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# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2013

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2013 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.

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

645 WAVERLY DR. SE, SUITE 212

Room/suite

D Employer identification number

51-0175516

City or town, state or province, country, and ZIP or foreign postal code

ALBANY, OR 97322

E Telephone number

541-924-9267

F Group Exemption Number ►

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  527K Form of organization:  Corporation  Trust  Association  Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 40,797.

**Part II 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 

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 <b>39,700.</b>
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)	8 <b>1,097.</b>
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.	9 <b>40,797.</b>
10 Grants and similar amounts paid (list in Schedule O)	10
11 Benefits paid to or for members	11 <b>938.</b>
12 Salaries, other compensation, and employee benefits	12 <b>29,075.</b>
13 Professional fees and other payments to independent contractors	13 <b>2,155.</b>
14 Occupancy, rent, utilities, and maintenance	14 <b>7,657.</b>
15 Printing, publications, postage, and shipping	15 <b>136.</b>
16 Other expenses (describe in Schedule O)	16 <b>4,247.</b>
17 Total expenses. Add lines 10 through 16	17 <b>44,208.</b>
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 <b>&lt;3,411. &gt;</b>
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 <b>117,801.</b>
20 Other changes in net assets or fund balances (explain in Schedule O)	20 <b>0.</b>
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 <b>114,390.</b>

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

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**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	126,491.22	125,122.
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	126,491.25	125,122.
26 Total liabilities (describe in Schedule O) <b>SEE SCHEDULE O</b>	8,690.26	10,732.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	117,801.27	114,390.

**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	<input type="checkbox"/>	28a	44,227.
29				
(Grants \$	) If this amount includes foreign grants, check here	<input type="checkbox"/>	29a	
30				
(Grants \$	) If this amount includes foreign grants, check here	<input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)				
(Grants \$	) If this amount includes foreign grants, check here	<input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)			32	44,227.

**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 title	(b) 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
NANCY HAMBY				
LOCAL DIRECTOR	1.00	0.	0.	0.
BRENDA HICKS				
PRESIDENT	1.00	0.	0.	0.
AMY PRICE				
LOCAL DIRECTOR	1.00	0.	0.	0.
DEBORAH WEAVER				
LOCAL DIRECTOR/STATE DIRECTOR	1.00	0.	0.	0.
GERI CUOMO				
IMMEDIATE PAST PRESIDENT	1.00	0.	0.	0.
DALINDA FRIEND				
EXECUTIVE OFFICER	40.00	26,400.	0.	0.
SUE LONG				
PRESIDENT - ELECT	1.00	0.	0.	0.
ANGELA STUCKART				
SECRETARY-TREASURER	1.00	0.	0.	0.
ALEC ARMOUR				
LOCAL DIRECTOR	1.00	0.	0.	0.
LANNY ZOELLER				
LOCAL DIRECTOR	1.00	0.	0.	0.
JOE VINCENT				
LOCAL DIRECTOR	1.00	0.	0.	0.
DONNA JO MERRIFIELD				
LOCAL DIRECTOR	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

	Yes	No
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	X
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	X
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	X
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	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	36	X
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	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 tax year covered by this return?	38a	X
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 ► <b>N/A</b> ; section 4912 ► <b>N/A</b> ; section 4955 ► <b>N/A</b>		
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		N/A
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		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	X
41 List the states with which a copy of this return is filed ► <b>OR</b>		
42a The organization's books are in care of ► <b>WILLAMETTE ASSOCIATION OF RE</b> Telephone no. ► <b>541-924-9267</b> Located at ► <b>645 WAVERLY DRIVE SE STE 212, ALBANY, OR</b> ZIP + 4 ► <b>97322</b>		
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)? 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.	42b	X
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 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	X
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	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
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	X
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?  Yes  No  
If "Yes," complete Schedule C, Part I

46  X

**Part VI** **Section 501(c)(3) organizations only**

All section 501(c)(3) organizations 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 title of each employee  N/A	(b) 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

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 business address of each independent contractor	(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**

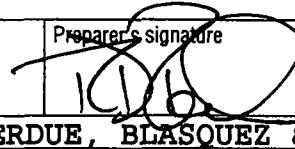
Signature of officer

Date

15-15-2014

Type or print name and title

Treasurer

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>RICHARD D. PERDUE</b>	Preparer's signature 	Date <b>APR 28 2014</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00129286</b>
	Firm's name ► KOONTZ, PERDUE, BLASQUEZ & CO., 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 (2013)

## 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.  
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

WILLAMETTE ASSOCIATION OF REALTORS, INC.

Employer identification number  
51-0175516

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

<u>DESCRIPTION OF OTHER REVENUE:</u>	<u>AMOUNT:</u>
<u>INTEREST</u>	<u>1,097.</u>

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

<u>DESCRIPTION OF OTHER EXPENSES:</u>	<u>AMOUNT:</u>
<u>BANK CHARGES AND BAD DEBT</u>	<u>561.</u>
<u>SUPPLIES AND MISCELLANEOUS OFFICE EXPENSES</u>	<u>1,022.</u>
<u>MEMBER EDUCATION</u>	<u>942.</u>
<u>MEETINGS</u>	<u>1,722.</u>
<u>TOTAL TO FORM 990-EZ, LINE 16</u>	<u>4,247.</u>

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

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
<u>PRE-PAID MEMBERSHIP</u>	<u>8,690.</u>	<u>10,732.</u>

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  
INTERESTS MAY BE SAFEGUARDED AND ADVANCED. TO DESIGNATE

**Department of the Treasury  
Internal Revenue Service**

**Name of the organization**

## WILLAMETTE ASSOCIATION OF REALTORS, INC.

**Employer identification number**  
**51-0175516**

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.)

(a) Name and title	(b) 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
<b>RHONDA STANSELL</b>	1.00	0.	0.	0.
<b>LOCAL DIRECTOR</b>				
<b>MARY VANCE</b>	1.00	0.	0.	0.
<b>LOCAL DIRECTOR</b>				