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Form **990-EZ**

Department of the Treasury Internal Revenue Service

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 (see instructions) 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.

OMB No 1545-1150

2010

Open to Public Inspection

A	For the	e 2010 calendar year, or tax year beginning , 2010, and ending				, 20				
В	Check if a	pplicable. C Name of organization	D Emp	Employer identification number						
	Address o	hange CLARK COUNTY DAIRY WOMEN				91-1360082				
Ц	Name cha	Number and street (or P O box, if mail is not delivered to street address)	Number and street (or P O box, if mail is not delivered to street address) Room/suite							
닏	Initial retu	ZUJ UKCA KUAD			360-225-7243					
片	Terminate Amended	■ City or town, state or country, and ZIP + 4				F Group Exemption				
H		on pending WOODLAND, WA 98674			nber I	•				
<u></u>		ting Method: ☐ Cash ☐ Accrual Other (specify) ►		_	heck if the organization is not					
	Websit					ach Schedule B				
) or 1527							
J Tax-exempt status (check only one) — ✓ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (Form 990, 990-EZ, or status) If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than status.										
		If the organization is not a section 509(a)(3) supporting organization and its g 90-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be re								
		return, be sure to file a complete return.	quired (See ilis	uucuons).	Dut II ti	ie organization chooses				
		s 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or mo	or if total ac	eate (Part II						
		lumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ				88254.				
_					<u>▶</u> \$					
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Bala Check if the organization used Schedule O to respond to any question	inces (see i	ne instru	ctions	s for Part I.)				
_	T .				$\overline{}$	· · · · · <u> </u>				
	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					
	4	Investment income			4	112.				
	5a	<u></u>	5a							
	b		5b]]					
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b fro	m line 5a) .		5c					
	6	Gaming and fundraising events								
•	a	- J J J J J J J J J J J J J J J J J J J								
Revenue			Sa							
Ze Ze	b	Gross income from fundraising events (not including \$	of contribut	ions]					
æ		from fundraising events reported on line 1) (attach Schedule G if the	_							
		sum of such gross income and contributions exceeds \$15,000) 6	ib		l					
	c		ic		1					
	d	Net income or (loss) from gaming and fundraising events (add lines 6a	subtract							
		line 6c)			6d					
	7a	Gross sales of inventory, less returns and allowances	7a	88142.						
	b	Less: cost of goods sold	'b	54136.	1					
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	34005.				
	8	Other revenue (describe in Schedule O)			8					
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	34117.				
_	10	Grants and similar amounts paid (list in Schedule O)			10	13983.				
	11	Benefits paid to or for members			11					
Expenses	12	Salaries, other compensation, and employee benefits								
	13	Professional fees and other payments to independent contractors								
	14	Occupancy, rent, utilities, and maintenance	ncy, rent, utilities, and maintenance							
	15	Printing, publications, postage, and shipping	tions, postage, and shipping			7510. 336.				
	16	Other expenses (describe in Schedule O)				1802.				
	17	ther expenses (describe in Schedule O) otal expenses. Add lines 10 through 16 xcess or (deficit) for the year (Subtract line 17 from line 9)			16 17	23631.				
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	'	• • •	18	10486.				
	19	Net assets of fund balances at beginning of year (from line 27, column -	(Δ)) (muet an	roo with	┌╌	10-100.				
		end-of-year figure reported on prior year's return)		4	19	95651.				
et/	20	Other changes in net assets or fund balances (explain in Schedule O)			20	33031.				
ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20			21	106137.				
		on the state of the stat		–		10013/.				

۲a	rt II Balance Sheets. (see the instruction	s for Part II.)				
	Check if the organization used Schedul	e O to respond to any que	stion in this	S Part II		<u> </u>
	•			(A) Beginning of year	L	(B) End of year
22	Cash, savings, and investments			63023	22	56754
23	Land and buildings				23	
24	Other assets (describe in Schedule O)			32628	24	49383
25	Total assets			95651	25	106137
26	Total liabilities (describe in Schedule O) .				26	
27	Net assets or fund balances (line 27 of colum			95651	27	106137
Par						Expenses
	Check if the organization used Schedul	e O to respond to any que	stion in this	s Part III 📋		quired for section
Wha	t is the organization's primary exempt purpose?					(c)(3) and 501(c)(4) anizations and section
	ribe what was achieved in carrying out the organization				494	7(a)(1) trusts; optional
the s	ervices provided, the number of persons benefited, and			n title.		others.)
28	Public education on dairy nutrition at fairs, farms,	grade schools and dairy princ	esses			
	(Grants \$) If this amour	t includes foreign grants, ch	neck here .	<u> </u>	28 a	13983.
29	To promote dairy sales by sales of milkshakes at lo	ocal functions and fairs				1
					ŀ	
	(Grants \$) If this amour	t includes foreign grants, ch	neck here .	▶ 🗆	29a	54136.
30						
						Ì
		t includes foreign grants, ch	neck here .	▶ 🗆	30a	1
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amoun	t includes foreign grants, ch	eck here .	▶ 🗆	31a	
	Total program service expenses (add lines 28a				32	68119.
Par	t IV List of Officers, Directors, Trustees, and Ko	ey Employees. List each one e	even if not co	mpensated. (see the	nstru	ctions for Part IV.)
	Check if the organization used Schedul	e O to respond to any que	stion in this	s Part IV		\square
	(a) Name and address	(b) Title and average hours per week	(c) Comper			(e) Expense
		(b) Title and average hours per week devoted to position	(c) Comper (If not p enter -	aid, employee benefit	plans &	account and
Lori	(a) Name and address Johnson 15637 NE 15th Place	hours per week devoted to position	(If not p	aid, employee benefit	plans &	account and
Vano	Johnson 15637 NE 15th Place couver, WA 98686	hours per week	(If not p	aid, employee benefit	plans &	account and
Vano	Johnson 15637 NE 15th Place couver, WA 98686 cy Meats 6010 NW 304th Street	hours per week devoted to position President	(If not p	aid, employee benefit	plans &	account and
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Vano Beck Ridg Mari	Johnson 15637 NE 15th Place couver, WA 98686 ky Meats 6010 NW 304th Street pefield, WA 98642 Hodges 209 Orca Road	hours per week devoted to position President Vice President	(If not p	aid, employee benefit	plans &	account and
Vanc Beck Ridg Mari Woo	Johnson 15637 NE 15th Place couver, WA 98686 ky Meats 6010 NW 304th Street gefield, WA 98642 Hodges 209 Orca Road dland, WA 98674	hours per week devoted to position President	(If not p	aid, employee benefit	plans &	account and
Vano Beck Ridg Mari Woo	Johnson 15637 NE 15th Place couver, WA 98686 cy Meats 6010 NW 304th Street pefield, WA 98642 Hodges 209 Orca Road dland, WA 98674 i Morris 14205 NW 71st Street	hours per week devoted to position President Vice President Treasurer	(If not p	aid, employee benefit	plans &	account and
Vano Beck Ridg Mari Woo Tami	Johnson 15637 NE 15th Place couver, WA 98686 ky Meats 6010 NW 304th Street gefield, WA 98642 Hodges 209 Orca Road dland, WA 98674	hours per week devoted to position President Vice President	(If not p	aid, employee benefit	plans &	account and
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	Check if the organization used Schedule O to respond to any question in this Part V			. 🗆		
			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		✓		
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)					
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.	34				
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		✓		
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b	 	1		
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					
b	Did the organization file Form 1120-POL for this year?	37ь		✓		
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		1		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b					
39	Section 501(c)(7) organizations. Enter:	1				
а	Initiation fees and capital contributions included on line 9					
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	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		1		
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	700				
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization					
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		/		
41	List the states with which a copy of this return is filed. ▶					
42a	The organization's books are in care of ► Located at ► Telephone no. ► ZIP + 4 ►					
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.					
С	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		✓		
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		
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		1		
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	\vdash	Ţ		
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		1		

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Form 99	0-EZ (20	010)							Page 4
						<u> </u>		Yes	No
45	, ,	related organization a controlled entity	_		•	, ,, ,	45	L	✓
а		ne organization receive any payment froi ing of section 512(b)(13)? If "Yes," For						Ì	Ì
		990-EZ (see instructions)	m 990 and Schedule R ma	ay need	to be comp	leted instead of	AEn		,
46		ne organization engage, directly or indire	• • • • • • • • • • • • • • • • • • • •	ctivities	on behalf of	or in apposition	45a		-
70		indidates for public office? If "Yes," con					46		1
Part	_	Section 501(c)(3) organizations ar						tion	
		501(c)(3) organizations and section	4947(a)(1) nonexempt cha	aritable	trusts must	answer question	ons 4	7–49	b
		and 52, and complete the tables for							
		Check if the organization used Sched	ule O to respond to any qu	estion i	n this Part V	<u> </u>			<u>. </u>
								Yes	No
47		ne organization engage in lobbying activ	•				47		V
48		organization a school as described in se				t	48		1
49a b		ne organization make any transfers to ar s," was the related organization a section	•	•	inization?.		49a 49b		1
50		blete this table for the organization's five						es an	nd kev
		oyees) who each received more than \$1							
			(b) Title and average		compensation	(d) Contributions to	(e	Exper	nse
	(a) Na	me and address of each employee paid more than \$100,000	hours per week devoted to position	1		employee benefit plans & deferred compensation		count a r allowa	
								·	
							ļ		
							ļ		
							-		
						· · · · · · · · · · · · · · · · · · ·	-	····	
							ļ		
f	Total	number of other employees paid over \$	100,000 ▶				•		
51		olete this table for the organization's fi		depende	ent contracto	ors who each rec	eived	more	e thar
		,000 of compensation from the organiza		"None."					
		(a) Name and address of each independent contra	ctor paid more than \$100,000		(b) Typ	e of service	(c) Co	mpens	ation
			 						
									
					 				
d		number of other independent contractor	•	-	.▶				
52		ne organization complete Schedule A?		-			7		NI -
		xempt charitable trusts must attach a co					<u></u> Yes		No
		of perjury, I declare that I have examined this retur d complete. Declaration of preparer (other than offi					dge an	d belie	f, it is
		1.1		· · · · · ·		 			
٥.		Mary Hodo.			1	3/8/11			
Sign		Signature of officer				Date			
Here		Mari Hodges Treasurer							
		Type or print name and title							
Paid		Print/Type preparer's name	reparer's signature		Date	Check I if	PTIN		
Prep	arer				L	self-employed			
Use		Firm's name ▶				īrm's EIN ▶			

Firm's address ►

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

► ☐ Yes ☐ No

Phone no