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Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-1150

2009Open to Public
Inspection

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form
► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning		and ending	
<input checked="" type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization WILLAMETTE ASSOCIATION OF REALTORS, INC. Number and street (or P.O. box, if mail is not delivered to street address) 2227 SANTIAM HWY SE (SANTIAM PLAZA) Room/suite City or town, state or country, and ZIP + 4 ALBANY, OR 97321-5206	
		D Employer identification number 51-0175516	
		E Telephone number 541-924-9267	
		F Group Exemption Number ►	

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		G Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►	
I Website: ► N/A		H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(6) ► (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.			

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **48,774.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/> a Gross revenue (not including \$ _____ of contributions reported on line 1) b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ► INTEREST) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		1 2 3 46,043. 4 5a 5b 5c 6a 6b 6c 7a 7b 7c 8 2,731. 9 48,774.	
10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ► SEE STATEMENT 1) 17 Total expenses. Add lines 10 through 16		10 11 1,566. 12 28,927. 13 3,071. 14 9,176. 15 214. 16 8,009. 17 50,963. 18 <2,189. 19 134,009. 20 21 131,820.	
Net Assets 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20			

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)			
		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ► PRE-PAID MEMBERSHIP) 25 Total assets 26 Total liabilities (describe ► PRE-PAID MEMBERSHIP) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		134,889. 22 23 24 134,889. 25 880. 26 134,009. 27	143,128. 22 23 24 143,128. 25 11,308. 26 131,820. 27

P

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? **SEE STATEMENT 4**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

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

28 SEE STATEMENT 3

(Grants \$) If this amount includes foreign grants, check here 28a 50,963.

2

28a 50,963.

(Grants \$) If this amount includes foreign grants, check here 29a

36

29a

(Grants \$) If this amount includes foreign grants, check here 30a

3

30a

32 Total program service expenses (add lines 28a through 31a) ▶ 32 50,963.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
GERI CUOMO, 2175 NW PROFESSIONAL DR, CORVALLIS, OR 97330	PAST-PRESIDENT 1.00	0.	0.	0.
LINDA LONG 455 NW TYLER AVE, CORVALLIS, OR 97330	PRESIDENT 1.00	0.	0.	0.
DOUG BURTON, 1117 PACIFIC BLVD. SE, ALBANY, OR 97321	LOCAL DIRECTOR 1.00	0.	0.	0.
ANA NORLANDER 1530 9TH ST. SE, ALBANY, OR 97322	SECRETARY/TREASURER 1.00	0.	0.	0.
JANET HENDRIX 2801 MAIN, PHILOMATH, OR 97370	LOCAL DIRECTOR 1.00	0.	0.	0.
AURELIA DAVIS 3215 DAVIDSON ST, ALBANY, OR 97321	LOCAL DIRECTOR 1.00	0.	0.	0.
DAVA BEHRENS 1109 NW 9TH ST, CORVALLIS, OR 97330	LOCAL DIRECTOR 1.00	0.	0.	0.
DEBORAH WEAVER 632 NW 3RD ST, CORVALLIS, OR 97330	LOCAL DIRECTOR 1.00	0.	0.	0.
STUART CONSER 1010 AIRPORT RD, ALBANY, OR 97321	PRESIDENT-ELECT 1.00	0.	0.	0.
NANCY HAMBY, 111 S. SECOND ST., JEFFERSON, OR 97352	LOCAL DIRECTOR 1.00	0.	0.	0.
DAVID PAUTSCH 2910 SANTIAM HWY SE, ALBANY, OR 97322	LOCAL DIRECTOR 1.00	0.	0.	0.
BRENDA HICKS 2779 NW NINTH ST, CORVALLIS, OR 97330	LOCAL DIRECTOR 1.00	0.	0.	0.
BRIAN WEINHOLD 2910 SANTIAM HWY SE, ALBANY, OR 97321	LOCAL DIRECTOR 1.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes
 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.

	Yes	No
33		X
34		X
35a		X
35b	N/A	
36		X
37b		X
38a		X

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?
 b If "Yes," has it filed a tax return on Form 990-T for this year?
 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N
 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0.
 b Did the organization file Form 1120-POL for this year?

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

38b	N/A
39a	N/A
39b	N/A

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

►	N/A
►	N/A

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

►	N/A
►	N/A

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

►	N/A
►	N/A

	Yes	No
40b		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. ► OR

42a The organization's books are in care of ► WILLAMETTE ASSOCIATION OF RE Telephone no. ► 541-924-9267
 Located at ► 2227 SANTIAM HWY SE (SANTIAM PLAZA), ALBANY, OR ZIP + 4 ► 97321-5206

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

42b		X
42c		X

If "Yes," enter the name of the foreign country: ►

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

42c		X
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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	N/A
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and enter the amount of tax-exempt interest received or accrued during the tax year

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

44		X
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45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ

45		X
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Form 990-EZ (2009)

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

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

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

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

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."

	Yes	No
46		
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ► _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

N/A

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ► _____

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		4/7/10 Date
	Signature of officer <i>Stuart Conser, President</i>	Type or print name and title <i>Stuart Conser, President</i>	
Paid Preparer's Use Only	Preparer's signature <i>SC</i>	Date MAR 22 2010	Check if self-employed <input type="checkbox"/>
			Preparer's identifying number (See instr.)
			EIN ►
			Phone no. ► (541) 926-5543
Firm's name (or yours if self-employed), address, and ZIP + 4 ► KOONTZ & PERDUE, P.C. 920 ELM STREET SW ALBANY, OR 97321-2037			

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

► Yes No

Form 990-EZ (2009)

FORM 990-EZ

OTHER EXPENSES

STATEMENT 1

DESCRIPTION	AMOUNT
BANK CHARGES AND BAD DEBT	507.
SUPPLIES AND MISCELLANEOUS OFFICE EXPENSES	1,185.
MEMBER EDUCATION	2,487.
MEETINGS	1,991.
PUBLIC RELATIONS	1,839.
TOTAL TO FORM 990-EZ, LINE 16	8,009.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 2

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

TO PROVIDE A UNIFIED MEDIUM FOR REAL ESTATE OWNERS AND THOSE ENGAGED IN REAL ESTATE PROFESSION WHERE BY THEIR INTERESTS MAY BE SAFEGUARDED AND ADVANCED. TO DESIGNATE FOR THE BENEFIT OF THE PUBLIC, INDIVDUALS AUTHORIZED TO USE THE TERM REALTOR.

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