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SCANNED APR 1 7 2012

Form **990-EZ**

OMB No 1545-1150

Open to Public Inspection

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 frust or private foundation)
Sponsoring organizations of dohor 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 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. Department of the Treasury Internal Revenue Service

		le 2011 calendar year, or tax year beginning		and en	aing					
В (Check if applicat	C Name of organization				D Emplo	yer ide	ntification number		
	Addr	Address change								
	Nam	ame change YAKIMA POMOLOGICAL CLUB					91-0953934			
	Initia	Number and street (or P O. box, if mail is not delivered to street addr	ress)		Room/suite	E Telepi				
	Term	nated P.O. BOX 10878				(5	09)	539-6502		
	Amei	City or town, state or country, and ZIP + 4			,	F Group	Exemp	otion		
	Applic	abon pending YAKIMA, WA 98909-1812				Numb	er ►			
G		nting Method: X Cash Accrual Other (specify)				H Check		X if the organization is not		
1	Websi	te: WWW.POMCLUB.COM				requir	ed to at	ttach Schedule B		
J	Tax-ex	tempt status (check only one) — 501(c)(3) X 501(c) (5) ◀(inse	ert no)	4947(a)(1)	or 527	(Form	ı 990, 9	90-EZ, or 990-PF)		
K	Check	If the organization is not a section 509(a)(3) supporting organization of	or a section	527 organiza	ition and its g	ross rece	ipts are	normally not more than		
:	\$50,00	0. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-pos	stcard) may	be required	(see instructio	ons). But	if the or	rganization chooses to file		
	a retur	n, be sure to file a complete return.								
L	Add Iin	es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$20	00,000 or m	nore, or if tota	l assets (Part	II,				
	line 25	, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-E	Z		•	>	- \$	2,440.		
	art I	Revenue, Expenses, and Changes in Net Assets or		Balances	(see the instri	actions fo	r Part i)		
_		Check if the organization used Schedule 0 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			
	3	Membership dues and assessments					3			
	4	Investment income	SEE	SCHED	ULE O		4	13.		
	5a	Gross amount from sale of assets other than inventory	1	5a		3	۲,			
	b	Less, cost or other basis and sales expenses	_	5b		\neg				
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from lii					5c			
	6	Gaming and fundraising events		-	,					
	1 -	Gross income from gaming (attach Schedule G if greater than				1.				
ρ	"	\$15,000)	1.	6a		,				
Revenue	١,	Gross income from fundraising events (not including \$	<u> </u>	f contribution		—— <u>}</u> :				
æ	"	from fundraising events reported on line 1) (attach Schedule G if the sum of su		i continuation	3		5 607			
		gross income and contributions exceeds \$15,000)		6b						
	١.	Less, direct expenses from gaming and fundraising events		6c						
	1	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b					6d			
	•	Gross sales of inventory, less returns and allowances	1	1						
	1 .	Less cost of goods sold	ļ	7a 7b		 `;				
	b	<u> </u>		/ 0			7c			
	"	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	SEE	SCHED	TILE O	⊢	8	2,427.		
	8	Other revenue (describe in Schedule 0)	200	SCILED	ODE O	_	9	2,440.		
_	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	ব্ৰৱ	SCHED	ULE O		10	3,924.		
	10	Grants and similar amounts paid (list in Schedule 0)	966	BCHED	OHE O	⊢		3,344.		
	11	Benefits paid to or for members				⊢	11			
Expenses	12	Salaries, other compensation, and employee benefits						2,100.		
Ë	13	Professional fees and other payments to independent contractors				_ ⊢	13	2,100.		
X	14	Occupancy, rent with the same mance				⊢	14	134.		
_	15	Printing publications, postage, and shipping	ann	COHED	TT 12 (A	<u> </u>	15			
	16	Other expenses (describe in Schedule 0)	SEE	SCHED	OPE O	—	16	101,897.		
_	17	Total expenses. Aud fine 118 th 200 16 16					17	108,055.		
2	18	Excess or (deficit) for the year (Subtract line P) from line 9)				L	18	<105,615.		
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))						/015 500		
Ä		(must agree with end-of-year-figure-reported on prior year's return)				L	19	215,593.		
S	20	Other changes in net assets or fund balances (explain in Schedule O)				-	20	0.		
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20				<u> </u>	21	109,978.		
LH.	A Fo	Paperwork Reduction Act Notice, see the separate instructions.						Form 990-EZ (2011)		

132171 01-05-12

2

Form **990-EZ** (2011)

01-05-12

X

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				Yes	No	
34 Were any significant changes made to the organization cannot the regimentation of the regimentation and regimentation are uncleased business gross income of \$1,000 or more during the year from business activates (such as those reported on inter 2, 8s, and 72, among others)? b If vest, in the SSA, has the organization of the 3 Form 990-T for the year? If 'No; provide an explanation in Schedule 0 c Was the organization and section \$10(2(4), 501(2(5)), or 501(2(6)) organization subject to section \$503(e) notice, reporting, and proxy tax requirements drain the year? If 'Nes,' complete schedule Part of the regimentation undergo a fequation, dissolution, termination, or significant disposition of net assets during the year? If 'Nes,' and the organization of protein section proteins and structures of the organization of proteins and structures of the organization of proteins and structures. 3	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each				
about the contraction have unrelated bearess gress income of \$1,000 or more during the year form business activities (such as those reported to inches 2, 58, and 78, zerong pthersy)? If Yes, 10 fire 53, to fire 53, has the organization field a Form 990-T for the year? If Yeo,* provide an explanation in Schedule 0 Was the organization a section of \$10,(91, 591(c),65, 591(c),65) or 501(c),65) or 501(c),65		activity in Schedule O				
35 a Diff the organization have surrelated 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)? 8 If I'ves, 10 kins 35a, has the organization field a Form 990-T for the year? If 'No, 'provide an explanation in Schedule 0 9 Was the organization a section \$01(c)(4), 501(c)(5), or 501(c)(6) organization subject to section \$033(c) incide, reporting, and prizy tax reguirements during the year? If 'Yes, complete sopiation, dissolution, terrimation, or significant disposition of net assets during the year? If 'Yes, complete sopiation (assolution, terrimation, or significant disposition of net assets during the year? If 'Yes, complete sopiation dependitures, direct or indirect, as described in the instructions. 9 If 'Yes, complete sopiation (assolution, terrimation, or significant disposition of net assets during the year? If 'Yes, 'complete Schedule I, Part II and enter the total amount involved 9 If 'Yes, complete Schedule I, Part II and enter the total amount involved 9 If 'Yes, complete Schedule I, Part II and enter the total amount involved 9 If 'Yes, complete Schedule I, Part II and enter the total amount involved 9 If 'Yes, complete Schedule I, Part II and enter the total amount involved 9 If 'Yes, complete Schedule I, Part II and enter the total amount involved 9 If 'Yes, complete Schedule I, Part II and enter the total amount involved 9 If 'Yes, complete Schedule I, Part II and enter the total amount involved 9 Section 501(c)(3) organizations. Enter amount of tax in imposed on the organization during the year under: 9 Section 4911(yes) organizations. Enter amount of tax in process of the organization and the organization powers also and the	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended				
on lines 2, 8s, and 7s, among othersy? If Yes, 1 to line 3.5s, has the organization fixed a Form 990-T for the year? If Yio, 'provide an explanation in Schedule 0 Vas the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(6) mitice, reporting, and proxy tax reporting and proxy tax reported on any of its proxy forms 990 or 990-22? If Yes, complete Schedule, Part I and enter the total amount of tax reposed on organization during the year under section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax reposed on organization during the year report of the proxy tax reports of the proxy ta		documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	<u> </u>	Х	
b I West to line 35s, has the organization fleet a Form 990-T for the year? If 1Vo.; provide an explanation in Schedule C Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(c) notice, reporting, and proxy tax requirements during the year? If 1Ves; complete Spicifical Exploration, or significant deposition of net assets during the year? If 1Ves; complete spicial between 1Vest or indirect, as described in the instructions. ▶ 37a	35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	ŀ			
e Was the organization a section 50 1(c)(4), 90 1(c)(5), or 50 1(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If Yes,* complete Schedule (c, Part II Post II) organization under go a liquidation, dissolution, termination, or significant disposition of not assets during the year? If Yes,* complete splicable parts of Schedule N			_	ļ,		
requirements during the year? If "Yes, complete Schedule C, Part II 5 Out the organization undergo a legislation, dissolution, termination, or significant disposition of net assets during the year? If "Yes, complete applicable parts of Schedule N 7 a Enter amount of political expenditures, direct or indirect, as described in the instructions. 8 Did the organization for Form 120-POL for this year? 8 a Did the organization for Form 120-POL for this year? 8 a Did the organization for Form 120-POL for this year? 8 a Did the organization for Form 120-POL for this year? 8 a Did the organization for Form 120-POL for this year? 8 a Did the organization for Form 120-POL for this year? 8 a Section 50 (1c)(7) organizations for the way set covered by this return? 9			35b	N/	A	
36 Dit the organization undergo a fuguitation, dissolution, termination, or significant disposition of net assets during the year? If "Yes, complete applicable parts of Schedule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. 38	C		İ	۱.,		
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	••		35c	X	<u> </u>	
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. 5 b bit the organization for Form 1120-PDL for this year? 5 b bit the organization for Form 1120-PDL for this year? 5 b bit west, complete Schedule L. Part II and enter the total amount involved 5 an a prior year and still outstanding at the end of the tax year covered by this return? 5 b bit 11'-es; complete Schedule L. Part II and enter the total amount involved 5 c Section 501(c)(7) organizations. Enter: 6 a Initiation fees and capital contributions included on line 9 8 b Gross receipts, included on line 9, for public use of club facilities 6 b Gross receipts, included on line 9, for public use of club facilities 6 b Gross receipts, included on line 9, for public use of club facilities 6 b Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 6 c 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 during the year, or did it engage in an excess benefit transaction and in the year under: 6 c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization or aparization engage in any section 4958 excess benefit transaction during the year under sections 4912, 4955, and 4958 6 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization organization. If Yes; complete 5 cm 8866-T 1 List the states with which a copy of this return is filed ▶ WA 1 List the states with which a copy of this return is filed ▶ WA 1 List the states with which a copy of this return is filed ▶ WA 1 List the states with which a copy of this return is filed ▶ WA 1 List the states with which a copy of this return is filed ▶ WA 2 Telephone no. ▶ 509-959-0100 2 Telephone no. ▶ 509-959-0100 2 Telephone no. ▶ 509-959-0100 2 Telephone no. ▶ 509-	36				v	
b Did the organization file Form 1120-POL for this year? 38 a Did the organization brorrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made an a prior year and still outstanding at the end of the tax year covered by this return? b If Yes, complete Schedule IL, Part II and enter the total amount involved 38 Section 501(c)(1) organizations. Enter: a linkation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911	27.			ļ	Λ	
88 a Did the organization barrow 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 outslanding at the end of the tax year covered by this return? 89 Section 501(c)(7) organizations. Enter: 80 In If Yes, Complete Schedule, L. Part II and enter the total amount involved 80 Gross receipts, included on line 9, for public use of club facilities. 80 Gross receipts, included on line 9, for public use of club facilities. 80 Gross receipts, included on line 9, for public use of club facilities. 81 Section 4911 ► N/A 82 Section 501(c)(3) and 501(c)(4) organizations. Did the organization during the year under: 82 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 ► N/A 83 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disquired persons during the year under sections 4912, 4955, and 4958 84 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization or granization and the organization and provided the section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization organization and provided tax shelter transaction? If Yes, "complete Form 8865 ► N/A 85 Exten 691(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization or provided persons during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, "complete form 8865 ► N/A 86 Exten 691(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization organization organization. A party time during the calendar year, did the organization have an interest in or a signature or other fundancial accounts. 87 Exp NO 88 At any time during the calendar year, did the organization have an interest in or a signature or other fundancial accounts. 88 Exp No 98 NO 98 NO 99 Exp NO 99 Exp NO					X	
an a prory year and still outstanding at the end of the tax year covered by this return? If Yes, complete Schedule L, Part III and enter the total amount involved Section 501(c)(7) organizations. Enter: a Inhation fees and capital contributions included on kine 9 B Gross receipts, sucluded on line 9 for public use of club facilities 939 N/A 940 N/A 940 N/A 940 N/A 941 List the states with which a copy of this return is filed ►WA 11 List the states with which a copy of this return is filed ►WA 12 The organization's books are not are of reference of the WA 13 The organization's books are not are of reference of the NA 14 List the states with which a copy of this return is filed FWA 15 List the states with which a copy of this return is filed FWA 16 List the states with which a copy of this return is filed FWA 17 List the states with which a copy of this return is filed FWA 18 List the states with which a copy of this return is filed FWA 19 List the stat			375	ni.		
b If Yes, complete Schedule L, Part II and enter the total amount involved 38 Section 501(c)(7) organizations. Enter: a lindation fees and capital contributions included on line 9 b 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 501(c)(3) and 501(c)(4) organizations. Briter amount of lix imposed on the programation of the year or did it engage in an excess benefit transaction of unity they 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-E27 If Yes, complete Schedule L, Part 1 c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualfide persons during the year under: section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization in the year organizations. Enter amount of tax on line 40c reimbursed by the organizations of If Yes, complete Form 8888-T 1 List the states with which a copy of this return is filed. All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8888-T 1 List the states with which a copy of this return is filed. All the organizations blooks are in care of EAST To engine and the state of the state of the state with which a copy of this return is filed. All any time during the calendary year, did the organization have a count, or other numbrity over a financial account in a foreign country. All any time during the calendary year, did the organization maintain an office obtained of the U.S.? If Yes, enter the name of the foreign country. Section 4947(a)(1) nonexempt charitable trusts fining Form 990-EZ in leu of Form 101-1 Check here and enter the amount of tax exempt interest received or accrued during the tax year. Yes No. Yes No. If Yes In the 40c, has the organi	•••		38a		X	
Section 501(c)(7) organizations. Enter: a Intiation fees and capital contributions included on line 9 b Gross receips, included on line 9 (per public use of club facilities 899 N/A 990 N/A 980 N/A 980 N/A 980 N/A 980 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year under: 81 Yes, Complete Schedule 1, Part I 980 Section 501(c)(3) and 501(c)(4) organizations. Dut the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction any of its prior Forms 990 or 990-E2? 11 Yes, Complete Schedule 1, Part I 980 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 980 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year, was the organization of tax shelter displayed the organization of the year interest in the 40 reimbursed by the organization or 30 year. The organization is block are care of ► KATILAN DUNN 10 Elephone no. ► 509 −969 −0100 10 Located at ► PO BOX 10878, YAKIMA, WA 11 List the states with which a copy of this return is field ► WA 12 The organization's blocks are care of ► KATILAN DUNN 13 Telephone no. ► 509 −969 −0100 14 Telephone no. ► 509 −969 −0100 15 Yes, center the name of the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country. ► 14 List the states with which a copy of this return is field ► WA 15 Yes, enter the name of the foreign country. ► 16 Yes, enter the name of the foreign country. ► 17 Yes, enter the name of the foreign country. ► 28 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-E2 in teu of Form 101 1- Check here and enter the amount of tax-exempt interest received or accrued during the tax year. If Yes, Form 990 must be complete	b	1 1		¥1.8		
b Gross receipts, included on line 9, for public use of cliub facilities 38b N/A 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under, section 4911 ► N/A; section 4912 ► N/A section 4955 ► N/A 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 1'Yes; complete Schedule L, Part I 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 organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes; complete Form 886-T 1 List the states with which a copy of this return is filed ▶ WA 12a The organizations books are in care of ▶ KATLIAN DUNN 12 Telephone no. ▶ 509 − 969 − 0100 12 Located at ▶ PO BOX 10878		Contrar EOI(a)/7) arganizations Fatori	7 ,*∵			
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► N/A section 4912 ► N/A section 4915 ► N/A section 4915 ► N/A section 4916 ► N/A	а		5 ,-21, 1	®#		
section 4911 ▶ N/A ; section 4912 ▶ N/A , section 4955 ▶ N/A b Section 501(c)(3) and 501(c)(4) organizations. Dut the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an 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-E27 If "Yes," complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualited persons during the year under sections 4912, 4955, and 4955 M/A d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40 E N/A 11 List the states with which a copy of this return is filed ▶ WA 12 The organization's books are in care of ▶ KAITLAN DUNN 12 Located at ▶ PO BOX 10878, YAKTMA, WA 21 P + 4 ▶ 98909 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. ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 17 Yes," enter the name of the foreign country. ▶ 3 Section 4947(a)(1) nonexemptic charitate trusts filing Form 990-EZ in teu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 440 X 441 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 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 c Did the organization receive any payments fo	b	Gross receipts, included on line 9, for public use of club facilities 39b N/A	٠.	,3		
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-E2? If "Yes," complete Schedule L, Part I 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 organization At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 1 List the states with which a copy of this return is filed ▶ WA 12. The organization shocks are in care of ▶ KATLAN DUNN Telephone no. ▶ 509 – 969 – 0.100 Located at ▶ PO BOX 10878, "YAKIMA, WA 21. The organization shocks are in care of ▶ KATLAN DUNN Telephone no. ▶ 509 – 969 – 0.100 Located at ▶ PO BOX 10878, "YAKIMA, WA 22. The organization in a foreign country is such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accounts). 3. The organization of the foreign country. ▶ 3. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the arms of the foreign country: ▶ 4. Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 4. Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 4. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 4. Did the organization receive any payments for indoor tanning services during the year? 4. If "Yes is line 44c, has the organization fi	40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:				
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 I., Part I 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 M./A 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 1 List the states with which a copy of this return is filed WA 42a The organization's blocks are in care of KAILAN DUNN Located at PO BOX 10878, YAKIMA, WA 2IP+4 98909 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. 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 44a Did the organization operate one or more hospital facilities during the year? If Yes, Form 990 must be completed instead of Form 990-EZ b Did the organization receive any payments for indoor tanning services during the year? If Yes, Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? If Yes, Form 990 must be completed instead of Form 990-EZ d the organization receive any payments for modor t		section 4911 \blacktriangleright N/A ; section 4912 \blacktriangleright N/A , section 4955 \blacktriangleright N/A				
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		rganization engage, directly or indirectly, in promplete Schedule C, Part I	olitical campaign activitie	es on behalf of or II	n oppositior	n to candidates for pu	ublic office?	46	X
Ŗā		Section 501(c)(3) organization							
		organizations and section 4947(a)(1) no					and complete	the table:	s
		for lines 50 and 51 Check if the organiz	ation used Schedule	O to respond to	any quest	tion in this Part VI			
								Ye	s No
		rganization engage in lobbying activities or ha				ar? if "Yes," completi	e Sch. C, Part II	47	
	-	anization a school as described in section 17 rganization make any transfers to an exempt			_			48 49a	
		as the related organization a section 527 org		ganization				49b	1
		this table for the organization's five highest (s (other than office	rs, directors	s, trustees and key er	ı nployees) who e		ed more
		0,000 of compensation from the organization	· · ·	•	,		, , ,		
		(a) Name and address of each employ	/ee	(b) Title and aver	-	(C) Reportable	(d) Health benefit contributions to	\ - ,	tımated
		paid more than \$100,000		per week dev		compensation (Forms W-2/1099-MISC)	employee benefit plans, and deferre	amoun	t of other
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		nber of other employees paid over \$100,000		>	·				
		this table for the organization's five highest		ent contractors who	each recei	ved more than \$100,	,000 of compens	ation from	the
	_	ion If there is none, enter *None.* N/.		·					
(a)	Name and	d address of each independent contractor pa	id more than \$100,000		(b) Type o	of service	(c)	Compensa	ition
			•						
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		- W							-
		nber of other independent contractors each n	•			▶			
52		rganization complete Schedule A? Note: All s e trusts must attach a completed Schedule A	ection 50 I(c)(3) organia	zations and 4947 (a)(I) nonexe	empt			☐ No
Under			icluding accompanying scre	oules and statements	, and to the bi	est of my knowledge and	Deller, It IS true, Co	Yes rrect, and co	
		parer (other toan oldcer) is based on all information o	which preparer has any kno	owledge			3-27-	17	
Sign		Signature of officer				· · · · · · · · · · · · · · · · · · ·	Date	, <u> </u>	
Her		Type or print name and title							
		Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN		
Pai	d		1/ Lue. CL	-1/	2/24	self- emplo	yed		
Pre	parer	CATHY STERBENZ	y angost	ny	7/24		P00	73707	78
	Only	Firm's name ► MOSS ADAMS	LLP		•	Firm's EIN	► 91-01	89318	
		Firm's address ▶ P.O. BOX 2				Phone no		48-77	750
		YAKIMA, WA	_98907-2650)				. 1	, ,
May	the IRS di	scuss this return with the preparer shown ab	ove? See instructions				>	X Yes	No.
								Form 990 -	EZ (2011)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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.

 Section 501(c)(4), (5), or (6) organiza 	· · · · · ·			
Name of organization			En	ployer identification number
	POMOLOGICAL CLUB			91-0953934
Part A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527	organization.
 Provide a description of the organiz Political expenditures Volunteer hours 	cation's direct and indirect politic	al campaign activities	_	*\$
Rartil B Complete if the org	janization is exempt und	er section 501(c)	(3)	
1 Enter the amount of any excise tax				· \$
2 Enter the amount of any excise tax			_	\$
3 If the organization incurred a section				Yes No
4a Was a correction made?		,		Yes No
b If "Yes," describe in Part IV				
Part : Complete if the org	janization is exempt und	er section 501(c)	, except section 50)1(c)(3).
1 Enter the amount directly expended	d by the filing organization for sec	ction 527 exempt fund	ction activities	\$
2 Enter the amount of the filing organ	ization's funds contributed to ot	her organizations for s	section 527	
exempt function activities			•	` \$
3 Total exempt function expenditures	Add lines 1 and 2. Enter here a	nd on Form 1120-POL	- 1	
line 17b			•	\$
4 Did the filing organization file Form	1120-POL for this year?			Yes No
5 Enter the names, addresses and er	nployer identification number (Ell	N) of all section 527 p	olitical organizations to w	hich the filing organization
made payments. For each organiza	•			•
contributions received that were pr	•		•	arate segregated fund or a
political action committee (PAC) If	additional space is needed, prov	ride information in Par	t IV	
(a) Name	(b) Address	(c) EIN	(d) Amount paid fror filing organization's funds. If none, enter	contributions received and
		-		
For Paperwork Reduction Act Notice,	see the Instructions for Form 9	990 or 990-EZ.	Schedule	C (Form 990 or 990-EZ) 201

LHA

Schedule C (Form 990 or 990-EZ) 2011	YAKIMA POM	OLOGICAL CI	UB	91-0	953934 Page 2
Part II-A Complete if the orga	anization is exe	mpt under section	n 501(c)(3) and fil	ed Form 5768	
(election under sect	tion 501(h)).				
A Check ► if the filing organizat	ion belongs to an aff	iliated group (and list ii	n Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share	e of excess lobbying	expenditures).			
B Check ▶ ☐ If the filing organizat	ion checked box A a	nd "limited control" pre	ovisions apply		
Limit	s on Lobbying Eve	ndituros		(a) Filing	(b) Affiliated group
	s on Lobbying Expe litures" means amoi	matures unts paid or incurred.)	organization's	totals
			,	totals	
1a Total lobbying expenditures to influ	ience public opinion	(grass roots lobbying)			
b Total lobbying expenditures to influ	ience a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add lin	nes 1a and 1b)	·	•		
d Other exempt purpose expenditure	es _				
e Total exempt purpose expenditures	s (add lines 1c and 1	d)			
f Lobbying nontaxable amount. Ente	er the amount from th	e following table in bo	th columns		
If the amount on line 1e, column (a) or	r (b) is: The lob	bying nontaxable am	ount is:	# ·5 ·	*
Not over \$500,000	20% of	the amount on line 1e			13.00
Over \$500,000 but not over \$1,000	,000 \$100,00	00 plus 15% of the exc	cess over \$500,000		4 4
Over \$1,000,000 but not over \$1,50	00,000 \$175,00	00 plus 10% of the exc	cess over \$1,000,000.	,	
Over \$1,500,000 but not over \$17,0	000,000 \$225,00	00 plus 5% of the exce	ess over \$1,500,000	٠,	* * * * * * * * * * * * * * * * * * * *
Over \$17,000,000	\$1,000	,000		. * *	5000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				Agra C Agra	· • • • • • • • • • • • • • • • • • • •
g Grassroots nontaxable amount (en	ter 25% of line 1f)				
h Subtract line 1g from line 1a If zero	o or less, enter -0-				
i Subtract line 1f from line 1c. If zero	or less, enter -0-				
j If there is an amount other than zer	ro on either line 1h or	line 1:, did the organiz	ation file Form 4720		
reporting section 4911 tax for this y	year?				Yes No
	4-Year Av	eraging Period Under	Section 501(h)		
•		• •	n do not have to com		
col	lumns below. See th	e instructions for line	es 2a through 2f on pa	age 4.)	
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year					
(or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount	<u></u>				
b Lobbying ceiling amount	* * * ;			, p ,	
(150% of line 2a, column(e))	e Je 🦠			1,000	
c Total lobbying expenditures					
d Grassroots nontaxable amount	• 4*4**/	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1	11 811 1	
e Grassroots ceiling amount		4 2 1 1		4 1/4 1 V	I
(4500) (5) (6)		\ '		_st.	
(150% of line 2d, column (e))	M 2.5 M	,	· · · · · · · · · · · · · · · · · · ·	- 🐞 🖦 🔅	

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990 EZ) 2011 YAKIMA POMOLOGICAL CLUB 91-095393

[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)).

,	or each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description			(b)		
of the lobbying activity.			No	Amount		
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: a Volunteers?			* * *			
С	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public?			,	*	
	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?					
g h	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?	-				
j	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	* 2	. 140 × 17 18	* ° ·	** **	
b	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? III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	(5), or se	ection		
	501(c)(6).			Yes	No	
1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the pnor year?		2 3	Х	X	
	Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes."		R (b) Part		e 3, is	
2	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	tical	1 			
	Current year Carryover from last year Total		2a 2b 2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e	xcess	3			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?	political	4			
5 Pai	Taxable amount of lobbying and political expenditures (see instructions) It IV, Supplemental Information		5	<u> </u>		
Com	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; lipart for any additional information.	Part II-A, and	Part II B, II	ne 1. Also,	complete	
						
—						
			.			

SCHEDULE 0

(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.



Name of the organization

YAKIMA POMOLOGICAL CLUB

Employer identification number 91-0953934

YAKIMA POMOLOGICAL CLUB	91-0953934
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
KEY BANK	13.
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
MISCELLANEOUS INCOME	2,427.
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: 09/28/11	
AMOUNT GIVEN:	3,924.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
HORTICULTURE EXPO/SHOWS	88,501.
CONFERENCES, CONVENTIONS, AND MEETINGS	5,978.
BANK CHARGES	253.
MEMBERSHIP EXPENSES	4,530.
WEBSITE	375.
AUCTION DONATION EXPENSE	2,260.
TOTAL TO FORM 990-EZ, LINE 16 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sc. 132211	101,897. hedule O (Form 990 or 990-EZ) (2011)

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.

2011
OpenitorPublications

Name of the organization

YAKIMA POMOLOGICAL CLUB

Employer identification number 91-0953934

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.
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.