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OMB No 1545-1150

Form 990-EZ

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)

2009

Inspection

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

Open to Public

Department of the Treasury Internal Revenue Service 03/01/09 . and ending 02/28/10 For the 2009 calendar year, or tax year beginning Check if applicable Please Name of organization Employer identification number use IRS Address change label or OREGON WOMEN FOR AGRICULTURE 23-7069261 Name change print or Initial return tvpe. Number and street (or P O box, if mail is not delivered to street address) Room/suite Telephone number See 6001 GILMOUR LANE 541-928-2507 Termination Specific Amended return City or town, state or country, and ZIP + 4 Group Exemption Instruc-ALBANY OR 97321 Application pending tions Number • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting method X Cash a completed Schedule A (Form 990 or 990-EZ). Other (specify) WWW.OWAONLINE.ORG X Check > if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) **5**) **◀** (insert no) 4947(a)(1) or Tax-exempt status (check only one) --**X** 501(c) (527 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 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 183,860 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) 4,023 Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 2 55,476 3 SEE STATEMENT 1 10,410 Membership dues and assessments 3 3,946 4 Investment income 4 Gross amount from sale of assets other than inventory 5a b Less cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 50 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Gross revenue (not including \$ of contributions 110,005 reported on line 1) 6a 42,538 Less direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 67,467 6c 7a Gross sales of inventory, less returns and allowances 7a b Less cost of goods sold Ç Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 141,322 10 Grants and similar amounts paid (attach schedule) STMT 2 44,952 10 11 Benefits paid to or for members 11 RECEIVED 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 1,275 13 14 Occupancy, rent, utilities, and maintenance 14 OCT 0 4 2010 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe > SEE STATEMENT 3 80,045 16 126,272 Total expenses. Add lines 10 through 16 17 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 15,050 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 181,927 19 20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4 5,804 20 Net assets or fund balances at end of year Combine lines 18 through 20 202,781 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 (A) Beginning of year (See the instructions for Part II) (B) End of year 202,781 22: Cash, savings, and investments 181,927 22 Land and buildings 23 Other assets (describe 24 Total assets 202,781 181,927 25 26 Total liabilities (describe ი 26 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 181 927 202, 27 781 For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

	OMEN FOR AGRICULTU		-7069261			Page 2
Part III Statement of Progr	ram Service Accomplishmer	nts (See the instruct	ions for Part II	l.)	Ex	penses
What is the organization's primary exempt	purpose?			(Required	for section
SEE STATEMENT 5						and 501(c)(4)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise				1	•	ons and section
manner, describe the services provided, the number of persons benefited, or other relevant information for						trusts, optional
each program title					for others)
	TED INFORMATION AND EDUCATION	OT NO			}	
CITIZENS THROUGHOUT OREGON	ı					
(Grants \$ 44,952)	If this amount includes foreign gran	de abaalchase		28	_	110,665
29	it this amount includes loreigh gran	ns, check here		- 200	* 	110,000
25					1	
(Grants \$	If this amount includes foreign gran	its, check here	•	29	a	
30					1	
				1		
				_		
(Grants \$	If this amount includes foreign gran	its, check here		30a	<u> </u>	
31 Other program services (attach sched					Ì	
	If this amount includes foreign gran	its, check here		31		110 665
32 Total program service expenses (ad Part IV List of Officers, Director				▶ 32		110,665
Pare 14 List of Officers, Director	s, Trustees, and Key Employees. Li	(b) Title and average			nbutions to	Paπ IV) (e) Expense
(a) Name	e and address	hours per week devoted to position	(If not paid, enter -0)		enefit plans & empensation	account and other allowances
CHELLE DAVIS	JEFFERSON	PRESIDENT	enter -0)	deletted co	mpensasun	Other allowances
P.O. BOX 32	OR 97352	5.00	o		اه	o
MARIE BOWERS	HARRISBURG	1ST V. PRES				
31950 BOWERS DRIVE	OR 97446	5.00	0			_ 0
LAUREN OLSON	SALEM	2ND V. PRES				
650 IDYLWOOD DRIVE, SE	OR 97302	5.00	0		0	0
CINDY GILMOUR	ALBANY	TREASURER				
6001 NW GILMOUR LANE	OR 97321	5.00	0		0	0
EUNICE GOODRICH	DAYTON	REC. SECT				
11800 SE AMITY DAYTON HWY	OR 97114	5.00	0		0	0
SHIREEN MALPASS	HARRISBURG	CORRES. SECT				
25108 MALPASS ROAD	OR 97446	2.00	0		- 0	0
						
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Form 990-EZ (2009) OREGON WOMEN FOR AGRICULTURE 23-7069261 Page 3 Other Information (Note the statement requirements in the instructions for Part V.) Yes No Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33 X Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes X 34 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported 35 on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T 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? X 35a 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 X 37a Enter amount of political expenditures, direct or indirect, as described in the instr 37a Did the organization file Form 1120-POL for this year? X 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? X 38a b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 39 Section 501(c)(7) organizations Enter а Initiation fees and capital contributions included on line 9 39a Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 _____, section 4912 🕨 _ , section 4955 🕨 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 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 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 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 X 40e List the states with which a copy of this return is filed **NONE** 42a The organization's books are in care of ▶ CINDY GILMOUR Telephone no 6001 GILMOUR LANE ALBANY, OR Located at 97321 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 Yes No 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. At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c 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 Yes No Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ X 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 Form 990-EZ (2009)

, ´ Form	1 990-EZ (2009) OREGON WOMEN FOR AGRICULTURE	23	3-7069261			Page 4
_	art VI Section 501(c)(3) organizations and section 4947(a			usts only. All s		
, ч	501(c)(3) organizations and section 4947(a)(1) none					b
	and complete the tables for lines 50 and 51.	xompt onamab	o tracto mace	anono quodio		~
 46	Did the organization engage in direct or indirect political campaign activities on	behalf of or in oppo	esition to		Yes	No
+0	candidates for public office? If "Yes," complete Schedule C, Part I	benan or or in oppo	Sition to		46	1.0
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule	C Port II			47	
	Is the organization operating a school as described in section 170(b)(1)(A)(ii)?		chodule E		48	+
48 40a	Did the organization make any transfers to an exempt non-charitable related or		criedale L		49a	+
49a	If "Yes," was the related organization a section 527 organization?	ganization			49b	
b		(ather than afficers	disastara triintaa	o and kay	430	Ь
50	Complete this table for the organization's five highest compensated employees	•		•		
	employees) who each received more than \$100,000 of compensation from the	(b) Title and average	,	(d) Contributions to	(e) Expe	nse
	(a) Name and address of each employee paid more than \$100,000	hours per week	(0, 00,	employee benefit plans &	account a	and
		devoted to position		deferred compensation	other allow	ances
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		<u> </u>	L	<u>. </u>		
f	Total number of other employees paid over \$100,000	▶		_		
	\$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.		Type of service	(6) (ompensation	
	(a) Name and address of cach maspendom contractor paid more trial \$100,000	(6)	Type of service	- (0, 0	unipensation	
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		1				
						
			 			
		į				
d	Total number of other independent contractors each receiving over \$100,000					
ū	Total humber of other independent contractors each receiving over \$100,000		 _			
	Under penalties of perjury, I declare that I have examined this return, including ac	companying schedulo	s and statements, and	t to the best of my know	lodgo	
	and belief it is true sorrect, and complete Declaration of preparer (other than of	ficer) is based on all inf	formation of which pre	parer has any knowled	je je	
Sigr	n Ludy Elhaur		, 91.	20 10		
Her			Date	~ 		
	CINDY GILMOUR	TRE	ASURER			
	Type or print name and title		-			
	Beautiful A	Date	Check if	Preparer's Ident	rfying Number (See instr)
aic	Preparer's signature	00/20	self-		, ,	,
		09/29		- , 		1246
•		OCIATES LI	J.P		6-2957	346
JSE		^		Phone	000	
	address, and ZIP + 4 ALBANY, OR 97321-225	U			<u>-928-3</u>	~
viay	the IRS discuss this return with the preparer shown above? See instructions			<u>></u>	Yes	No
				Fo	rm 990-E Z	Z (2009)

07437 Oregon Women For Agriculture
Federal Statements

FYE: 2/28/2010

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

	Description	 Amount		
${\tt MEMBERSHIP}$	DUES	\$ 10,410		
TOTAL		\$ 10,410		

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01437 Oregon Women For Agriculture 23-7069261 FYE: 2/28/2010

Federal Statements

Statement 2 - Form 990-F7 Part I line 10 - Grants and Similar Amounts Daid to

		<u>Organizations</u>	Organizations	suo			
	Name and Address		Class of Activity				
	Date of Gift	Description of Property	Cash	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
PROGRAM	PROGRAM DUES, GRANTS & ALLOCATIONS	LLOCATIONS					
			44,952				
TOTAL							
			44,952				

\$9437 Oregon Women For Agriculture
Federal Statements

FYE: 2/28/2010

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
PROGRAM SUPPLIES	674
PROGRAM POSTAGE	51
PROGRAM PRINTING & PUBL	1,079
PROGRAM CONFERENCE/CONVEN	62,545
PROGRAM OTHER EXPENSES	1,364
MEETINGS	179
GENERAL SUPPLIES	426
GENERAL TELEPHONE	433
GENERAL POSTAGE	168
GENERAL PRINTING & PUBL	4,646
GENERAL PROMOTIONS	3,861
GENERAL CONFERENCE	16
GENERAL OTHER EXPENSES	4,603
TOTAL	\$ 80,045

Statement 4 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description		Amount
LINN BENTON UNREALIZED G/L ROUNDING ADJUSTMENT	\$	5,808 -4
TOTAL	\$	5,804

04437 Oregon Women For Agriculture
Federal Statements

9/29/2010 10:28 AM

FYE: 2/28/2010

Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

TO PROVIDE AGRICULTURE RELATED INFORMATION AND EDUCATION TO CITIZENS THROUGHOUT OREGON

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the		► File a separate application for each return.				
		comatic 3-Month Extension, complete only Part I and check this box				X
,	•	ditional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form	n)			
•	-	ss you have already been granted an automatic 3-month extension on a previously filed F		88		
Part I		3-Month Extension of Time. Only submit original (no copies needed)				
A corporation Part I only	required to file	Form 990-T and requesting an automatic 6-month extension—check this box and complete	•		•	
•	orations (includ ome tax returns	ng 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an ext s	ension (of		
Electronic Fil	ing (e-file). Ge	nerally, you can electronically file Form 8868 if you want a 3-month automatic extension of	time to	file		
one of the retu	irns noted belo	w (6 months for a corporation required to file Form 990-T). However, you cannot file Form	8868			
electronically i	f (1) you want t	he additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 887	0, grou	ıp		
		nsolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (F	-	f Form		
8868 For mor	e details on the	e electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonp	rofits			
Type or	Name of Exe	mpt Organization	Employ	er identif	ication number	r
print File by the	OREGON	WOMEN FOR AGRICULTURE	23-7	06926	51	
due date for		et, and room or suite no. If a P.O. box, see instructions		0032		
filing your return See	-	ILMOUR LANE				
instructions	City, town or ALBANY	post office, state, and ZIP code. For a foreign address, see instructions OR 97321				
Check type of		iled (file a separate application for each return)				
Form 99	0	Form 990-T (corporation)		F	orm 4720	
Form 99	0-BL	Form 990-T (sec. 401(a) or 408(a) trust)		\vdash	orm 5227	
X Form 99	0-EZ	Form 990-T (trust other than above)		—	orm 6069	
Form 99		Form 1041-A		\vdash	orm 8870	
• The books	are in the care	of ► CINDY GILMOUR				
Telephone	No ▶	FAX No ▶				
 If the orga 	nization does n	ot have an office or place of business in the United States, check this box			•	П
_			f this is		•	_
	roup, check th					
a list with the r	names and EIN	s of all members the extension will cover				
		3-month (6 months for a corporation required to file Form 990-T) extension of time , to file the exempt organization return for the organization named above. The extension is	s			
	rganization's re	turn for				
	calendar year	or				
► X	tax year beginr	ing 03/01/09, and ending 02/28/10				
2 If this ta	year is for les	s than 12 months, check reason 🔲 Initial return 🔲 Final return 🔲 Change in	accoun	iting perio	t	
3a If this ap	plication is for	Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,				
		credits See instructions	3a	\$		
		Form 990-PF or 990-T, enter any refundable credits and estimated tax				
		e any prior year overpayment allowed as a credit	3b	\$		
		line 3b from line 3a Include your payment with this form, or, if required,		1		
		on or, if required, by using EFTPS (Electronic Federal Tax Payment		1		
	See instruction	ns hake an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 887	3c			
for payment in	-	Take an electronic rand withdrawal with this FOITH 6000, See FOITH 6453-EO and FORM 887	7-EU			
For Privacy A	t and Paperw	ork Reduction Act Notice, see Instructions.	_	Forn	n 8868 (Rev 4-2	 2009)