	1,665.		
	c	MEETINGS AND EV	ENTS	531390	871.	871.		
	d	d All other revenue						
	e	e Total. Add lines 11a-11d	_		4,618.			
	12	Total revenue See instructions		•	142,902.	103,286.	0.	0.
0320 12-2	09 1-10				· 			Form 990 (2010)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

	All other organizations must com				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,	·			
	organizations, and individuals outside the US			,	
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	20.006		***	
7	Other salaries and wages	29,826.			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)			<u> </u>	
9	Other employee benefits				
10	Payroll taxes	3,434.			
11	Fees for services (non-employees):				
а	Management	1 055			
Ь	y	1,055.			
C	Accounting	4,225.			
d					
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				<u> </u>
9		309.			· · · · · · · · · · · · · · · · · · ·
12 13	Advertising and promotion Office expenses	4,392.			
14	Information technology	1,352.			
15	Royalties	V			<u> </u>
16	Occupancy	2,100.			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,337.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	181.			
23	Insurance				
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A)				
	amount, list line 24f expenses on Schedule 0)				
а	MEETINGS AND EVENTS	2,654.			
b	EDUCATION EXPENSE	2,385.			
c	TELEPHONE	1,486.			
d	INSURANCE	1,235.		<u></u> .	
е	UTILITIES	1,170.			1
f	All other expenses	2,069. 61,858.			
25	Total functional expenses. Add lines 1 through 24f	01,828.		 	
26	Joint costs. Check here I if following SOP				
	98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part Y | Balance Shee

art	X.	Balance Sheet			
			(A) Beginning of year		(B) End of year
T	1	Cash · non·interest-bearing	30,211.	1	21,574.
	2	Savings and temporary cash investments	42,514.	2	117,299.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II			
		of Schedule L	<u> </u>	5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
,		employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
2	8	Inventories for sale or use		8	
-	9	Prepaid expenses and deferred charges		9	
-	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 16,087.			
	ь	Less accumulated depreciation 10b 15,527.	15,949.	10c	560.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	1,184.	12	1,184.
	13	Investments · program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	3,599
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	89,858.	16	144,216
	17	Accounts payable and accrued expenses	39.	17	234.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
3	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees,			
		highest compensated employees, and disqualified persons. Complete Part II			
'		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
- 1	24	Unsecured notes and loans payable to unrelated third parties	47.010	24	21 027
-	25	Other liabilities. Complete Part X of Schedule D	47,918.	25	21,037.
	26	Total liabilities. Add lines 17 through 25	47,957.	26	21,271.
		Organizations that follow SFAS 117, check here			
}		lines 27 through 29, and lines 33 and 34.	41 001		122 045
	27	Unrestricted net assets	41,901.	27	122,945.
1	28	Temporarily restricted net assets		28	
1	29	Permanently restricted net assets		29	
:		Organizations that do not follow SFAS 117, check here			
		complete lines 30 through 34.			
1	30	Capital stock or trust principal, or current funds		30	
}	31	Paid-in or capital surplus, or land, building, or equipment fund		31	·
;	32	Retained earnings, endowment, accumulated income, or other funds	41 001	32	100 045
	33	Total net assets or fund balances	41,901.	33	122,945.
	34	Total liabilities and net assets/fund balances	89,858.	34	144,216. Form 990 (2010)

Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

За

3b

Х

Separate basis Consolidated basis

Act and OMB Circular A-133?

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

			tions: Complete Part III.			
Nan	ne of organiza				1 '	oyer identification number
			THUMB ASSOCIATION			38-6108081
Pa	art I-A C	omplete if the org	janization is exempt und	er section 501(c)	or is a section 527 o	rganization.
2	Provide a de Political expo Volunteer ho	enditures	ation's direct and indirect politic	al campaign activities ii	n Part IV. ▶\$	0
Ps	ert I-B C	omplete if the ord	janization is exempt und	er section 501(c)(
			incurred by the organization unc		▶ \$	-
			incurred by organization manage		▶ \$	
		•	n 4955 tax, did it file Form 4720			Yes No
4a	Was a corre	ction made?		•		Yes No
t		cribe in Part IV.				
Pa	art I-C C	omplete if the org	janization is exempt und	er section 501(c),	except section 501(
1	Enter the am	ount directly expended	by the filing organization for sec	ction 527 exempt funct	ion activities > \$	0
2	Enter the am	nount of the filing organ	ization's funds contributed to ot	her organizations for se	ection 527	
	exempt func	tion activities			▶\$	
3	Total exemp	t function expenditures	Add lines 1 and 2 Enter here a	nd on Form 1120-POL,		
	line 17b				▶\$	
4	Did the filing	organization file Form	1120-POL for this year?			L Yes L No
5	made payme	ents. For each organiza	nployer identification number (Eli tion listed, enter the amount paid	d from the filing organiz	ation's funds. Also enter th	e amount of political
			omptly and directly delivered to a additional space is needed, prov			te segregated fund or a
) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a	, warne	(b) Address	(c) EIN	filing organization's funds. If none, enter -0	contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
		,				

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2010.03040 EASTERN THUMB ASSOCIATION 0 1585___1

Schedule C (Form 990 or 990-EZ) 2010

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

Schedule C (Form 990 or 990-EZ) 2010					6108081 Page 2
Part II-A Complete if the orga		mpt under sectio	n 501(c)(3) and file	ed Form 5768	
(election under sect				_	
A Check Lifthe filing organization	-				
B Check Lifthe filing organizati	on checked box A a	nd "limited control" pro	ovisions apply		
	on Lobbying Expe tures" means amou	nditures unts paid or incurred.))	(a) Filing organization's totals	(b) Affillated group totals
1a Total lobbying expenditures to influe	ence public opinion ((grass roots lobbying)			
b Total lobbying expenditures to influe	ence a legislative bo	dy (direct lobbying)	[
c Total lobbying expenditures (add lin	es 1a and 1b)				
d Other exempt purpose expenditures	5				
e Total exempt purpose expenditures	(add lines 1c and 1c	d)			
f Lobbying nontaxable amount Enter	the amount from th	e following table in bot	h columns		
If the amount on line 1e, column (a) or	(b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000,	000 \$100,00	00 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,50	0,000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000		
Over \$1,500,000 but not over \$17,0	00,000 \$225,00	00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,	000			
		 		· · · · · ·	, , , , , , , , , , , , , , , , , , , ,
g Grassroots nontaxable amount (ent	er 25% of line 1f)				
h Subtract line 1g from line 1a. If zero	or less, enter -0-				
i Subtract line 1f from line 1c If zero	or less, enter -0-		Ł		
j If there is an amount other than zero	o on either line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this y					Yes No
· · · · · · · · · · · · · · · · · · ·	tions that made a s	• •	Section 501(h) n do not have to comp es 2a through 2f on pa		
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount	NIII - W IIII - IIII - 7111 - 11111			777 74444444	
e Grassroots ceiling amount (150% of line 2d, column (e))	··/				, .

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 EASTERN THUMB ASSOCIATION OF REALTORS 38-6108081 Page 3 [Part II-B] Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Raillies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total. Add lines 1c through 11 2 Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred a section 4912 d If the filling organization incurred as section 4912 axi, did if life Filling organization incurred as section 4912 axi, did if life Filling organization incurred as section 4912 axi, did if life Filling organization incurred as section 4912 axi, did if life Filling organization incurred as section 4912 axi, did if life Filling organization incurred as section 4912 axi, did if life Filling organization incurred as section 4912 axi, did if life Filling organization incurred as section 501(c)(5), or section 501(c)(6). Part III-A] Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 623(e)1(i)(i) notices of nondeductible section 162(e) dues i Dispensation			(a)	(b)
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Part staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total. Add lines 1c through 11 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred by organization managers under section 4912 d if the filing organization incurred a section 4912 tax, clid if file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Vers substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carryover lobbying and political expenditures from the prior year? 2 Dues, assessments and similar amounts from members 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes." Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2 Current year 2 Description of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 5 Section 162(e) dues 5 Taxable amount of lobbying and political expendit			Yes	No	Amo	unt
or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total. Add lines 1c through 11 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred under section 4912 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A] Complete If the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Dub the organization agree to carryover lobbying and political expenditures from the prior year? 1 Dues, assessments and similar amounts from members 2 Section 162(e) in BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 503(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions)	1	During the year, did the filing organization attempt to influence foreign, national, state or				
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Part IV] Supplemental Information	********	······································		5		
• with the Cappionicital information	********	Taxable amount of lobbying and political expenditures (see instructions)				
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this pa			,		•	•
for any additional information.						
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

B.,	······································	CIATION OF REALTORS	38-0106081		
Pa			or Accounts. Complete if the		
	organization answered "Yes" to Form 990, Part IV, line 6.				
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds		
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No		
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring		
	impermissible private benefit?		Yes No		
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, F	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).			
	Preservation of land for public use (e.g., recreation or e		storically important land area		
	Protection of natural habitat		ified historic structure		
	Preservation of open space	·			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last		
_	day of the tax year.				
	Held at the End of the Tax Yea				
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
•	Number of conservation easements on a certified historic str	ruoturo included io (a)	2c		
ں ۔		• •			
d	Number of conservation easements included in (c) acquired	after 6/17/06, and not on a historic struct			
•	listed in the National Register		2d		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax		
	year ▶				
4	Number of states where property subject to conservation ea	· · · · · · · · · · · · · · · · · · ·			
5	Does the organization have a written policy regarding the pe	• •			
	violations, and enforcement of the conservation easements		Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting,				
7	Amount of expenses incurred in monitoring, inspecting, and				
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170			
	and section 170(h)(4)(B)(ii)?		└ Yes		
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense	e statement, and balance sheet, and		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for		
	conservation easements				
Pa	t III Organizations Maintaining Collections o		ther Similar Assets.		
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	ment and balance sheet works of art,		
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	nce of public service, provide, in Part XIV,		
	the text of the footnote to its financial statements that descr	ibes these items.			
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	t and balance sheet works of art, historical		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	blic service, provide the following amounts		
	relating to these items.				
	(i) Revenues included in Form 990, Part VIII, line 1		> \$		
	(ii) Assets included in Form 990, Part X		► \$ ► \$		
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia			
	the following amounts required to be reported under SFAS 1				
а	Revenues included in Form 990, Part VIII, line 1	. , , , , , , , , , , , , , , , , , , ,	▶ \$		
b	Assets included in Form 990, Part X		► \$ ► \$		
_			-		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010

Part A. Other Liabilities. See Form 990, Part A, line 25.	
. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DEFERRED REVENUE	20,830.
(3) CONSIGNMENT SALES	207.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
otal. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 21,037.

ation's liability for uncertain tax positions under FIN 48 (ASC 740)

032053 12-20-10

(3) Other (A) (B) (C) (D) (E) (F) (G) (H) (l)

> (1) (2) (3)(4) (5) (6) (7) (8) (9) (10)

(1) (2)(3)(4) (5) (6) (7) (8) (9)(10)

	dule D (Form 990) 2010 EASTERN THUMB ASSOCIATION			38-610)8081 Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	o Audited Fin	ancial Stat	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1 1		142,902.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		61,858.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3_		81,044.
4	Net unrealized gains (losses) on investments		4	_	
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)		8	_	
9	Total adjustments (net) Add lines 4 through 8		9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 ar	nd 9	10		81,044.
Par	t XII Reconciliation of Revenue per Audited Financial Stateme		venue per	Return _	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
ь	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c		7	
d	Other (Describe in Part XIV)	2d		-	
	Add lines 2a through 2d	<u> </u>			
3	Subtract line 2e from line 1			3	_
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a	Other (Describe in Part XIV.)	4b		\dashv \parallel	
b	Add lines 4a and 4b	40		4c	
С 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	· -
********	t XIII Reconciliation of Expenses per Audited Financial Statem	nents With F	ynenses ne		
		ilents With L	kperioeo pe	1	
1	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:			- -	
2		n-			
a	Donated services and use of facilities	2a		-	
D	Prior year adjustments	2b		-	
C	Other losses	2c		\dashv \parallel	
	Other (Describe in Part XIV)	2d		$\dashv $ \mid	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		- -	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-∤	
b	Other (Describe in Part XIV.)	4b		-	
C	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
Pai	t XIV Supplemental Information				
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also com				
	· · · · · · · · · · · · · · · · · · ·				
				0-1	D (F 000) 00 (1
				ochedule	D (Form 990) 201(

SCHEDULE O (Form.990 or 990-EZ)

Name of the organization

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.

2010 Open to Public

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or 990-EZ.

Inspection
Employer identification number 38-6108081

EASTERN THUMB ASSOCIATION OF REAL	TORS	38-6108	081
FORM 990, PART VI, SECTION B, LINE 11: A COPY OF	THE FORM	990 WAS	PROVIDED
TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND AF	PROVAL.		<u> </u>
FORM 990, PART VI, SECTION C, LINE 19: ALL GOVERN	ING DOCUM	MENTS AND)
FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INS	SPECTION,	UPON REC	UEST, AT
THE OFFICE OF THE EASTERN THUMB ASSOCIATION OF RE	EALTORS.		
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