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Return of Organization Exempt From Income Tax

2014

Department of the Treasury
Internal Revenue Service

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.

Open to Public
Inspection

A For the 2014 calendar year, or tax year beginning and ending

B Check if applicable

- Address change
- Name change
- Initial return
- Final 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

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

ALBANY, OR 97322

D Employer identification number

51-0175516

E Telephone number

541-924-9267

F Group Exemption
Number ►G Accounting Method: Cash Accrual Other (specify) ►

I Website: ► N/A

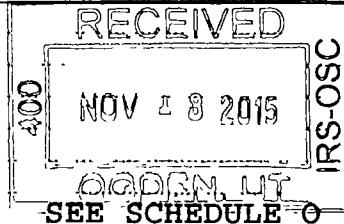
J Tax-exempt status (check only one) — 501(c)(3) 501(c) (6) ◀(insert no.) 4947(a)(1) or 527H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).K Form of organization: Corporation Trust Association Other

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 ► \$ 101,766.

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	1,367.
	2 Program service revenue including government fees and contracts	2	4,035.
	3 Membership dues and assessments	3	68,551.
	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	6a	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	
Expenses	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)	6c	
	c Less: direct expenses from gaming and fundraising events	6d	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6e	
	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	27,813.
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	101,766.
		10	
Net Assets	10 Grants and similar amounts paid (list in Schedule O)	11	
	11 Benefits paid to or for members	12	30,169.
	12 Salaries, other compensation, and employee benefits	13	2,970.
	13 Professional fees and other payments to independent contractors	14	5,200.
	14 Occupancy, rent, utilities, and maintenance	15	75.
	15 Printing, publications, postage, and shipping	16	41,979.
	16 Other expenses (describe in Schedule O)	17	80,393.
	17 Total expenses. Add lines 10 through 16	18	21,373.
		19	114,390.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	20	0.
	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)	21	135,763.
	20 Other changes in net assets or fund balances (explain in Schedule O)		
	21 Net assets or fund balances at end of year. Combine lines 18 through 20		



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

Form 990-EZ (2014)

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	125,122.	22 119,776.
23	Land and buildings		23
24	Other assets (describe in Schedule O) SEE SCHEDULE O	0.	24 30,617.
25	Total assets	125,122.	25 150,393.
26	Total liabilities (describe in Schedule O) SEE SCHEDULE O	10,732.	26 14,630.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	114,390.	27 135,763.

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; optional for others.)

28 SEE SCHEDULE O

(Grants \$) If this amount includes foreign grants, check here	<input checked="" type="checkbox"/>	28a	86,774.
29				
(Grants \$) If this amount includes foreign grants, check here	<input checked="" type="checkbox"/>	29a	
30				
(Grants \$) If this amount includes foreign grants, check here	<input checked="" type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here	<input checked="" type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)		32	86,774.

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
DEBORAH WEAVER	1.00	0.	0.	0.
LOCAL DIRECTOR				
ANGELA STUCKART	1.00	0.	0.	0.
PRESIDENT	1.00	0.	0.	0.
JOHN TACKE	1.00	0.	0.	0.
LOCAL DIRECTOR	1.00	0.	0.	0.
JASON CADWELL	1.00	0.	0.	0.
LOCAL DIRECTOR	1.00	0.	0.	0.
SUE LONG	1.00	0.	0.	0.
IMMEDIATE PAST PRESIDENT	1.00	0.	0.	0.
MARTINA ROBINSON	40.00	0.	0.	0.
EXECUTIVE OFFICER				
MELINDA ABRESCH	1.00	0.	0.	0.
PRESIDENT - ELECT	1.00	0.	0.	0.
ANDREA BEEM	1.00	0.	0.	0.
SECRETARY-TREASURER	1.00	0.	0.	0.
JANEL HOFFMAN	1.00	0.	0.	0.
LOCAL DIRECTOR	1.00	0.	0.	0.
LANNY ZOELLER	1.00	0.	0.	0.
LOCAL DIRECTOR				
CRAIG WIBBENS	1.00	0.	0.	0.
LOCAL DIRECTOR	1.00	0.	0.	0.
RHONDA STANSELL				
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

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:

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

b Gross receipts, included on line 9, for public use of club facilities 39b N/A

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 40a N/A; section 4912 40b N/A; section 4955 40c N/A

b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 40d N/A

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40e N/A

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40f 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 40g N/A

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)?

If "Yes," enter the name of the foreign country: ► _____

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

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 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

b 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.

46	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

47	48	49a	49b	50
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				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 must attach a completed Schedule A

► Yes No

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.

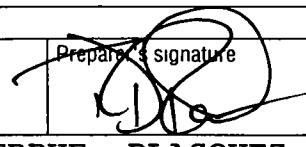
Sign Here

Signature of officer

11-10-15

Date

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	RICHARD D. PERDUE		10/30/15		P00129286
	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 (2014)

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.

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

OMB No 1545-0047

2014Open 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>
INTEREST	684.
INSURANCE PROCEEDS	27,045.
MISCELLANEOUS	84.
TOTAL TO FORM 990-EZ, LINE 8	27,813.

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

<u>DESCRIPTION OF OTHER EXPENSES:</u>	<u>AMOUNT:</u>
BANK CHARGES	455.
SUPPLIES AND MISCELLANEOUS OFFICE EXPENSES	2,562.
MEMBER EDUCATION	942.
MEETINGS	5,414.
REIMBURSEMENTS	35.
DUES & SUBSCRIPTIONS	347.
INTERNET	170.
TELEPHONE	2,338.
PRESIDENTS FUND	85.
PUBLIC RELATIONS	500.
SOCIALS	753.
THEFT LOSS	27,157.
INSURANCE	1,221.
TOTAL TO FORM 990-EZ, LINE 16	41,979.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211 08-27-14		Schedule O (Form 990 or 990-EZ) (2014)

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.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

WILLAMETTE ASSOCIATION OF REALTORS, INC.

Employer identification number
51-0175516

ACCOUNTS RECEIVABLE 0. 30,617.

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>10,732.</u>	<u>7,920.</u>
<u>OTHER LIABILITIES</u>	<u>0.</u>	<u>6,710.</u>
<u>TOTAL TO FORM 990-EZ, LINE 26</u>	<u>10,732.</u>	<u>14,630.</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
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.