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Short Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundations)

OMB No. 1545-1150

2014

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Inspection

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning _____, 2014, and ending _____		
B Check if applicable:		
<input checked="" type="checkbox"/> Address change	C Name of organization TENNESSEE VALLEY ASSOCIATION OF REALTORS, INC	
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address) 61 ASHLI LANE	
<input type="checkbox"/> Initial return	Room/suite _____	
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code PARIS TN 38242	
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____		
I Website: ► N/A		
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
K Form of organization. <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 126,892.		
H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)		
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 <input checked="" type="checkbox"/>		
REVENUE	1 Contributions, gifts, grants, and similar amounts received.	1 2,625.
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 114,595.
	4 Investment income	4 54.
	5 a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).	
	6 Gaming and fundraising events	5c
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
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	
7 a 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)	AUG 17 2015	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.	See Form 990-EZ, Part I, Line 8, Other Revenue 126,892.	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	See I-10. Stmt 10 3,000.
	11 Benefits paid to or for members	11 5,657.
	12 Salaries, other compensation, and employee benefits	12 22,992.
	13 Professional fees and other payments to independent contractors	13 2,650.
	14 Occupancy, rent, utilities, and maintenance.	14 13,807.
	15 Printing, publications, postage, and shipping	15 909.
	16 Other expenses (describe in Schedule O)	See Form 990-EZ, Part I, Line 16, Other Expenses 16 65,638.
17 Total expenses. Add lines 10 through 16	17 114,653.	
ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9).	18 12,239.
	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 85,811.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 4,136.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20.	21 102,186.

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

Form 990-EZ (2014)

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	84,730.	22 66,928.
23 Land and buildings	0.	23 69,602.
24 Other assets (describe in Schedule O)	See L-24 Stmt.	1,609. 24 5,166.
25 Total assets	86,339.	25 141,696.
26 Total liabilities (describe in Schedule O)	See L-26 Stmt.	528. 26 39,510.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	85,811.	27 102,186.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

Part III. Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? Promote and Educate Real Estate Agents

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 <u>Provide multiple listing services for member real estate agents; hold continuing education classes for members; promote incentives for real estate sales through association</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)	32

Part IV. List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Linda Frantom President	4.00	0.	0.	0.
Jeff Phifer President-Elect	4.00	0.	0.	0.
Frances Linsman Past-President	4.00	0.	0.	0.
Mary Ellen Blanton Secretary	2.00	0.	0.	0.
Wendy Bass Treasurer	2.00	0.	0.	0.
Brian Foster State Director	2.00	0.	0.	0.
Carrye Jackson State Director	2.00	0.	0.	0.
Casey Drewry Carroll Co Director	2.00	0.	0.	0.
Julie Leach Henry Co Director	2.00	0.	0.	0.
Kathy Hooten Benton Co Director	2.00	0.	0.	0.
Kathie Abbott State Director	1.00	0.	0.	0.
Jennifer Owen Executive Officer	40.00	21,341.	0.	0.
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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O 33 X

34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 X

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a X

b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O 35b X

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III 35c X

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N 36 X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0 37b X

b Did the organization file Form 1120-POL for this year? 38a X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b 39a 39b 39 X

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 40b section 4912 40c section 4955 40d section 4958 40e X

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 40b 40c 40d 40e X

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 40b 40c 40d 40e X

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. 40b 40c 40d 40e X

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. 41 List the states with which a copy of this return is filed

42a The organization's books are in care of JENNIFER OWEN Telephone no (731) 336-7844
Located at 1055 MINERAL WELLS AVE PARIS TN ZIP + 4 38242 42b X

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)? 42c X
If 'Yes,' enter the name of the foreign country

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)

c At any time during the calendar year, did the organization maintain an office outside the U.S.? 42c X
If 'Yes,' enter the name of the foreign country

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year

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 X

b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44b X

c Did the organization receive any payments for indoor tanning services during the year? 44c X

d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		X

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

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

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

49a Did the organization make any transfers to an exempt non-charitable related organization?
b If 'Yes,' was the related organization a section 527 organization?

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 business address of each independent contractor	(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 must attach a completed Schedule A.

Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign
Here**

Signature of officer

18/12/15

JENNIFER OWEN

Type or print name and tax ID number				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed
	C. RICHARD PHEBUS	C. RICHARD PHEBUS	08/08/15	PTIN
	Firm's name ► C RICHARD PHEBUS, CPA			Firm's EIN ► 62-1316068
	Firm's address ► 7585 MADISON WOODS LN ARLINGTON TN 38002			
Phone no.				

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

► Yes No

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.

► **Information about Schedule O (Form 990 or 990-EZ) and its instructions is
at www.irs.gov/form990.**

OMB No. 1545-0047

2014

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Name of the organization

TENNESSEE VALLEY ASSOCIATION OF REALTORS, INC

Employer identification number

62-1134749