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Form 990-EZ

Department of the Treasury
Internal Revenue Service

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)

► 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.

OMB No 1545-1150

2009

Open to Public
Inspection

A For 2009 calendar year, or tax year beginning

, 2009, and ending

, 20

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

• 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) ►

I Website: ► N/A

H Check ☒ if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

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

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

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 ► \$ **270,739**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for 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	262,359
	4	Investment income	4	8,380
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line)	6a	
	6b	Less: direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ►)	8		
9	Total revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	270,739	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	62,754
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	18,494
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ► SEE ATTACHMENT #1)	16	206,997
17	Total expenses. Add lines 10 through 16	17	288,245	
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-17,506
	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	438,967
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	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
22 Cash, savings, and investments	473,875	462,804
23 Land and buildings		
24 Other assets (describe ► SEE ATTACHMENT #2)	6,348	2,609
25 Total assets	480,223	465,413
26 Total liabilities (describe ► SEE ATTACHMENT #3)	41,256	43,952
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	438,967	421,461

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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

What is the organization's primary exempt purpose? **BUSINESS LEAGUE**

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, & other relevant information for each program title.

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

28 SEE ATTACHMENT #4

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

29

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

30

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

31 Other program services (attach schedule)

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

32 Total program service expenses (add lines 28a through 31a)

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

SEE ATTACHMENT #5

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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		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?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		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		X
37a	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
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	40e	X
41	List the states with which a copy of this return is filed	UT	
42a	The organization's books are in care of	SEE ATTACHMENT #6	
	Located at		
	Telephone no.		
	ZIP + 4		
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 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
	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 and enter the amount of tax-exempt interest received or accrued during the tax year	43	
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)(iii)? 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		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
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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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

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: *Kent Bankhead* Signature of officer Date: 10 March 2010

Kent Bankhead Type or print name and title

Paid Preparer's Use Only: Preparer's signature: *SM* Date: 2-22-10 Check if self-employed: ☐ Preparer's identifying no. (See instr.): EIN: Phone no.: 435-752-6666

Firm's name (or yours if self-employed), address, and ZIP + 4: STEVEN R MISENER CPA, 15 SOUTH MAIN SUITE 400, LOGAN, UT 84321

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

X Yes No

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

For calendar year 2009 or tax period beginning

, and ending

CACHE RICH ASSOCIATION OF REALTORS

87-0384193

Totals

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 1, PART II, LINE 26

For calendar year 2009 or tax period beginning

, and ending

Employer Identification Number

87-0384193

Totals	41,256	43,952
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SCHEDULE OF OTHER EXPENSES

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 16

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

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	206,997

PROGRAM SERVICE ACCOMPLISHMENT

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

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

OPEN TO PUBLIC INSPECTION					
For calendar year 2009 or tax period beginning , and ending .					
Name of Organization CACHE RICH ASSOCIATION OF REALTORS					Employer Identification Number 87-0384193
(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben Plans & Def Comp.	(E) Expense Account & Other Allowances	
JANICE WILLIAMS 528 NORTH MAIN LOGAN, UT 84321	PAST PRESIDENT 2.00	0	0	0	
KRISTEN SEEDALL 150 EAST 400 NORTH LOGAN, UT 84321	PRESIDENT 2.00	0	0	0	
MARCIA SMITH 150 EAST 400 NORTH LOGAN, UT 84321	TREASURER 2.00	0	0	0	
SHANNA KNOWLES 150 EAST 400 NORTH LOGAN, UT 84321	DIRECTOR 2.00	0	0	0	
KENT BANKHEAD 666 NORTH MAIN STE 201 LOGAN, UT 84321	PRESIDENT ELECT 2.00	0	0	0	
LARRY BRADLEY 916 NORTH MAIN LOGAN, UT 84341	DIRECTOR 2.00	0	0	0	
MARIAN WEEKS FIELDING 45 EAST 200 NORTH SUITE 200 LOGAN, UT 84321	DIRECTOR 2.00	0	0	0	
ANGIE LARSEN 150 EAST 400 NORTH LOGAN, UT 84321	DIRECTOR 2.00	0	0	0	
BLAKE PARKER 45 EAST 200 NORTH STE 200 LOGAN, UT 84321	DIRECTOR 2.00	0	0	0	
MICHELLE PIERCE 550 NORTH MAIN SUITE 114 LOGAN, UT 84321	OFFICE MANAGER 40.00	39,848	0	0	
CHRIS TOLMAN 1047 SOUTH 100 WEST #270 LOGAN, UT 84321	DIRECTOR 2.00	0	0	0	
KIM PHIPPS 1047 SOUTH 100 WEST #270 LOGAN, UT 84321	DIRECTOR 2.00	0	0	0	

BOOKS ARE IN CARE OF

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

OPEN TO PUBLIC
INSPECTION

For calendar year 2009 or tax period beginning , and ending

Name of Organization

CACHE RICH ASSOCIATION OF REALTORS

Employer Identification Number

87-0384193

Part V - Line 42a

Individual Name

or

Business Name

MICHELLE PIERCE

Street Address

550 NORTH MAIN LOGAN UT

U.S. Address:

Zip code 84321

City LOGAN

State UT

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number

(435) 753-1044

Fax Number