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Short Form Return of Organization Exempt From Income Tax

2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning

, 2009, and ending

, 20

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

Please use IRS
label or
print or
type
See
Specific
Instructions.

C Name of organization
YAMHILL COUNTY ASSOCIATION OF REALT

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

PO BOX 540

City or town, state or country, and ZIP + 4

MCMINNVILLE, OR 97128

D Employer identification number

93-0943532

E Telephone number

(503) 472-7425

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: Cash Accrual
Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) - 501(c) (6) ► (insert no) 4947(a)(1) or 527K 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 ► \$ 105,831

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	1
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3 80,663
4 Investment income	4 225
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 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)	6a 396
b Less: direct expenses other than fundraising expenses	6b
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 396
7a Gross sales of inventory, less returns and allowances	7a 24
b Less: cost of goods sold	7b 24
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
8 Other revenue (describe ► STM141)	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	RECEIVED STM122 MAR 23 2010 OGDEN, UT
10 Grants and similar amounts paid (attach schedule)	10 19,074
11 Benefits paid to or for members	11 53,360
12 Salaries, other compensation, and employee benefits	12 11,232
13 Professional fees and other payments to independent contractors	13
14 Occupancy, rent, utilities, and maintenance	14 105
15 Printing, publications, postage, and shipping	15 23,321
16 Other expenses (describe ► STM130)	16 107,092
17 Total expenses. Add lines 10 through 16	17 (1,285)
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 27,193
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 27,193
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 25,908

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.)

22 Cash, savings, and investments	(A) Beginning of year 27,193	(B) End of year 22 25,908
23 Land and buildings		23
24 Other assets (describe ►)		24
25 Total assets	27,193	25 25,908
26 Total liabilities (describe ► STM132)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27,193	27 25,908

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

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Form 990-EZ (2009)

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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?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
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	37b	
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 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	
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) 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	
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. ► OR		
42 a The organization's books are in care of ► <u>JESSICA REGIER</u> Telephone no. ► <u>503-472-7425</u> Located at ► <u>PO BOX 540 McMINTNVILLE, OR</u> ZIP + 4 ► <u>97128</u>		
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.? 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 ► <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/> 46 <input type="checkbox"/> 47
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/> 48
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/> 49a
b	If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/> 49b
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."	

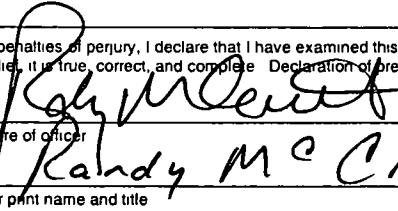
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

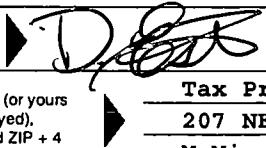
f Total number of other employees paid over \$100,000 ►

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

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		
		Date	3/15/10
► Signature of officer	Randy McCrea, YCAR President		
► Type or print name and title			

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's Identifying No (See inst)
		03-08-2010	<input checked="" type="checkbox"/>	P00001742
Firm's name (or yours if self-employed), address, and ZIP + 4	Tax Pros Northwest 207 NE 10th St McMinnville, OR 97128	EIN		
		Phone no	503-472-9192	

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

Federal Supporting Statements

2009

FEIN

FORM 990EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID SCHEDULE

STATEMENT #122

<u>ACTIVITY</u>	<u>GRANTEE</u>	<u>ADDRESS</u>	<u>AMOUNT</u>	<u>RELATIONSHIP</u>
CHILDRENS ADVOCACY	CASA	536 NE 5TH ST MCMINNVILLE	6,358	NONE
OR		97128		
ANIMAL SHELTER	NEWBERG ANIMAL SHELTER	414 E FIRST ST NEWBERG	6,358	NONE
OR		97132		
COMMUNITY HELP SERVICE	LOVE INC	209 S MAIN ST NEWBERG	6,358	NONE
OR		97132		
			<u>TOTAL</u>	<u>19,074</u>

FORM 990EZ, PART I, LINE 16
OTHER EXPENSES SCHEDULE 2

<u>DESCRIPTION</u>	<u>AMOUNT</u>
FUNDRAISING EXPENSES	23,321
TOTAL	23,321

FORM 990EZ, PART II, LINE 26
OTHER LIABILITIES SCHEDULE 3

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACNTS PAYABLE	_____	_____
TOTAL	_____	_____

Federal Supporting Statements**2009**

Name(s) as shown on return

FEIN

FORM 990EZ, PART I, LINE 8
OTHER REVENUES SCHEDULE 2

<u>DESCRIPTION</u>	<u>AMOUNT</u>
FUND RAISING INCOME	<u>24,523</u>
TOTAL	<u>24,523</u>

990**Overflow Statement****2009**
Page 1

Name(s) as shown on return

YAMHILL COUNTY ASSOCIATION OF REALT

FEIN

93-0943532

DUES AND SUBSCRIPTIONS FOR MEMBERS

<u>Description</u>	<u>Amount</u>
OAR	\$ 30,251
NAR	22,302
PROFESSIONAL STANDARDS	700
NEWBERG CHAMBER OF COMMERCE	107
Total:	\$ 53,360