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OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Form **990-EZ**

EXTENSION GRANTED TO 11/15/11

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$200,000 at the pand 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 Inspection

Ā	For t	he 2010 calendar year, or tax year beginning and ending	J G G II		<u></u> !			
В	Check applica	C Name of organization	D Em	ployer id	entification number			
Γ:		ress change	1					
Ē		YAKIMA POMOLOGICAL CLUB	91-0953934					
Ē		Number and street (or P.O. box, if mail is not delivered to street address) Room/suit						
Ē	\neg	P.O. BOX 10878	1 ((509) 539-6502				
Ē	$\overline{}$	City or town, state or country, and ZIP + 4	_	oup Exem				
Ī	_	cation pending YAKIMA, WA 98909-1812		ımber ►	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
G		nting Method: X Cash Accrual Other (specify) ▶			X if the organization is not			
Ī		ite: WWW.POMCLUB.COM			attach Schedule B			
j		xempt status (check only one) — 501(c)(3) X 501(c) (5) ◀(insert no.) 4947(a)(1) or 52	-	•	990-EZ, or 990-PF).			
		If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally in						
		990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization						
		ele return.			.,			
ī		nes 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Pa	rt II.		· · · · · · · · · · · · · · · · · · ·			
		i, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	,	▶ \$	150,144.			
P	art I		truction		1.)			
		Check if the organization used Schedule O to respond to any question in this Part I			X			
_	1	Contributions, gifts, grants, and similar amounts received		1				
	2	Program service revenue including government fees and contracts		2	148,644.			
	3	Membership dues and assessments		3				
	4	Investment income SEE SCHEDULE O		4	1,500.			
	5a							
	Ь			1 1				
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c				
	6	Gaming and fundraising events		 				
0	a							
Revenue		\$15,000) 6a						
eve	Ь	Gross income from fundraising events (not including \$ of contributions		1				
		from fundraising events reported on line 1) (attach Schedule G if the sum of such						
4.2011	1	gross income and contributions exceeds \$15,000) 6b						
,7	C	Less: direct expenses from gaming and fundraising events 6c		1				
4	d			6d				
•	7a	Gross sales of inventory, less returns and allowances 7a						
OCT	Ь			1				
0	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c				
Ω	8	Other revenue (describe in Schedule O)		8				
NED 	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	150,144.			
Ź	10	Grants and similar amounts paid (list in Schedule 0). SEE SCHEDULE O		10	4,842.			
Ķ	11	Benefits paid to or for members RÉCEIVED		11				
ည္တ	12			12				
) sus	13	Professional fees and other payments togridependent contractors		13	808.			
SCANI Expenses	14	Salaries, other compensation, and employer benefits Professional fees and other payments togradependent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipting		14	·			
ш	15	Printing, publications, postage, and shipping		15	68.			
	16	Other expenses (describe in Schedule) OGDEN, UT SEE SCHEDULE O		16	29,458.			
_	17	Total expenses. And lines 10 through 40	>	17	35,176.			
s)	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	114,968.			
set	19	Net assets or fund balances at beginning of year (from line 27, column (A))						
As		(must agree with end-of-year figure reported on prior year's return)		19	100,625.			
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule 0)		20	0.			
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20	<u> </u>	21	215,593.			
LH	IA Fo	r Paperwork Reduction Act Notice, see the separate instructions.			Form 990-EZ (2010)			

032171 02-02-11

Pa	rt II	Balance Sheets. (see the instructions for Part II.)			_		
		Check if the organization used Schedule O to respond to any question	ın this Part II				
				(A) Beginning of year	$oldsymbol{\perp}$		nd of year
22	-	savings, and investments	_	100,625.	_		215,593.
23		and buildings	<u> </u>		23		
24 25		assets (describe in Schedule 0) assets	-	100,625.	24		215,593.
26		liabilities (describe in Schedule 0)	-	0.	26		0.
27		ssets or fund balances (line 27 of column (B) must agree with line 21)	-	100,625		-	215,593.
	rt III		nts (see the instructions		1		kpenses
L		Check if the organization used Schedule O to respond to any question	n in this Part III		X		for section
What	t is the c	rganization's primary exempt purpose?SEE BELOW					and 501(c)(4) ons and section
		hat was achieved in carrying out the organization's exempt pui			ө	4947(a)(1 for others) trusts; optional
		s provided, the number of persons benefited, and other relevan				IOI OTHERS	•,,
		CICULTURAL EXPOSITION - EDUCATE					
		JSTRY MEMBERS AS TO THE LATEST BEING USED IN THE TREE FRUIT I		ROCEDORES,			
	Grants				_	28a	
		\$) If this amount includes foreign s PHLY LECTURES THAT RELATE TO CRO		N ARE HELD		204	
_		CLUB MEMBERS AND GUESTS.	or recoposito	11112 11222	—		
•			· · · · · · ·				
i	(Grants	\$) If this amount includes foreign	grants, check here	•		29a	
30	SEE	SCHEDULE O					
	Grants		grants, check here	<u> </u>		30a	
		program services (describe in Schedule O)		_ 1]	
	Grants	\$\text{) If this amount includes foreign or orgram service expenses (add lines 28a through 31a)}	grants, check here	<u> </u>		31a 32	
	rt IV	List of Officers, Directors, Trustees, and Key E	Employees. List each o	one even if not compensated (s	ee the		or Part IV)
		Check if the organization used Schedule O to respond to any question	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
			(b) Title and average ho	urs (c) Compensation		Contributions	(e) Expense
		(a) Name and address	per week devoted to	1,	ber	employee nefit plans &	account and
			position	-0)		deferred mpensation	other allowances
		ALLAN	PRESIDENT				
		X 10878, YAKIMA, WA 98909	2.00	0.		0.	0.
		BENSON 10878, YAKIMA, WA 98909	VICE PRESID			0	_
		X 10878, YAKIMA, WA 98909 DOORNINK	2.00 TREASURER	0.		0.	0.
		X 10878, YAKIMA, WA 98909	2.00	0.		0.	0.
		I DUNN	SECRETARY	 ''			
		X 10878, YAKIMA, WA 98909	2.00	0.		0.	0.
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40411	-						990-F7 (2010

_	Check if the organization used Schedule 0 to respond to any question in this Part V.			X		
•	D. I de la constant d		Yes	No		
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X		
34						
U 7	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	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	1		\vdash		
	reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.	1				
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or					
	501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	Х			
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		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		
	Enter amount of political expenditures, direct or indirect, as described in the instructions.	<u>.</u>				
	Did the organization file Form 1120-POL for this year?	37b	<u> </u>	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 tax year covered by this return?	38a	<u> </u>	X		
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	-		1		
39	Section 501(c)(7) organizations. Enter:			1		
	Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities 39b N/A	4				
δ An a	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:	4				
40 a	section 4911 N/A ; section 4912 N/A ; section 4955 N/A					
ь	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the	Į.	l	ł		
•	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?			ļ		
	If "Yes," complete Schedule L, Part I	40ь	N/	A		
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			\vdash		
	or disqualified persons during the year under sections 4912, 4955, and 4958	Ì				
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the					
	organization N/A	1	1	1		
е	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. WA		100			
42 a	The organization's books are in care of ► PHIL DOORNINK Telephone no. ► 509-90					
	Located at ► PO BOX 10878, YAKIMA, WA ZIP+4 ►	1890	9			
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority		<u></u>	Tala		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	Yes	No X		
	account)? If "Yes," enter the name of the foreign country:	420		 ^		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1				
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	N/A				
			Yes	No		
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of					
	Form 990-EZ	44a	i '	\mathbf{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		Х		
C	Did the organization receive any payments for indoor tanning services during the year?	44c		Х		
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation					
_	ın Schedule O	44d		<u> </u>		
		Form 9	90-EZ	(2010)		

orm	1 990-EZ (2	010) YAKI	MA P	OMOLOG	CAL	CLUB				91-095	53934	. 1	Page 4
								-				Yes	No
45	Is any rela	ited organization a co	ntrolled e	entity of the or	ganızatı	on within the	meaning of sect	ion 512(b)	(13)?		45		X
a		ganization receive any								n 512(b)(13)?	,		
	If "Yes," Fo	orm 990 and Schedul	e R may n	need to be com	ipleted in	stead of Form	990-EZ				45a	L	X
46	Did the or	ganızatıon engage, dı	rectly or ii	indirectly, in po	litical car	mpaign activitie	s on behalf of or I	n opposition	to candidates for p	ublic office?			
		omplete Schedule C, F	Part I						_		46		X
Pa	rt VI	Section 501(c)	(3) orga	anizations	s and	section 49	47(a)(1) none	exempt •	charitable tru	sts only.	All sectio	n 501(c)(3)
	(organizations and sec	tion 4947	7(a)(1) nonexe	mpt char	ıtable trusts mu	ıst answer questio	ns 47-49b a	ind 52, and complet	e the tables fo	or lines 50	and 51	
	(Check if the organizati	on used S	Schedule O to	respond t	to any question	in this Part VI						
												Yes	No
47		ganization engage in l				•					47		
48		anization a school as					•	dule E			48	<u> </u>	
		ganization make any t		· ·			ganization?				49a	لبل	
b		as the related organiz		_							49b		
50		this table for the orga						rs, directors	, trustees and key e	mployees) wh	io each re	ceived r	nore
	than \$100	,000 of compensation	n from the	e organization.	If there is	s none, enter "i				1 735	- 1		
							(b) Title and aver		(c) Compensation	(d) Contributo employ		e) Expe	
		(a) Name and addres	ss of each an \$100,0				per week dev positioi			benefit plan	s& 0	ccount er allow	
			an φ100,0	000 N/A	3		poomo			compensat			411000
										ļ			
										 			
							· · · · · · · · · · · · · · · · · · ·			 	-		
-	Total num	ber of other employe	es naid o	ver \$100 000						<u>.</u>			
51		this table for the orga			omnensa	ited indenender	nt contractors who	each receiv	ed more than \$100	000 of comp	ensation :	rom the	1
• •		on. If there is none, e				noa maoponao	in contractors with	, 00011 100011	roa more man proc	,000 01 00111p	0113411011	10111 1110	•
	Organizati	(a) Name and addre				or paid more th	an \$100 000		(b) Type of sei	rvice	(c) Cor	npensat	ınn
		(a) Hambana and addition	00 01 000		00.11.401.	or para more an	un u 100,000		(2) 1) po oi ooi	-	(0) 00.	- poriout	
		-											
		-											
	= "						-						
													-
d	Total num	ber of other independ	lent contr	ractors each re	ceiving o	ver \$100,000							
52	Did the or	ganization complete S	Schedule /	A? Note: All se	ection 50°	1(c)(3) organiz	ations and 4947(a)(1) nonexe	mpt				
	charitable	trusts must attach a	completed	d Schedule A						<u> </u>	·	es	No
		noer penalties of perjury, rrect, and complete Deci	aration of p	preparer (other th	an officer) :	s based on all info	ormation of which pre	parer has any	knowledge	y knowledge an	a beller, it i	s vue,	
Sig	ın 📗	Signature of officer											
He		Signature of Officer		1 11					-	Date		-	
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		Firm's address				77 2664			Phone no	. 509-	-248-	175	U
11-	45 - 100 -1					07-2650	-				₩	r	-T:-
J321	74	cuss this return with	ine prepa	irer snown abo	ve / 5ee	instructions					X Y		<u>No</u>
03-04	4-11										Form	990-EZ	(2010)

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

• s	ection 501(c)(4), (5), or (6) organiza	tions: Complete Part III			
Name	of organization			Empl	loyer identification number
	YAKIMA	POMOLOGICAL CLU	В		91-0953934
Par	t I-A Complete if the org	ganization is exempt un	der section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organia Political expenditures Volunteer hours	zation's direct and indirect polit	ical campaign activities	ın Part IV. ►\$	
Par	t I-B Complete if the org	ganization is exempt un	der section 501(c	(3).	
1 (Enter the amount of any excise tax	incurred by the organization un	nder section 4955	▶ \$	
2	Enter the amount of any excise tax	incurred by organization mana	gers under section 495	5 ▶\$	
3 I	f the organization incurred a section	n 4955 tax, did it file Form 472	0 for this year?		Yes No
4a \	Was a correction made?				└─ Yes └─ No
	f "Yes," describe in Part IV		dan and an EOS(a)		6V0V
		ganization is exempt un			
	Enter the amount directly expende				
	Enter the amount of the filing organ	nization's funds contributed to d	other organizations for s	section 527	
	exempt function activities	Add lines 1 and 2 Enter here	and an Farm 1100 DOI	> 5	·
	Total exempt function expenditures ine 17b	s. Add lines 1 and 2. Enter here	and on Form 1120-POL	-, ▶ ¢	
	Did the filing organization file Form	1120-POI for this year?		•	Yes No
5 I	Enter the names, addresses and en made payments. For each organiza contributions received that were problitical action committee (PAC). If	mployer identification number (I tion listed, enter the amount pa omptly and directly delivered to	aid from the filing organ o a separate political org	ization's funds. Also enter th ganization, such as a separa	ch the filing organization ne amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
For P	aperwork Reduction Act Notice,	see the Instructions for Form	990 or 990-EZ.	Schedule C	(Form 990 or 990-EZ) 2010

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Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 Y	AKIMA POM	OLOGICAL CI	UB n 501(c)(3) and file	91-0 ed Form 5768	0953934 Page 2
(election under section	on 501(h)).				
A Check ► if the filing organization	n belongs to an aff	iliated group	·		
B Check 🕨 🔲 if the filing organization	n checked box A a	nd "limited control" pre	ovisions apply.		<u>.</u>
Limits of (The term "expenditu	on Lobbying Expe ires" means amo)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influen	ce public opinion i	(grass roots lobbying)			
b Total lobbying expenditures to influen	ce a legislative bo	dy (direct lobbying)	Ţ		
c Total lobbying expenditures (add lines	s 1a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (a	add lines 1c and 1	d)			
f Lobbying nontaxable amount Enter t	he amount from th	e following table in bot	th columns.		
If the amount on line 1e, column (a) or (t) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000,0	00 \$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,500	000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000		
Over \$1,500,000 but not over \$17,000	0,000 \$225,00	00 plus 5% of the exce		ļ	
Over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (enter	25% of line 1f)				
h Subtract line 1g from line 1a. If zero o	r less, enter -0-				
i Subtract line 1f from line 1c. If zero or	less, enter -0-		Ł		
J If there is an amount other than zero	on either line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this yea	ar?				Yes No
	ons that made a s		Section 501(h) n do not have to comp es 2a through 2f on pa		
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))	_				
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
& Granevasta lobbyung ovnenditurea					

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 YAKIMA POMOLOGICAL CLUB 91-0953934 Page 3 [Part II-B] Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)		
		Yes	No	Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state or		_			
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:					
	Volunteers?	\vdash				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	<u> </u>				
	Media advertisements?					
	Mailings to members, legislators, or the public?	<u> </u>				
	Publications, or published or broadcast statements?	\vdash				
	Grants to other organizations for lobbying purposes?	\vdash				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	\vdash				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<u> </u>	-	-		
	Other activities? If "Yes," describe in Part IV	-				
J	Total. Add lines 1c through 1:					
2a	3	-				
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	 				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4),	on 501(c)	(5) or se	ction		
. u.	501(c)(6).		, o, oi oc			
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1	77	X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	X	37	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year? t III-B Complete if the organization is exempt under section 501(c)(4), section 501(F04/aV	3		X	
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes."		• • •			
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal				
	expenses for which the section 527(f) tax was paid).					
	Current year		2a			
	Carryover from last year		2b			
C	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	oolitical				
_	expenditure next year?		4			
5 Par	Taxable amount of lobbying and political expenditures (see instructions) t IV Supplemental Information		5			
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a	ad Doet II D	luna 1. Alas	- aammiata	this mort	
	nete this part to provide the descriptions required for Part 1-A, line 1; Part 1-B, line 4; Part 1-C, line 5; and additional information.	io Part II-B,	line II. Also	, complete	tnis part	
					·	

Schedule C (Form 990 or 990-EZ) 2010

SCHEDULE O (Form 990 or 990-EZ)

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.

2010
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 91-0953934 YAKIMA POMOLOGICAL CLUB FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME: DESCRIPTION OF PROPERTY: AMOUNT: 1,500. KEY BANK FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS: ACTIVITY CLASSIFICATION: EDUCATIONAL SCHOLARSHIPS GRANTEE NAME: WASHINGTON APPLE EDUCATION FDN. GRANTEE ADDRESS: 2900 EUCLID AVE. WENATCHEE, WA 98807 GRANTEE RELATIONSHIP: NONE DATE OF GIFT: 99/99/99 4,842. AMOUNT GIVEN: FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: HORTICULTURE EXPO/SHOWS 21,786. 6,440. CONFERENCES, CONVENTIONS, AND MEETINGS 350. BANK CHARGES 882. OFFICE EXPENSE TOTAL TO FORM 990-EZ, LINE 16 29,458. FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS: THE POMOLOGICAL CLUB HELPS FUND RESEARCH AND TRAVEL WITHIN THE INDUSTRY, WITH THE EXPECTATION THAT KNOWLEDGE GAINED BY THE RECIPIENTS WILL BE SHARED WITH THE INDUSTRY, USUALLY IN THE FORM OF A LECTURE OR REPORT.

032211 01-24-11

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

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.

2010 Open to Public Inspection

Name of the organization YAKIMA POMOLOGICAL CLUB	Employer identification number 91-0953934								
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF	'IT 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 PREMI	THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,								
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.									
	<u> </u>								