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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 2010 calendar year, or tax year beginning 03/01/10 , and ending 02/28/11

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
OREGON WOMEN FOR AGRICULTURE

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
6001 GILMOUR LANE

City or town, state or country, and ZIP + 4
ALBANY OR 97321

D Employer identification number
23-7069261

E Telephone number
541-928-2507

F Group Exemption Number ▶

G Accounting Method [X] Cash [ ] Accrual Other (specify) ▶

H Check ▶ [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ WWW.OWAONLINE.ORG

J Tax-exempt status (check only one) — [ ] 501(c)(3) [X] 501(c) (5) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check ▶ [ ] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than $50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

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, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 145,455

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 [X]

Revenue	1	Contributions, gifts, grants, and similar amounts received			1 13,424
	2	Program service revenue including government fees and contracts			2 22,334
	3	Membership dues and assessments SEE STATEMENT			3 10,085
	4	Investment income			4 3,582
	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 $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	96,030	
	c	Less direct expenses from gaming and fundraising events	6c	40,187	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d 55,843
	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
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶			9 105,268
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10 51,466
	11	Benefits paid to or for members			11
	12	Salaries, other compensation, and employee benefits			12
	13	Professional fees and other payments to independent contractors			13
	14	Occupancy, rent, utilities, and maintenance			14
	15	Printing, publications, postage, and shipping			15
	16	Other expenses (describe in Schedule O)			16 40,849
	17	**Total expenses.** Add lines 10 through 16 ▶			17 92,315
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18 12,953
	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)			19 202,781
	20	Other changes in net assets or fund balances (explain in Schedule O)			20 901
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶			21 216,635

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	202,781	22	216,635
23	Land and buildings	0	23	
24	Other assets (describe in Schedule O)	0	24	
25	**Total assets**	202,781	25	216,635
26	**Total liabilities** (describe in Schedule O)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	202,781	27	216,635

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 ☒

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others)

What is the organization's primary exempt purpose?
SEE SCHEDULE O

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

28 PROVIDED AGRICULTURE RELATED INFORMATION AND EDUCATION TO CITIZENS THROUGHOUT OREGON

(Grants $ 51,466) If this amount includes foreign grants, check here ▶ ☐ 28a 84,039

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (describe in Schedule O)
(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 84,039

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 address		(a) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
CHELLE DAVIS	JEFFERSON	PRESIDENT			
P.O. BOX 32	OR 97352	5.00	0	0	0
MARIE BOWERS	HARRISBURG	1ST V. PRES			
31950 BOWERS DRIVE	OR 97446	5.00	0	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

Part V Other Information (Note the statement requirements in the instructions for Part V.)
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		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attached 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
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			
a	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		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?	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	36		X
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?	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			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ , section 4912 ▶ _____ ; section 4955 ▶ _____			
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		
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 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
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. ▶ NONE

42a The organization's books are in care of ▶ CINDY GILMOUR Telephone no. ▶ 541-928-2507

6001 GILMOUR LANE

Located at ▶ ALBANY OR ZIP + 4 ▶ 97321

			Yes	No
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

			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		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		

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.

OMB No 1545-0047
2010
Open to Public Inspection

Name of the organization
OREGON WOMEN FOR AGRICULTURE

Employer identification number
23-7069261

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

DESCRIPTION		AMOUNT
EXPENSES		
PROGRAM TRAVEL	$	1,000
PROGRAM SUPPLIES	$	5,761
PROGRAM POSTAGE	$	38
PROGRAM PRINTING & PUBL	$	8,696
PROGRAM CONFERENCE/CONVEN	$	8,453
PROGRAM OTHER EXPENSES	$	8,625
MEETINGS	$	332
GENERAL SUPPLIES	$	313
GENERAL TELEPHONE	$	435
GENERAL POSTAGE	$	36
GENERAL PRINTING & PUBL	$	44
GENERAL PROMOTIONS	$	275
GENERAL CONFERENCE	$	1,552
GENERAL OTHER EXPENSES	$	4,014
GENERAL - ACCOUNTING	$	1,275
TOTAL	$	40,849

FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES

DESCRIPTION		AMOUNT
UNREALIZED GAINS OR LOSSES	$	899
ROUNDING ADJUSTMENT	$	2

Name of the organization: OREGON WOMEN FOR AGRICULTURE

Employer identification number: 23-7069261

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

TO EDUCATE THE MEMBERSHIP AND THE PUBLIC ABOUT THE IMPORTANCE OF AGRICULTURE TO THE ECONOMY AND TO THE ENVIRONMENT, TO UNITE ALL PHASES OF OREGON AGRICULTURE, TO IMPROVE THE IMAGE OF AGRICULTURE, TO SEE THAT AGRICULTURAL INTERESTS ARE HEARD AND DEALT WITH FAIRLY, TO SUPPORT AND ENCOURAGE RESEARCH THAT WILL BENEFIT AGRICULTURE.

Form **990**

Special Events Schedule

For calendar year 2010, or tax year beginning 03/01/10 , and ending 02/28/11

2010

Name

OREGON WOMEN FOR AGRICULTURE

Employer Identification Number

23-7069261

	(A)	(B)	(C)	Others	Total
Gross receipts	96,030	0	0	0	96,030
Less contributions	0	0	0	0	0
Gross revenue	96,030	0	0	0	96,030
Less direct expenses	40,187	0	0	0	40,187
Net income (loss)	55,843	0	0	0	55,843

Description (A) **AUCTION**

(B)

(C)

Others

Form **8868** (Rev January 2011)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print File by the due date for filing your return See instructions	Name of exempt organization	Employer identification number
	OREGON WOMEN FOR AGRICULTURE	23-7069261
	Number, street, and room or suite no If a P O box, see instructions 6001 GILMOUR LANE	
	City, town or post office, state, and ZIP code For a foreign address, see instructions ALBANY OR 97321	

Enter the Return code for the return that this application is for (file a separate application for each return) 03

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

CINDY GILMOUR
6001 GILMOUR LANE

- The books are in the care of ▶ ALBANY OR 97321
  Telephone No ▶ 541-928-2507 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)_____ If this is for the whole group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 10/15/11 , to file the exempt organization return for the organization named above The extension is for the organization's return for
▶ [ ] calendar year or
▶ [X] tax year beginning 03/01/10 , and ending 02/28/11

2 If this tax year entered in line 1 is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	$
c	**Balance due.** Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions