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Short Form
Return of Organization Exempt From Income TaxUnder 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

2011

Open to Public
Inspection

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(3) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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 2011 calendar year, or tax year beginning

and ending

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization

WILLAMETTE ASSOCIATION OF REALTORS, INC.

D Employer identification number

51-0175516

G Accounting Method Cash Accrual Other (specify) ►

I Website: ► N/A

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (6) (insert no) 4947(a)(1) or 527

E Telephone number

541-924-9267

F Group Exemption
Number ►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 or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 39,755.

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

Check if the organization used Schedule O to respond to any question in this Part I SCANNED JUN 15 2012
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 37,896.
4 Investment income	4
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 Gaming and fundraising events	
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
c Less direct expenses from gaming and fundraising events	6c
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d
7a Gross sales of inventory, less returns and allowances	7a
b Less cost of goods sold	7b
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
8 Other revenue (describe in Schedule O)	SEE SCHEDULE O ►
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	8 1,859. 9 39,755.
10 Grants and similar amounts paid (list in Schedule O)	10
11 Benefits paid to or for members	11 987.
12 Salaries, other compensation, and employee benefits	12 26,833.
13 Professional fees and other payments to independent contractors	13 2,388.
14 Occupancy, rent, utilities, and maintenance	14 12,236.
15 Printing, publications, postage, and shipping	15 309.
16 Other expenses (describe in Schedule O)	16 3,500.
17 Total expenses. Add lines 10 through 16	17 46,253.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 <6,498.►
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)	19 131,680.
20 Other changes in net assets or fund balances (explain in Schedule O)	20 0.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 125,182.

LHA For Paperwork Reduction Act Notice, see the separate Instructions.

Form 990-EZ (2011)

23 G5

Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	135,750.	22 131,012.
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	135,750.	25 131,012.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	4,070.	26 5,830.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	131,680.	27 125,182.

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 SCHEDULE O

(Grants \$) If this amount includes foreign grants, check here 28a 46,253.

29

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

30

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

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here 31a

32 Total program service expenses (add lines 28a through 31a) 32 46,253.**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
STUART CONSER 1010 AIRPORT ROAD, ALBANY, OR 97322	IMMEDIATE PAST PRESIDENT 1.00	0.	0.	0.
DAVA BEHRENS, 1109 NW 9TH STREET, CORVALLIS, OR 97330	PRESIDENT-ELECT 1.00	0.	0.	0.
TERRI WOODS, 815 NW 9TH STREET, CORVALLIS, OR 97330	LOCAL DIRECTOR 1.00	0.	0.	0.
NANCY HAMBY, 111 SOUTH SECOND STREET, JEFFERSON, OR 97352	LOCAL DIRECTOR 1.00	0.	0.	0.
BRENDA HICKS 2779 NW NINTH ST, CORVALLIS, OR 97330	SECRETARY-TREASURER 1.00	0.	0.	0.
BRIAN WEINHOLD 2910 SANTIAM HWY SE, ALBANY, OR 97322	LOCAL DIRECTOR 1.00	0.	0.	0.
DOUG BURTON, 1117 PACIFIC BLVD SE, ALBANY, OR 97321	LOCAL DIRECTOR 1.00	0.	0.	0.
AMY PRICE, 2225 PACIFIC BLVD. #101, ALBANY, OR 97322	LOCAL DIRECTOR 1.00	0.	0.	0.
DEBORAH WEAVER, 632 NW 3RD STREET, CORVALLIS, OR 97330	LOCAL DIRECTOR 1.00	0.	0.	0.
GERI CUOMO, 2175 NW PROFESSIONAL DRIVE, CORVALLIS, OR 97330	LOCAL DIRECTOR 1.00	0.	0.	0.
DALINDA PRIMASING, 645 WAVERLY DRIVE SE STE 212, ALBANY, OR 97322	EXECUTIVE OFFICER 1.00	0.	0.	0.
ANA NORLANDER, 2225 PACIFIC BLVD. #101, ALBANY, OR 97322	PRESIDENT 1.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b N/A

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c

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

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? 37b

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 tax year covered by this return? 38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A

39 Section 501(c)(7) organizations Enter 39a N/A

a Initiation fees and capital contributions included on line 9 39b N/A

b Gross receipts, included on line 9, for public use of club facilities 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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b 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 40c N/A

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

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

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 645 WAVERLY DRIVE SE STE 212, ALBANY, OR ZIP + 4 97322

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

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. 42c

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 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 N/A

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

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b

c Did the organization receive any payments for indoor tanning services during the year? 44c

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b

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

Yes	No
46	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 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

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 ►

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt

charitable trusts must attach a completed Schedule A

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	Signature of officer Geri Cuomo	Date 5/14/2012			
	Type or print name and title Geri Cuomo, President				
Paid Preparer Use Only	Print/Type preparer's name RICHARD D. PERDUE	Preparer's signature R.D. Perdue	Date MAY 10 2012	Check <input type="checkbox"/> if self-employed	PTIN P00129286
	Firm's name ► KOONTZ & PERDUE, P.C.			Firm's EIN ► 93-0612582	
	Firm's address ► 920 ELM STREET SW ALBANY, OR 97321-2037			Phone no (541) 926-5543	

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

► Yes No

Form 990-EZ (2011)

8822-B

Form
(January 2012)
Department of the Treasury
Internal Revenue Service

Change of Address — Business

► Please type or print.

► See instructions on back. ► Do not attach this form to your return.

OMB No 1545-1163

Before you begin: If you are also changing your home address, use Form 8822 to report that change.

Check all boxes this change affects:

- 1 Employment, excise, income, and other business returns (Forms 720, 940, 940-EZ, 941, 990, 1041, 1065, 1120, etc.)
- 2 Employee plan returns (Forms 5500, 5500-EZ, etc.)
- 3 Business location

4a Business name**4b Employer identification number**

Wilamette Association of Realtors 51-0175516

5 Old mailing address (no , street, room or suite no , city or town, state, and ZIP code) If a P O box, see instructions If foreign address, also complete spaces below, see instructions

2227 Siskiyou Hwy SE Albany, OR 97322

Foreign country name

Foreign province/county

Foreign postal code

6 New mailing address (no , street, room or suite no , city or town, state, and ZIP code) If a P O box, see instructions If foreign address, also complete spaces below, see instructions

1645 University Dr. SE Suite 212 Albany, OR 97322

Foreign country name

Foreign province/county

Foreign postal code

7 New business location, if different from mailing address (no , street, room or suite no , city or town, state, and ZIP code) If a foreign address also complete spaces below, see instructions

1645 University Dr. SE Suite 212 Albany, OR 97322

Foreign country name

Foreign province/county

Foreign postal code

8 Signature

Daytime telephone number of person to contact (optional) ►

541-924-92167

Sign Here

Signature of owner, officer, or representative

15-14-12

Title

Where To File

Send this form to the Department of the Treasury, Internal Revenue Service Center, and the address shown next that applies to you.

IF your old business address was in . . .**THEN use this address . . .**

Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin

Cincinnati, OH
45999-0023

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, any place outside the United States

Ogden, UT
84201-0023

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

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Name of the organization

WILLAMETTE ASSOCIATION OF REALTORS, INC.

Employer identification number
51-0175516

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
INTEREST	1,859.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
BANK CHARGES AND BAD DEBT	498.
SUPPLIES AND MISCELLANEOUS OFFICE EXPENSES	588.
MEMBER EDUCATION	1,620.
MEETINGS	694.
MEMORIALS AND HONORARIUMS	100.
TOTAL TO FORM 990-EZ, LINE 16	3,500.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PRE-PAID MEMBERSHIP	4,070.	5,830.

**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - 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.**

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

TO PROVIDE A UNIFIED MEDIUM FOR REAL ESTATE OWNERS AND

THOSE ENGAGED IN REAL ESTATE PROFESSION WHERE BY THEIR

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

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Employer identification number
51-0175516

INTERESTS MAY BE SAFEGUARDED AND ADVANCED. TO DESIGNATE

FOR THE BENEFIT OF THE PUBLIC, INDIVDUALS AUTHORIZED TO USE THE TERM

REALTOR.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Name of the organization

WILLAMETTE ASSOCIATION OF REALTORS, INC.

Employer identification number
51-0175516

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