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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

OMB No 1545 1150

▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

-	A	For t	he 2013 calendar year, or tax year beginning 3/01 , 2013, and ending 2/28	, 2014
	┡┐	Check	of applicable s change	imployer identification number
	H		change OREGON WOMEN FOR AGRICULTURE	23-7069261
	=	Initial r	eluro 630 HICKORY ST SUITE 120, PMB 50	elephone number
	Ħ	Termin	ו ברכת מת אוגמיוגו	503-873-8441
	=			Group Exemption
		Applica		lumber •
7	G	Acco	unting Method X Cash Accrual Other (specify) ► H Check ►	X if the organization is not
1	l	Webs	Will Control 2 and Control	attach Schedule B (Form
	J	Tax-ex	empt status (check only one) — 501(c)(3) 🗓 501(c) (5) ◀(insert no) 4947(a)(1) or 527 990, 990-E	Z, or 990-PF)
-	ĸ	Form	of organization Corporation Trust Association Other	
			ines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tot	al
	_	asset	s (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	►\$ 181,319.
ſ	Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction	
	-		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 21,605.
		2	Program service revenue including government fees and contracts	2
	-	3	Membership dues and assessments .	3 15,225.
		4	Investment income	4 3,894.
		5 a	Gross amount from sale of assets other than inventory . 5a	
		b	Less cost or other basis and sales expenses 5 b	1
		С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c
		6	Gaming and fundraising events	
	R	а	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a	
	Ě	b	Gross income from fundraising events (not including \$ of contributions	
	Ŋ		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 140.595	
	E	_	of such gross income and contributions exceeds \$15,000) Less. direct expenses from gaming and fundraising events 6 t 48,296.	-{
				- 1
			Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 92,299.
			Gross sales of inventory, less returns and allowances 7 a	_
			Less cost of goods sold 7 b	<u> </u>
			Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c
		8	Other revenue (describe in Schedule O)	8
-		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Grants and similar amounts haid (list in Schedule O) SEE SCHEDULE O	9 133,023.
		10	drains and similar amounts paid (list in Schedule O)	10 53,829.
	Ε	11	Benefits paid to or for members	11
	X	12	Salaries, other compensation, and employee benefits	12
	E	13	Professional fees and other payments to independent contractors	1,927.
₹)	Ş	14	Occupancy, rent, utilities, and maintenance	14
2014	š	15	Printing, publications, postage, and shipping. Other expenses (describe in Schedule O)	15
⊭		16 17	Total expenses. Add lines 10 through 16	16 68,666. 17 124,422.
69 -		18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 8,601.
\equiv	Ą			- · · -
	E S	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)	19 202,788.
	֓֞֡֞֞֞֓֞֞֞֓֓֞֡֞֓֓֡֞֞֓֓֡֞֞֓֓֡֡֞֓֓֡֡֡֡֡֡֡֡	20	other changes in net assets or fund balances (explain in Schedule O)	20
W.	[آ	21	Net assets or fund balances at end of year Combine lines 18 through 20	21 211,389.
爱	BA/		Paperwork Reduction Act Notice, see the separate instructions.	Form 990-EZ (2013)
		. 3.	, and the same of	\sim \sim
SCANINED				<i>-</i> //

	990-EZ (2013) OREGON WOMEN FO			23	<u>-70</u> 6	59261 Page 2
Par	t'll Balance Sheets (see the Inst Check if the organization used Sche	ructions for Part II)	1			П
	Check if the organization used Sche	edule O to respond to any qu	estion in this Part II	(A) Beginning of ye	ar	(B) End of year
22	Cash, savings; and investments		ŀ	202,788		211,389.
23	Land and buildings ,		ļ	2027.00	23	522,003
24	Other assets (describe in Schedule O)		Ţ		24	
25	Total assets	,	[202,788	. 25	211,389.
26	Total liabilities (describe in Schedule O)		(C	. 26	0.
27	Net assets or fund balances (line 27 of	column (B) must agree with	line 21)	202,788	. 27	211,389.
Par	CIII Statement of Program Service Ac	complishments (see the inst	ructions for Part III)	[v		Expenses
100	Check if the organization used Sc	hedule O to respond to any o	question in this Part	III X		uired for section 501 and 501(c)(4)
What	s the organization's primary exempt purpose? SEI	SCHEDULE O	to three largest proc	ram convices as	orga	nizations and section
mea	ribe the organization's program service a sured by expenses. In a clear and concise fitted, and other relevant information for e	e manner, describe the service	ces provided, the nu	mber of persons		'(a)(1) trusts, optional thers)
	fited, and other relevant information for e	ach program title	DOMESTIC DE	O CITTINIO	10. 0	··········
28	PROVIDE AGRICULTURE RELAT	<u>ED INFORMATION AND</u>	EDUCATION T	O CITIZENS	-	
	THROUGHOUT OREGON.				1	
	(Grants \$ 35,016.) If th	is amount includes foreign g	rants check here		28 a	72,922.
29	(Grants \$ 35,016.) ir til		rants, encorriera		204	12, 322.
23					1	
					1	
	(Grants \$) If th	is amount includes foreign g	rants, check here		29 a	
30			· · · · · · · · · · · · · · · · · · ·			
					1	
]	
		is amount includes foreign g	rants, check here		30 a	
31	Other program services (describe in Sch					
		is amount includes foreign g	rants, check here	<u> </u>	31 a	
	Total program service expenses (add lin	• •		-	32	72,922.
Par	List of Officers, Directors,				see the	instructions for Part IV)
	Check if the organization used Sc		i ·	(d) Health benefit	te	
	(a) Name and Title	(b) Average hours per week devoted to	(c) Reportable compensat (Forms W-2/1099-MISC	contributions to emp	loyee	(e) Estimated amount of other compensation
		position	(If not paid, enter -0-)	compensation	101100	other compensation
	RIE BOWERS		•			
	SIDENT	5		0.	0.	0.
	IA COON	_		_	_	_
	VICE PRES	5		0.	0.	0.
	JREN OLSON	-			^	
	VICE PRES	5		0.	0.	0.
	VEN_MCGILVRA VR SECRETARY	5		0.	0.	_
	CLLE DAVIS	<u>J</u>	'	0.	0.	0.
	T PRESIDENT	2		0.	0.	0.
	IICE GOODRICH	<u>_</u>		•	<u> </u>	<u> </u>
	SECRETARY	5	1	0.	0.	0.
						
						
				 		
BAA		TEEA0812L 1	1/27/13			Form 990-EZ (2013)

Page 2

	1550-E2 (2015) OREGON WOMEN TON AGRICOLITORE 25 700520			-9
Pai	tV Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
33	Did the organization engage in any significant activity not previously reported to the IRS?	Γ <u></u>	Yes	No
34	If 'Yes,' provide a detailed description of each activity in Schedule O Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect	33		Х
	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
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 on lines 2, 6a, and 7a, among others)?	35 a		Х
	If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
(: Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		Х
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		Х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0. Did the organization file Form 1120-POL for this year?	37 b		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?			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If 'Yes,' complete Schedule L, Part II and enter the total	38 a		Х
	amount involved 38 b N/A			
39	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities 39a N/A 39b N/A			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. N/A			
-,0,	section 4911 N/A, section 4912 N/A, section 4955 N/A	!		
ŀ	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.			j
	on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 Ь		
	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 0.			
•	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.			
•	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	40 e		X
41	List the states with which a copy of this return is filed NONE			
ł	The organization's books are in care of TRACY DUERST Located at 14446 RICHES ROAD SE SILVERTON OR 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. 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	73-8- 42b	441	No X
44 a	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 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?	44a 44b 44c		N/A N/A No X X
C	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d	\Box	
45 a	Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	44 a		X
t	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b		X

Form **990-EZ** (2013)

40	D. J. H						. =	162	140
46	Dia ti	ne organization engage, directly or in	idirectly, in political c	ampaign activities on	behalf of or	in opposi	tion		
		ndidates for public office? If "Yes," o		, Ραπ ι	<u> </u>	<u> </u>	· 46		✓
Part		Section 501(c)(3) organizations							
		All section 501(c)(3) organization	s must answer que	stions 47-49b and	52, and co	mplete th	e tables	for lin	es
		50 and 51.							
		Check if the organization used Sci	nedule O to respond	I to any question in t	his Part VI	· · ·	<u> </u>	<u> </u>	. 🗆
								Yes	No
47		he organization engage in lobbying		section 501(h) electio	n in effect o	during the	tax		
	year?	If "Yes," complete Schedule C, Par	tll				. 47		
48	Is the	organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," complete	Schedule E		48		
49a		ne organization make any transfers t					. 49	3	
b		es," was the related organization a se					491	,	\vdash
50	Comi	plete this table for the organization's	five highest comper	sated employees (oth	ner than offic	ers. direc			ıd kev
	empl	oyees) who each received more than	\$100,000 of compe	nsation from the organ	nization If th	ere is non	e. enter "	None '	,
		· · · · · · · · · · · · · · · · · · ·		T	(d) Health		<u> </u>		
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions		(e) Estima		
		, ,	devoted to position	(Forms W-2/1099-MISC)			other co	mpensa	tion
				 	Compen	341011			
48 49a b 50 ——————————————————————————————————									
					 		ļ		
					 				
									
					ļ				
				L	this Part VI ion in effect Schedule Enization? ther than office anization If the contributions benefit plans, competent of the contractors and 4947(anization In the contractors of t		ļ		
f		number of other employees paid ov							
51	Com	plete this table for the organization	's five highest comp	ensated independent	contractors	who eac	h receive	d more	than
	\$100	,000 of compensation from the orga	inization If there is no	one, enter "None."					
	(a)	Name and business address of each independ	dent contractor	(b) Type of serv	/ICE	(c) Compensa	tion	
				(-, -, -,					_
	•••••								
							_		
				1					
				1	Ì				
					1		-		
				1					
d	Total	number of other independent contra	actors each receiving	over \$100.000	>				
		he organization complete Schedule	•		and 4947/a)(1)			
JŁ		xempt charitable trusts must attach					► □ Ye	s 🗆	No
Lindor		'							
		of perjury, I declare that I have examined this decomplete Declaration of preparer (other that					nowledge at	no nellet	, it iS
	1	NA ARLA ARLA	104		1	$\frac{1}{2}$	1-11	/	
Sian		Signature of office	wes-		Det	<u> </u>	1-17	<u></u>	
		<i>`</i>			Date	,			
nere		TRACY DUERST	Tre	asurer					
		Type or print name and title					1		
Paid		Print/Type preparer's name	Preparer signature	I_		Check [] if PTIN		
Prep		JOHN A ORT, LTC	John A.c	2nt LTC 7	<u>-9-2014</u>	self-emple	oyed p	002055	31
•	Only	Firm's name ► JOHN A. ORT, LTC			Firm	's EIN ▶			
	J.11.y	Firm's address ▶ 525 S. 2ND STREET,	SILVERTON, OREGON	97381	Pho	ne no	503-87	3-5797	
May t	he IRS	discuss this return with the prepare					► ☐ Ye	s 🔲	No

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.
Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545 0047

Open to Public Inspection

Name of the organization Employer identification number 23-7069261 OREGON WOMEN FOR AGRICULTURE Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations Solicitation of government grants Internet and email solicitations b Special fundraising events Phone solicitations c In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No **b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iv) Gross receipts (i) Name and address of individual (vi) Amount paid to (ii) Activity (v) Amount paid to (iii) Did fundraiser (or retained by) fundraiser listed in from activity (or retained by) or entity (fundraiser) have custody or control of contributions? organization column (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

		more than \$15,000 of fundraising List events with gross receipts gro	event contribution: eater than \$5,000.	s and gross income	on Form 990-E∠,	lines I and 6b.
R E			(a) Event #1 AUCTION (event type)	(b) Event #2 FUNDRAISER (event type)	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
REVEZUE	1	Gross receipts	119,472.	21,123.		140,595.
Ĕ	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)	119,472.	21,123.		140,595.
	4	Cash prizes				
_	5	Noncash prizes .				
DIRECT	6	Rent/facility costs				
	7	Food and beverages				
EXP	8	Entertainment				
EXPENSES	9	Other direct expenses	43,210.	5,086.		48,296.
ŝ	10	Direct expense summary Add lines 4 thr	ough 9 in column (d)	,	•	48,296.
	11	Net income summary Subtract line 10 fr			<u> </u>	92,299.
Par	t III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	ation answered 'Ye:	s' to Form 990, Part	t IV, line 19, or rep	orted more than
RESERVE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
E —	1	Gross revenue				
E	2	Cash prizes				
DIRECT	3	Noncash prizes				
Č S T E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes%	Yes %	
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)		•	
	8	Net gaming income summary Subtract Ii	ne 7 from line 1, colum	ın (d)	<u> </u>	
	ls th	er the state(s) in which the organization of ne organization licensed to operate gamino lo,' explain	-	ese states?		Yes No
		re any of the organization's gaming license 'es,' explain'		or terminated during the	-	Yes No
ВДД			TEF 437021 0		Sahadula C (Fara	990 or 990.F7) 2013

Schedule G (Form 990 or 990-EZ) 2013 OREGON WOMEN FOR AGRICULTURE	23-7069261	Page 3
11 Does the organization operate gaming activities with nonmembers?	Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No
13 Indicate the percentage of gaming activity operated in:		
a The organization's facility	13a	8
b An outside facility	13Ь	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and recor	rds.	
Name •		
Address •		
15a Does the organization have a contact with a third party from whom the organization receives gaming reverb b If 'Yes,' enter the amount of gaming revenue received by the organization squared and of gaming revenue retained by the third party squared \$ c If 'Yes,' enter name and address of the third party.		i No
Name >		
Address ►		
16 Gaming manager information		
Name ►		
Gaming manager compensation ► \$		
Description of services provided		
☐ Director/officer ☐ Employee ☐ Independent contractor		
17 Mandatory distributions		
a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the		—
state gaming license?	Yes	i ∐ No
organization's own exempt activities during the tax year > \$	in the	
Supplemental Information. Provide the explanations required by Part I, line 2b, c and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide a information (see instructions).	columns (III) and any additional	(v),
		
· · · · · · · · · · · · · · · · · · ·		

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013

Open to Public Inspection

Employer identification number Name of the organization 23-7069261 OREGON WOMEN FOR AGRICULTURE FORM 990-EZ, PART III - ORGANIZATION'S 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.

2013 SCHED	ULE O - SUPPLEMENTAL INFORMATI	ON	PAGE 2
CLIENT ORE100	OREGON WOMEN FOR AGRICULTURE		23-7069261
7/07/14 FORM 990-EZ, PART I, LINE 1 GRANTS AND SIMILAR AMO	0 JNTS PAID IN EXCESS OF \$5,000		01 06PM
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN: CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN: CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S NAME: DONEE'S ADDRESS:	EDUCATIONAL OREGON AG FEST PO BOX 9141 SALEM, OR 5250 NONE EDUCATIONAL SUMMER AG INSTITUTE 3415 COMMERCIAL STREET SE SALEM, OR 97302 NONE EDUCATIONAL OREGON AG IN THE CLASSROOM 305 STRAND AG HALL CORVALLIS, OR 97331	\$ \$	5,250. 16,766.
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	NONE	\$	13,000.
FORM 990-EZ, PART I, LINE 1 OTHER EXPENSES ADVERTISING AND PROMOTI CONFERENCES, CONVENTION DUES & SUBSCRIPTIONS EXECUTIVE OFFICER EXPEN MEETINGS OFFICE EXPENSES SPECIAL EVENTS EXPENSES TRAVEL	ON S, AND MEETINGS SE	\$ FOTAL \$	17,133. 14,920. 14,265. 4,912. 360. 5,988. 9,541. 1,547. 68,666.