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**Form 990-EZ**

**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)

2009

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► 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 2009 calendar year, or tax year beginning**

, 2009, and ending

120

<b>B</b> 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	<b>C</b> Name of organization <b>CACHE RICH ASSOCIATION OF REALTORS</b>  <b>D</b> Employer identification number <b>87-0384193</b>
<b>E</b> Telephone number  <b>(435) 753-1044</b>	<b>F</b> Group Exemption Number ►
<b>Please use IRS label or print or type. See Specific Instructions</b>	<b>Number &amp; street (or P.O. box, if mail is not delivered to street addr.)</b> <b>550 NORTH MAIN</b>  <b>City or town, state or country, and ZIP + 4</b> <b>LOGAN UT 84321</b>

- **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:**  Cash  Accrual  
Other (specify) ►

| Website: ► N/A

**H** Check ►  if organization is **not** required to attach Sch. B (Form 890, 890-EZ, or 890-BEZ)

J **Tax-exempt status** (check only one) --  501(c)(6) ◀ (insert no) 4947(a)(1) or 527

to attach Sch. B (Form 990, 990-EZ, or 990-PF)

**K** Check  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.

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. ► \$ 270,739

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

Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part II.)			
REVENUE	1	1	
	2	2	
	3	3	262,359
	4	4	8,380
	5a	5a	
	b	5b	
	c		
	6	6c	
	a	6a	
b	6b		
c	6c		
7a	7c		
b	7b		
c	7c		
8	8		
9	9	270,739	
EXPENSES	10	10	
	11	11	
	12	12	62,754
	13	13	
	14	14	18,494
	15	15	
	16	16	206,997
	17	17	288,245
NET ASSETS	18	18	-17,506
	19	19	438,967
	20	20	
	21	21	421,461

**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
473,875	22	462,804
	23	
6,348	24	2,609
480,223	25	465,413
41,256	26	43,952
438,967	27	421,461



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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	34	X
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.		
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 <b>Form 990-T</b> 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 Schedule N . . . . .	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► <b>37a</b>		
b Did the organization file <b>Form 1120-POL</b> 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? . . . . .	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	
40a 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) 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 . . . . .	40b	X
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 . . . . . ► _____		
d Section 501(c)(3) and 501(c)(4) 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 . . . . .		
41 List the states with which a copy of this return is filed ► <b>UT</b>		
42a The organization's books are in care of ► <b>SEE ATTACHMENT #6</b> Telephone no. ► _____ Located at ► _____		
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
If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
c At any time during the calendar year, did the organization maintain an office outside of 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 <b>Form 1041</b> -- Check here . . . . . ► <b>43</b> 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
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

**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"

	<b>Yes</b>	<b>No</b>
46		X
47		X
48		X
49a		X
49b		X

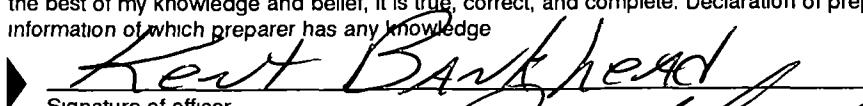
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>NONE</b>				

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
<b>NONE</b>		

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

<b>Sign Here</b>	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			
	 Signature of officer  Type or print name and title			
<b>Paid Preparer's Use Only</b>	Preparer's signature ►	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying no (See instr.)
	 STEVEN R MISENER CPA			EIN ►
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► 15 SOUTH MAIN SUITE 400 LOGAN, UT 84321			Phone no. ► 435-752-6666

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ►  Yes  No

## **SCHEDULE OF OTHER ASSETS**

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 24

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**OPEN TO PUBLIC**

## INSPECTION

**For calendar year 2009 or tax period beginning**

, and ending

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**Name of Organization**

**CACHE RICH ASSOCIATION OF REALTORS**

**Employer Identification Number**

Employer Tax ID#:

**SCHEDULE OF OTHER LIABILITIES****ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 1, PART II, LINE 26**

<b>OPEN TO PUBLIC</b>		
<b>INSPECTION</b>	<b>For calendar year 2009 or tax period beginning</b>	<b>, and ending</b>
<b>Name of Organization</b>	<b>Employer Identification Number</b>	
<b>CACHE RICH ASSOCIATION OF REALTORS</b>	<b>87-0384193</b>	
<b>Description of Liability</b>	<b>Beginning of Year</b>	<b>End of Year</b>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	3,776	7,032
DEPOSITS ON LOCK BOX KEYS	37,480	36,920
<b>Totals</b>	<b>41,256</b>	<b>43,952</b>

**SCHEDULE OF OTHER EXPENSES****ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 16**

OPEN TO PUBLIC	For calendar year 2009 or tax period beginning	, and ending
INSPECTION		
Name of Organization	Employer Identification Number	
<b>CACHE RICH ASSOCIATION OF REALTORS</b>	<b>87-0384193</b>	
Description of Other Expenses	Amount	
STATE AND NATIONAL DUES	25,129	
EDUCATION AND CONVENTIONS	17,299	
COMMITTEES	61,199	
RISCO KEY LEASE AND FEES	26,305	
LOCKBOX AND KEYS	40,879	
OTHER	16,351	
MEDIA PUBLICATIONS AND PROMOTIONS	1,280	
UTILITIES	2,694	
OFFICE SUPPLIES	7,612	
TRAVEL	4,200	
TELEPHONE	3,043	
DEPRECIATION	1,006	
Total	<b>206,997</b>	

## PROGRAM SERVICE ACCOMPLISHMENT

### ATTACHMENT 4: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC	For calendar year 2009 or tax period beginning	, and ending
INSPECTION		
Name of Organization	Employer Identification Number	
CACHE RICH ASSOCIATION OF REALTORS	87-0384193	

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses
Exempt Purpose Achievements		

TO PROVIDE A NON-PROFIT METHOD OF ENHANCING THE PROFESSIONAL IMAGE OF REALTORS, PROMOTE GOODWILL, AND TO PROVIDE FOR EXCHANGE OF DATA AND INFORMATION TO THE GENERAL PUBLIC.

**CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

**ATTACHMENT 5: PAGE 1 - 990-EZ PAGE 2, PART IV**

<b>OPEN TO PUBLIC INSPECTION</b>	<b>For calendar year 2009 or tax period beginning</b>	<b>, and ending</b>	<b>Employer Identification Number</b>	
<b>Name of Organization</b>		<b>CACHE RICH ASSOCIATION OF REALTORS</b>		
<b>(A) Name and Address</b>	<b>(B) Title and Average Hrs. per Week</b>	<b>(C) Compensation (If not paid, enter 0)</b>	<b>(D) Cont. to Employee Ben Plans &amp; Def Comp.</b>	<b>(E) Expense Account &amp; Other Allowances</b>
JANICE WILLIAMS 528 NORTH MAIN LOGAN, UT 84321 KRISTEN SEEDALL 150 EAST 400 NORTH LOGAN, UT 84321 MARCIA SMITH 150 EAST 400 NORTH LOGAN, UT 84321 SHANNA KNOWLES 150 EAST 400 NORTH LOGAN, UT 84321 KENT BANKHEAD 666 NORTH MAIN STE 201 LOGAN, UT 84321 LARRY BRADLEY 916 NORTH MAIN LOGAN, UT 84341 MARIAN WEEKS FIELDING 45 EAST 200 NORTH SUITE 200 LOGAN, UT 84321 ANGIE LARSEN 150 EAST 400 NORTH LOGAN, UT 84321 BLAKE PARKER 45 EAST 200 NORTH STE 200 LOGAN, UT 84321 MICHELLE PIERCE 550 NORTH MAIN SUITE 114 LOGAN, UT 84321 CHRIS TOLMAN 1047 SOUTH 100 WEST #270 LOGAN, UT 84321 KIM PHIPPS 1047 SOUTH 100 WEST #270 LOGAN, UT 84321	PAST PRESIDENT 2.00 PRESIDENT 2.00 TREASURER 2.00 DIRECTOR 2.00 PRESIDENT ELECT 2.00 DIRECTOR 2.00 DIRECTOR 2.00 DIRECTOR 2.00 DIRECTOR 2.00 DIRECTOR 2.00 OFFICE MANAGER 40.00 DIRECTOR 2.00 DIRECTOR 2.00	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 39,848 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

**BOOKS ARE IN CARE OF**

**ATTACHMENT 6 - 990-EZ PAGE 3, PART V, LINE 42A**

OPEN TO PUBLIC	For calendar year 2009 or tax period beginning	, and ending
INSPECTION		
Name of Organization	Employer Identification Number	
<b>CACHE RICH ASSOCIATION OF REALTORS</b>	<b>87-0384193</b>	
Part V - Line 42a		
Individual Name or Business Name	<b>MICHELLE PIERCE</b>	
Street Address	<b>550 NORTH MAIN LOGAN UT</b>	
U.S. Address:		
Zip code	<b>84321</b>	City <b>LOGAN</b>
or	State <b>UT</b>	
Foreign Address		
City	.....	
Province or State	.....	
Country	.....	
Postal code	.....	
Phone Number	<b>(435) 753-1044</b>	
Fax Number	.....	