

EXTENSION OBTAINED
Short Form

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OMB No 1545-1150

2017

Open to Public
Inspection

Form 990-EZ

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning , and ending	
B Check if applicable	C Name of organization
<input type="checkbox"/> Address change	BRISTOL TN-VA ASSOCIATION OF REALTORS
<input type="checkbox"/> Name change	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
<input type="checkbox"/> Initial return	1203 EDMONT AVENUE
<input type="checkbox"/> Final return/terminated	City or town State ZIP code
<input type="checkbox"/> Amended return	BRISTOL TN 37620
<input type="checkbox"/> Application pending	Foreign country name Foreign province/state/county Foreign postal code
	D Employer identification number
	62-1268836
	E Telephone number
	(423) 968-1192
	F Group Exemption Number
G Accounting Method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶	H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
I Website: ▶ http://www.bivar.com/	
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 type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" 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 ▶ \$ 134,032	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	80,995
	4	Investment income	4	205
	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 \$ 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		
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	52,832	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	134,032	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	1,000
	11	Benefits paid to or for members	11	63,560
	12	Salaries, other compensation, and employee benefits	12	41,902
	13	Professional fees and other payments to independent contractors	13	4,645
	14	Occupancy, rent, utilities, and maintenance	14	5,230
	15	Printing, publications, postage, and shipping	15	626
	16	Other expenses (describe in Schedule O)	16	30,025
	17	Total expenses. Add lines 10 through 16	17	146,988
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-12,956
	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	147,884
	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	134,928

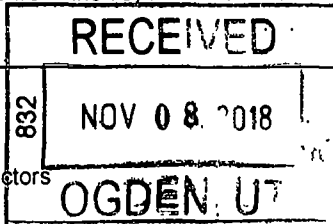
For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2017)

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Part II Balance Sheets. (see the instructions for Part II)

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

☒ X

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	161,807	22	176,143
23 Land and buildings	103,729	23	100,012
24 Other assets (describe in Schedule O)	11,625	24	3,525
25 Total assets	277,161	25	279,680
26 Total liabilities (describe in Schedule O)	129,277	26	144,752
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	147,884	27	134,928

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

Expenses

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

What is the organization's primary exempt purpose? PROFESSIONAL REALTORS STANDARDS AND CONDUCT

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	ASSOCIATION PROMOTES AND FOSTERS HIGH STANDARDS OF CONDUCT IN THE REAL ESTATE PROFESSION, ADVANCES PROFESSIONAL GOALS THROUGH EDUCATION, AND PERFORMS SERVICES FOR ITS MEMBERS		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	96,837
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	96,837

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
KAREN COX PRESIDENT	Hr/WK 2 00			
LAURA MCMILLAN PRESIDENT ELECT	Hr/WK 2 00			
CONNIE BALL SECRETARY	Hr/WK 2 00			
WALLY BOYD TREASURER	Hr/WK 2 00			
FRED MCCLELLAN PAST PRESIDENT	Hr/WK 2 00			
ANITA MORRELL DIRECTOR	Hr/WK 2 00			
MELISSA HALL DIRECTOR	Hr/WK 2 00			
DOTTIE REUNING DIRECTOR	Hr/WK 2 00			
JESSEE DELOACH DIRECTOR	Hr/WK 2 00			
WARREN KLUTZ DIRECTOR	Hr/WK 2 00			
MIA JOHNSON DIRECTOR	Hr/WK 2 00			
	Hr/WK			

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 ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	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
35 a 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	
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
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38 a 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	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
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	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed		
42 a The organization's books are in care of SOUTHEASTERN TAX & ACCOUNTING, P.C. Telephone no (423) 968-9236 Located at 1241 VOLUNTEER PKWY STE City BRISTOL ST TN ZIP + 4 37620		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42b	X
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44 a 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	X
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45 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.

	Yes	No
47		
48		
49a		
49b		

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

- 49 a 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."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None				
Title	Hr/WK			
Name				
Title	Hr/WK			
Name				
Title	Hr/WK			
Name				
Title	Hr/WK			
Name				
Title	Hr/WK			

- 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
Name None		
City		
Name		
City		
Name		
City		
Name		
City		
Name		
City		

- 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 <i>Laura McMillan</i>	Date 11/2/18				
	Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name A Joseph Vance, II, CPA	Preparer's signature <i>A Joseph Vance II</i>	Date 10/24/2018	Check <input type="checkbox"/> if self-employed	PTIN P00578643	
	Firm's name <i>Southeastern Tax & Accounting, PC</i>	Firm's EIN <i>62-1812619</i>		Phone no <i>(423) 968-9236</i>		
	Firm's address <i>P.O. Box 366, Bristol, TN 37621-0366</i>					

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

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.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

Open to Public
Inspection

Employer identification number

BRISTOL TN-VA ASSOCIATION OF REALTORS

62-1268836

Form 990-EZ, Part I, Line 8, Other Revenue: HOMES MAGAZINE & ADVERTISING 33,410

Form 990-EZ, Part I, Line 8, Other Revenue EDUCATION CLASSES 1,406

Form 990-EZ, Part I, Line 8, Other Revenue TN/VA REGIONAL MLS 7,707

Form 990-EZ, Part I, Line 8, Other Revenue OTHER 684

Form 990-EZ, Part I, Line 8, Other Revenue SCHOLARSHIPS 6,220

Form 990-EZ, Part I, Line 8, Other Revenue PUBLIC RELATIONS COMMITTEE 250

Form 990-EZ, Part I, Line 8, Other Revenue PROGRAM COMMITTEE 3,155

Form 990-EZ, Part I, Line 16, Other Expenses Travel 6,975

Form 990-EZ, Part I, Line 16, Other Expenses Interest 3,601

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 4,563

Form 990-EZ, Part I, Line 16, Other Expenses Telephone 2,102

Form 990-EZ, Part I, Line 16, Other Expenses Depreciation 3,717

Form 990-EZ, Part I, Line 16, Other Expenses SOFTWARE 2,101

Form 990-EZ, Part I, Line 16, Other Expenses BANK SERVICE CHARGES 485

Form 990-EZ, Part I, Line 16, Other Expenses FUNDRAISING 5,000

Form 990-EZ, Part I, Line 16, Other Expenses INSURANCE 881

Form 990-EZ, Part I, Line 16, Other Expenses BAD DEBTS 600

Form 990-EZ, Part II, Line 24, Other Assets ACCOUNTS RECEIVABLE Beginning of year 11,050,

End of year 2,950

Form 990-EZ, Part II, Line 24, Other Assets SECURITY DEPOSITS Beginning of year 575, End of

year 575

Form 990-EZ, Part II, Line 26, Liabilities ACCOUNTS PAYABLE AND ACCRUED EXPENSES Beginning

of year 1,224, End of year 2,693

Form 990-EZ, Part II, Line 26, Liabilities PREPAID DUES Beginning of year 50,500, End of

year 68,375

Form 990-EZ, Part II, Line 26, Liabilities MORTGAGE PAYABLE Beginning of year 77,553, End

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

Employer identification number

BRISTOL TN-VA ASSOCIATION OF REALTORS

62-1268836

of year 73,684