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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)

► 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

Department of the Treasury
Internal Revenue Service

A For the 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	<table border="1"> <tr> <td>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</td> <td>D Employer identification number 93-0943532</td> </tr> <tr> <td></td> <td>E Telephone number (503) 472-7425</td> </tr> <tr> <td></td> <td>F Group Exemption Number ►</td> </tr> </table>	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 ►
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• 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 ☐ 527

H Check ☐ if the organization is **not** required to attach Schedule 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.

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)	8	24,523
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	105,807
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	25,908
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.)

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

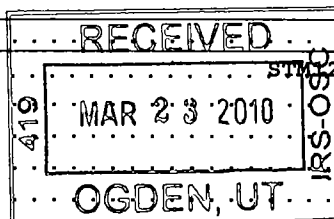
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

EEA

Form 990-EZ (2009)

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Expenses

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

28 PROFESSIONAL EDUCATION OF REALTORS

29

30

31 Other program services (attach schedule)

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

(e) Expense account and other allowances

PO BOX 540 MCMINNVILLE OR. 97128	2	0	0	0
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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		
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 ▶ JESSICA REGIER Telephone no. ▶ 503-472-7425 Located at ▶ PO BOX 540 MCMINNVILLE, OR ZIP + 4 ▶ 97128		
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)(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 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.

Signature of officer: Randy McCreith Date: 13/15/10

Type or print name and title: Randy McCreith YCAR President

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 03-08-2010 Check if self-employed: ☒ Preparer's Identifying No. (See inst.): 900001742

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

Name(s) as shown on return

FEIN

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

STATEMENT #122

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

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

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

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****DESCRIPTION****AMOUNT**

FUND RAISING INCOME

24,523

TOTAL

24,523

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

Name(s) as shown on return

FEIN

YAMHILL COUNTY ASSOCIATION OF REALT

93-0943532

DUES AND SUBSCRIPTIONS FOR MEMBERS

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