COMMITTEE ON NATURAL RESOURCES

Disclosure Form

As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

[Secure Rural Schools Reauthorization & Forest Management Options for a Viable County Payments, July 14,2011

For In	dividuals:
1. Na	me:
2. Ad	dress:
3. En	nail Address:
4. Ph	one Number:
	* * * *
For W	itnesses Representing Organizations:
1.	Name: Anna Marie Morrison
2.	Name of Organization(s) You are Representing at the Hearing: Oregon Women In Timber American Agri-Women
3.	Business Address: Oregon Women In Timber, P.O.Box 760, 15450 Starr Road, Dallas, Oregon 97338 American Agri-Women, P.O.Box 111, Hillsboro, Kansas 67063 Anna Morrison, 5451 Vista Trail, San Antonio, Texas 78247
4.	Business Email Address: [Information redacted for privacy]
5.	Business Phone Number: Oregon Women In Timber – 503-831-1593 American Agri-Women- Chris Wilson, President 785-844-0274 Anna Morrison 541-991-6318

Name/Organization_Anna Morrison, Oregon Women InTimber and American Agri-Women Title/Date of Hearing: "Secure Rural Schools Reauthorization and Forest Management Options for a Viable County Payments Program, July 14,2011.

a. Any training or educational certificates, diplomas or degrees or other <u>educational experiences that are</u> relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Over thirty years of involvement in Timber Management issues giving me a unique natural resource historical background.

b. Any professional licenses, certifications, <u>or affiliations</u> held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

NACO (National Association of Counties) Public Lands Sub-Committee- 1999-2006; NFSCS (National Forest Counties and Schools Coaltion) Executive Board 2000-2006; Association of O & C Counties (Oregon California Railroad Lands) 2000-2006; Association of Oregon Counties, 1999-2006, Public Lands Sterring Committee and Legislative Committee; Siuslaw National Forest (Chair 5 yrs) & Willamette National Forest Resource Advisory Committee (RAC's)- 2001-2006; Eugene BLM RAC-2001-2006, Chair 1 year.

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

Coast Road Construction, Part Owner, (Forest Road Building) 1981-1989
Eagle Veneer, Operations Manager (Plywood Mill) 1986-1989
Lane County Commissioner, 1999-2006, Board Chair, 2001 & 2005, During this time, I made numerous trips to DC involving natural resource issues.

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

None

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

None

f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

None

Name/Organization: Anna Morrison, Oregon Women In Timber and American Agri-Women Title/Date of Hearing: Secure Rural Schools Reauthorization and Forest Management Options for a Viable County Payments Program, July 14,2011

<u>In addition, for witnesses representing organizations:</u>

g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

Legislative Chair – Oregon Women In Timber

h. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

None

i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

None

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

None

k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

Already submitted

Form **990-EZ**

Department of the Treasury

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

2009

Open to Public Inspection

Inter	nal Rever	nue Service		The organization may have to use a copy of this return to satisfy state reporting requirement	nts.				
A	For the	2009 calendar	year, c	r tax year beginning 10-01 , 2009, and ending		09-30 , 20 10			
В	Check if a	applicable:		C Name of organization	D Employ	er ide	entification number		
	Address o	change	Please use IRS	AMERICAN AGRI-WOMEN	38-	-2154	4410		
$\overline{}$	Name cha	•	label or	Number and street (or P.O. box, if mail is not delivered to street address) Room/suit	E Teleph	one n	umber		
\equiv	nitial retu	-	print or type.						
$\overline{\Box}$	Terminate	ed	See Specific	943 150TH, PO BOX 111	(62	20)94	47-3094		
Ħ,	Amended	return	Instruc-	City or town, state or country, and ZIP + 4	F Group	Exem	ption		
			tions.	HILLSBORO, KS 67063	Numbe	er 💠			
	Applicatio	n pending				•			
<u> </u>			organiz	ations and 4947(a)(1) nonexempt charitable trusts must attach	Accounting Me	ethod:	x Cash Accrual		
	•		-	ppleted Schedule A (Form 990 or 990-EZ).	Other (specify)		A caem / toordan		
			u 00				organization is not		
ι \	Nebsite	e: �			==		chedule B (Form 990,		
		•	raonizot	ion is not a section E00(a)(2) supporting organization and its gross resolute					
	Check (_	-	ion is not a section 509(a)(3) supporting organization and its gross receipts	-				
				urn is not required, but if the organization chooses to file a return, be sure to					
				ne 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead					
ĮΡ	art I			cricos, and changes in the record of Fana Balances	(See the instruction		<u> </u>		
	1		_	grants, and similar amounts received		1	175,210		
	2	Program ser	rvice rev	enue including government fees and contracts		2			
	3	Membership	dues a	nd assessments · · · · · · · · · · · · · · · · · · ·		3	35,630		
	4	Investment i	ncome			4	108		
	5a	Gross amou	int from	sale of assets other than inventory 5a					
	b	Less: cost o	r other b	asis and sales expenses · · · · · · · · · · · · 5b					
R	С	Gain or (loss	s) from s	ale of assets other than inventory (Subtract line 5b from line 5a)		5c			
e v e n u	6	Special events	♦ □						
		Gross reven							
		reported on	,	ncluding \$ of contributions 6a	3,007				
e	h	•	,	es other than fundraising expenses 6b	562				
			•	from special events and activities (Subtract line 6b from line 6a) · · · · ·		6c	2,445		
				atory, less returns and allowances		00	2,113		
				sold · · · · · · · · · · · · · · · · · · ·					
			_	Lance Lance		7-	1		
				from sales of inventory (Subtract line 7b from line 7a)		7c			
	8	Other reven	,	·)	8			
	9			lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	213,393		
	10			mounts paid (attach schedule)		10			
Ε	11	•		or members · · · · · · · · · · · · · · · · · · ·		11			
X	12	Salaries, oth	ner comp	pensation, and employee benefits · · · · · · · · · · · · · · · · · · ·		12			
p e	13	Professiona	l fees ar	nd other payments to independent contractors		13	450		
n	14	Occupancy,	rent, uti	lities, and maintenance · · · · · · · · · · · · · · · · · · ·		14			
s e	15	Printing, pub	olication	s, postage, and shipping · · · · · · · · · · · · · · · · · · ·		15	19,406		
S	16	Other expen	ses (de	scribe 🔷 STM130)	16	155,329		
	17	Total expens	ses. Ad	d lines 10 through 16 · · · · · · · · · · · · · · · · · ·	🗞	17	175,185		
_	18	Excess or (d	leficit) fo	r the year (Subtract line 17 from line 9)		18	38,208		
s	19			alances at beginning of year (from line 27, column (A)) (must agree with					
A Ns e e t				ported on prior year's return) · · · · · · · · · · · · · · · · · · ·		19	45,290		
ťť	20			t assets or fund balances (attach explanation)		20	157255		
s	21			alances at end of year. Combine lines 18 through 20		21	83,498		
_	_			, ,	•				
LP8	art II	Balance	Snee	101					
00	0		al !aa 1	(See the instructions for Part II.)	(A) Beginning of year		(B) End of year		
22				nents · · · · · · · · · · · · · · · · · · ·	45,2	290 2			
23		_				-	23		
24		er assets (desc)			24		
25					45,2	290 2			
26		l liabilities (de		·			26		
27	Net a	assets or fund	balance	es (line 27 of column (B) must agree with line 21)	45,	290 2	27 83,498		

Form 990-EZ (2009) AMERICAN AGRI-WOMEN			38-2	21544	10 Page 2
Part III Statement of Program Service Accord		Expenses			
What is the organization's primary exempt purpose? TO PROM		uired for section			
Describe what was achieved in carrying out the organization's		501(c)(3) and 501(c)(4) organizations and section			
manner, describe the services provided, the number of persons	s benefited, or other relevan	t information for			(a)(1) trusts; optiona
each program title.				for ot	hers.)
28 TO COMMUNICATE WITH ONE ANOTHER AND WITH	H OTHER CONSUMERS	го			
PROMOTE AGRICULTURE FOR THE BENEFIT OF	THE AMERICAN PEOPLI	E			
AND THE WORLD					
(Grants \$ 144,751) If this amo	ount includes foreign grants	s, check here · · · ·	· · · · •	28a	97,484
29					
(Grants \$) If this amo	ount includes foreign grants	check here · · · ·	&	29a	
30					
(Grants \$) If this amo	aunt includes foreign grants	ahaak hara		30a	
,	ount includes foreign grants	, check here · · · ·	🕻	30a	
31 Other program services (attach schedule) · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		• • • • •	24-	
<u>`</u>	ount includes foreign grants			31a	0.5.404
32 Total program service expenses (add lines 28a through 31	,		•	32	97,484
Part IV List of Officers, Directors, Trustees, and Key Er	 				· · · · · · · · · · · · · · · · · · ·
(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contributions employee benefit pla		(e) Expense account and
(a) Hallo and dadross	devoted to position	enter -0)	deferred compens		other allowances
MARCIE WILLIAMS	PAST PRESIDENT				
11404 APPLETON RD CROTON OH, 43013	0	C)	0	(
CHERYL DAY	SECRETARY				
3509 COUNTY LINE ROAD CERRO GORDO, 61818	0	C		0	(
CAROLYN KLEIBER	TREASURER				
PO BOX 111 HILLSBORO KS, 67063	0)	0	(
CHRIS WILSON	PRESIDENT				
2103 ZEANDALE RD MANHATTAN KS, 66502	0		,	(
PAMELA SWEETEN	VICE PRES EDUCA				
9486 TEGNEW RD HILMAR CA, 95324	0			0	(
KAREN YOST	VICE PRESIDENT		'	- 0	
2343 SHILOH RD BILLINGS MT, 59106	VICE PRESIDENT			0	,
·			'	- 0	
LINDA SWIERCINSKY	VICE PRESIDENT			0	
1739 STATE ROUTE 8 MAQUON IL, 61458	0	C		0	

Da	rt V Other Information (Note the statement requirements in the instructions for Part V.)			9
га	Other information (Note the statement equilibrium the medicatione of tart V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
00	description of each activity ••••••••••••••••••••••••••••••••••••	33		Х
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of			Λ_
J-T	the changes	34		v
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but			X
55	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
_	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			
а		35a		3.7
				X
	·	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	200		
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions · · · · • 37a			
b	Did the organization file Form 1120-POL for this year?	37b		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 period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·			
b	Gross receipts, included on line 9, for public use of club facilities · · · · · · · · · · · · · · · · · · ·			
40 a	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 is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior	40b		
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			
С	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 · · · · · · · · · · · · · · · · · · ·			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		Х
	transaction? If "Yes," complete Form 8886-T			Λ
41	List the states with which a copy of this return is filed.			
42 a		47-3	094	
	Located at PO BOX 111 HILLSBORO, KS ZIP+4 6 6706			
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		X
	If "Yes," enter the name of the foreign country:			21
	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.?	42c		X
Ü	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		4	
-10	and enter the amount of tax-exempt interest received or accrued during the tax year		•	
	and office the amount of tax-exempt interest received of accorded duffing the tax year			
			Yes	No
41	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		. 33	. 10
-T f	Form 990-EZ · · · · · · · · · · · · · · · · · · ·	44		37
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			X
7)	"Yes," Form 990 must be completed instead of Form 990-EZ	45		7.7
_	103, 1 Ohn 330 Huas be completed instead of 1 Ohn 330-LZ	-1 J		<u>X</u>

Form 990-EZ (2009) AMERICAN AGRI-WOMEN 38-2154410 Page 4

Part \	Section 501(c)(3) organizations and 501(c)(3) organizations and section 4947(a)(1) and complete the tables for lines 50 and 51.				only. All sect	ion	
46 Di	id the organization engage in direct or indirect politic	al campaign activities on b	ehalf of or in oppos	ition to		Yes	No
	andidates for public office? If "Yes," complete Scheo	· -			46	3	
	id the organization engage in lobbying activities? If		C, Part II		47	7	
	the organization a school as described in section 17	•	•		48	3	
	rid the organization make any transfers to an exempt				49	a	
b If	"Yes," was the related organization a section 527 or	ganization?			49	b	
50 C	complete this table for the organization's five highest	compensated employees	other than officers,	directors, trustees a	and key		
eı	mployees) who each received more than \$100,000 c	of compensation from the c	rganization. If there	is none, enter "No	ne."		
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contribution employee benefit p deferred compens	lans & ac	e)Expense count and rallowance	
51 C	otal number of other employees paid over \$100,000 complete this table for the organization's five highest 100,000 of compensation from the organization. If the	compensated independen		ch received more t	han		
	(a) Name and address of each independent contractor paid m	nore than \$100,000	(b) Ty	pe of service	(c) Comp	pensation	
-							
d T	otal number of other independent contractors each r	eceiving over \$100.000	🏚				
Sign	Under penalties of perjury, I declare that I have exam and belief, it is true, correct, and complete. Declarati	nined this return, including accomp	anying schedules and sta				
Here	Signature of officer			Date			
11010	CAROLYN KLEIBER, TREASURER						
	Type or print name and title						
Paid	Preparer's signature BRYCE WICHERT CPA			Check if self-employed	reparer's Identifying N	lo. (See ins	st.)
Prepare	er's Firm's name (or yours ACCOUNTING	and FINANCIAL INIT		EIN 🕏			
Use Onl	ly if self-employed), 104 E 1ST S	TREET SUITE C					
	address, and ZIP + 4 HILLSBORO,	KS 67063		Phone no.	620-947-397	76	
May the	IRS discuss this return with the preparer shown abo	ove? See instructions .		· · · · · · · · · ·	♦ X Y	es	No

Form 990-EZ (2009)

Form 8879-EC

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2009, or fiscal year beginning 10-01-2009 and ending 09-

0.9 = 0.00 and ending 0.9 = 0.00

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name and title of officer

Do not send to the IRS. Keep for the See instructions.

Do not send to the IRS. Keep for your records.

2009

Name of exempt organi	zation
AMERICAN	ACRT-WOME

Employer identification number 38-2154410

CAROLYN KLEIBER, TREASURER
Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here 🛊 🗌 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) · · · · · · · · 1b	
2a	Form 990-EZ check here 🛊 🐒 b Total revenue, if any (Form 990-EZ, line 9) · · · · · · · · · · · · · · · · · ·	213,39
За	Form 1120-POL check here 🏻 🖢 b Total tax (Form 1120-POL, line 22)	
4a	Form 990-PF check here 🛊 🗌 b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b	
5a	Form 8868 check here � 🗌 b Balance Due (Form 8868, line 3c) · · · · · · · · · · · · · · · · · · ·	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize ACCOUNTING and FINANCIAL ItNenter my PIN 90107 as my signature

ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

481179 90107

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature BRYCE WICHERT CPA Date 12-16-2010

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

	Federal Supporting Statements	2009
Name(s) as shown on return		FEIN

FORM 990EZ, PART I, LINE 16 OTHER EXPENSES SCHEDULE 2

DESCRIPTION	AMOUNT
BANK FEES	85
OFFICE SUPPLIES	2,572
GRANT EXPENSE	97,484
DUES	800
INSURANCE	1,296
MEETINGS AND CONFERENCES	37,506
TRAVEL	11,152
WEBSITE	240
UTILITIES	947
PROMOTIONAL	3,247
TOTAL	155,329

Form 990-EZ

Department of the Treasury

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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

2008

Open to Public Inspection

Inte	rnal Rever	nue Service	The organization may have to use a copy of this return to satisfy state reporting requiren	nents.		mopostion
Α	For the	2008 calendar	year, or tax year beginning 10-01, 2008, and ending	9	09-30	, 20 09
В	Check if a	pplicable:	C Name of organization	D Employ	er iden	tification number
	Address c	change	Please use IRS AMERICAN AGRI-WOMEN	38-	21544	110
	Name cha	ange	label or Number and street (or P.O. box, if mail is not delivered to street address) Room print or	/suite E Telepho	ne nur	nber
	Initial retur	rn	type.			
	Termination	on	See Specific 943 150TH, PO BOX 111			
	Amended	return	Instruc- tions. City or town, state or country, and ZIP + 4	F Group	Exempt	ion
	Application		HILLSBORO, KS 67063	Numbe		
	Sec	tion 501(c)(3)		G Accounting me		X Cash Accrual
			a completed Schedule A (Form 990 or 990-EZ).	Other (specify)		
						rganization is not
	Website	. ' ———				nedule B (Form 990,
		. – : ` ` `	eck only one) - X 501(c) (5) • (insert no.) 4947(a)(1) or 527	990-EZ, or 990		
	Check 🕻		rganization is not a section 509(a)(3) supporting organization and its gross receipts	s are normally not r	nore tha	an \$25,000. A return
_		•	he organization chooses to file a return, be sure to file a complete return.			
			7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 inste			99,383
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances	(See the instruction		
	1		s, gifts, grants, and similar amounts received		1	58,966
	2		vice revenue including government fees and contracts		2	
	3		dues and assessments · · · · · · · · · · · · · · · · · · ·		3	37,645
	4	Investment i			4	229
	5a		nt from sale of assets other than inventory			
			rother basis and sales expenses · · · · · · · · · · · · · · · · 5b		F .	
R e		,	s) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach so		5c	
v e n u e	6		and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here	e V		
	l a		ue (not including \$ of contributions	2 542		
	h	reported on I	' - +	2,543		
Ū				2,166	60	277
			or (loss) from special events and activities (Subtract line 6b from line 6a) · · · of inventory, less returns and allowances · · · · · · · · · · · · / 7a		6c	377
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		Less: cost of	or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8		ue (describe 🍪		8	
	9		e. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 · · · · · · · · · · · · · · · · · ·	, , , , , , , ,	9	97,217
	10		imilar amounts paid (attach schedule)	· · · · · · · · · · · · · · · · · · ·	10	91,211
	11		d to or for members · · · · · · · · · · · · · · · · · · ·		11	
E x	12	•	er compensation, and employee benefits		12	
p e	13		fees and other payments to independent contractors · · · · · · · · · · · · · · · · · · ·		13	450
n	14		rent, utilities, and maintenance		14	
s e	15		lications, postage, and shipping		15	15,010
Š	16		ses (describe 🍫 STM130)	16	94,751
	17		es. Add lines 10 through 16 · · · · · · · · · · · · · · · · · ·		17	110,211
_	18		eficit) for the year (Subtract line 17 from line 9)	·	18	(12,994)
NS e e t	19		r fund balances at beginning of year (from line 27, column (A)) (must agree with			
e s			igure reported on prior year's return) · · · · · · · · · · · · · · · · · · ·		19	58,284
·	20		es in net assets or fund balances (attach explanation)		20	
S	21		r fund balances at end of year. Combine lines 18 through 20 · · · · · · · ·		21	45,290
Р	art II	Balance	Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file F	orm 990 instead of	Form 9	90-EZ.
			(See the instructions for Part II.)	(A) Beginning of ye	ar	(B) End of year
22			d investments · · · · · · · · · · · · · · · · · · ·	58,2	84 22	45,290
23	Land	d and buildings	3		23	
24		er assets (desc			24	
25	Total	assets · ·		58,2	84 25	45,290
26		liabilities (de			26	
27	Net a	assets or fund	balances (line 27 of column (B) must agree with line 21)	58,2	284 27	45,290

Form 990-EZ (2008) AMERICAN AGRI-WOMEN			38-2	21544	10 Page 2
Part III Statement of Program Service Accor	mplishments (See the	instructions for Part III.)		Expenses
What is the organization's primary exempt purpose? TO PROM		quired for 501(c)(3)			
Describe what was achieved in carrying out the organization's e	exempt purposes. In a clear	and concise manner,			(4) organizations 4947(a)(1) trusts;
describe the services provided, the number of persons benefite	d, or other relevant informa	tion for each program t	itle.		onal for others.)
28 TO COMMUNICATE WITH ONE ANOTHER AND WITH	H OTHER CONSUMERS T	ГО			
PROMOTE AGRICULTURE FOR THE BENEFIT OF T	THE AMERICAN PEOPLE	Ξ			
AND THE WORLD					
(Grants \$ 30,047) If this amo	ount includes foreign grants	. check here · · · ·	🗞	28a	30,439
29	· · · · · · · · · · · · · · · · · · ·	,			
(Grants \$) If this amo	ount includes foreign grants	check here	🗞 🗍	29a	
30	Jane moradoo for orgin granto	, onook noro	V	200	
(O-roots #	20-				
	ount includes foreign grants	, cneck nere · · · ·	🗞	30a	
31 Other program services (attach schedule) · · · · · · ·					
· · · · · · · · · · · · · · · · · · ·	ount includes foreign grants		• • • • •	31a	
32 Total program service expenses (add lines 28a through 31	<u>′</u>	• • • • • • • • • •	•	32	30,439
Part IV List of Officers, Directors, Trustees, and Key En	ployees. List each one eve	en if not compensated.	(See the instruc	tions fo	or Part IV.)
(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contributions employee benefit pla		(e) Expense account and
(a) Hame and dadiece	devoted to position	enter -0)	deferred compensa		other allowances
MARCIE WILLIAMS	PRESIDENT				
11404 APPLETON RD CROTON OH, 43013	0	0		0	0
ARLENE KOVASH	VICE PRESIDENT				
11425 PEDEE CREEK RD MONMOUTH OR, 97361	0	0		0	0
CHERYL DAY	SECRETARY				
3509 COUNTY LINE ROAD CERRO GORDO, 61818	0	0		0	0
YVONNE ERICKSON	PAST PRESIDENT				
34115 CITY HIGHWAY 74 BATTLE LAKE, 56515	0	0		0	0
CAROLYN KLEIBER	TREASURER	9		-	
PO BOX 111 HILLSBORO KS, 67063	0	0		0	0
CHRIS WILSON	VICE PRESIDENT	0		U	
		0		0	0
2103 ZEANDALE RD MANHATTAN KS, 66502	0	0		0	
PAMELA SWEETEN	VICE PRES EDUCA				
9486 TEGNEW RD HILMAR CA, 95324	0	0		0	0

Pa	rt V Other Information (Note the statement requirements in the instructions for Part VI.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes,"			
	attach a conformed copy of the changes	34		Х
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, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting,			
	and proxy tax requirements?	35a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		- 21
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"			
	complete applicable parts of Schedule N · · · · · · · · · · · · · · · · · ·	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions · · · · • 37a			
	Did the organization file Form 1120-POL for this year?	37b		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			71
	any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			21
39	501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	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 (4) organizations. Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule			
	L, Part I	40b		
С	Enter amount of tax imposed on organization managers or disqualified persons during			
	the year under sections 4912, 4955, and 4958			
d	- · · · · · · · · · · · · · · · · · · ·			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed.			
42 a	The books are in care of CAROLYN KLEIBER Telephone no. 620-9	47-3	094	
	Located at PO BOX 111 HILLSBORO, KS ZIP+4 6 6706	3		
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		Х
	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.?	42c		X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here · · · · · · · · · · · · · · · · · ·		· ·�	
	and enter the amount of tax-exempt interest received or accrued during the tax year · · · · · · · · · • 43			
			Yes	No
41	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part	VI Section 501(c)(3) organd complete the tables for		ly. All section 501(c)(3) organizations mu	st answer questions 46-49			
46 D	Did the organization engage in dire	ect or indirect politic	al campaign activities on	behalf of or in oppo	sition to		Yes	No
C	candidates for public office? If "Ye	es," complete Sched	dule C, Part I			46		
47 E	Did the organization engage in lob	bying activities? If	"Yes," complete Schedule	C, Part II · · · ·		. 47		
48 Is	s the organization operating a sch	ool as described in	section 170(b)(1)(A)(ii)?	If "Yes," complete S	chedule E	48		
49 a 🛭	Did the organization make any trai	nsfers to an exempt	non-charitable related or	ganization?		· · 49a		
b I	f "Yes," was the related organizati	ion(s) a section 527	organization?			· · 49b		
50 0	Complete this table for the five hig	hest compensated	employees (other than off	icers, directors, trus	tees and key employees) w	ho		
<u> </u>	each received more than \$100,000	0 of compensation f	rom the organization. If the	nere is none, enter "	'None."			
	(a) Name and address of each employed than \$100,000	e paid more	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation		xpense nt and owances	
Total n	umber of other employees paid ov	ver \$100,000 🏼 🍫						
	Complete this table for the five hig compensation from the organization			who each received r	nore than \$100,000 of			
	(a) Name and address of each indep	endent contractor paid m	nore than \$100,000	(b) T	ype of service	(c) Compen	sation	
Total	umber of other independent	notore each reast-t-	og over \$100 000	•				
Total II		declare that I have exam	ined this return, including accom	panying schedules and st	atements, and to the best of my knoon of which preparer has any knowless			
Sign								
Here	Signature of officer				Date			
	CAROLYN KLEIBER	, TREASURER						
	Type or print name and title.							
	Preparer's			Date	Check if Preparer's	dentifying No. (See inc	.t.)
Paid	Preparer's signature BRYC	E WICHERT CPA	Ą	11-06-2009	self- employed	acimiyilig ivo. (CCU II IS	,
Prepare	er's		_	TIA	EIN 😵			
Use Or	Firm's name (or yours —		TREET SUITE C		LIIV ▼			
200 01	address, and ZIP + 4	HILLSBORO,			Phone no. • 620-	947-3976		
May th	e IRS discuss this return with the				• • • • • • • • • • • • • • • • • • •	x Yes		No
may un	5 to dioddo tillo fotdiff with the	r. sparsi silowii abc	Coo mondonono	EEA		Form 99		

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2008, or fiscal year beginning 10-01-2008 and ending 09-30-2009

♦ Do not send to the IRS. Keep for your records.

<u>0-2009</u> **2008**

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Internal Revenue Service

Name of exempt organization

See instructions.

Employer identification number

AMERICAN AGRI-WOMEN Name and title of officer	38-2154410
CAROLYN KLEIBER, TREASURER	
Part I Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount fror any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for wh filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0 entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Pa	iich you are)-). But, if you rt I.
1a Form 990 check here b Total revenue, if any (Form 990, line 12)	b
▼ ½ <u>1</u>	97,21°
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) · · · · · · · · · · · · · · · · · ·	
(* * * * * * * * * * * * * * * * * * *	
5a Form 8868 check here 🗞 🔲 b Balance Due (Form 8868, line 3c) · · · · · · · · · · · · · · · · · · ·	
Double Deployed on and Cignotium Authorization of Officer	
Part II Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a	a conv of the organization's
2008 electronic return and accompanying schedules and statements and to the best of my knowledge and be	
correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originat organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or re of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ele (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a p the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (set authorize the financial institutions involved in the processing of the electronic payment of taxes to receive connecessary to answer inquiries and resolve issues related to the payment. I have selected a personal identific my signature for the organization's electronic return and, if applicable, the organization's consent to electronic	ne organization's for (ERO) to send the rejection of the fund, and (d) the date ctronic funds withdrawal the organization's ayment, I must contact tlement) date. I also infidential information ation number (PIN) as
Officer's PIN: check one box only	
X I authorize ACCOUNTING and FINANCIAL ItNenter my PIN 90107 ERO firm name Enter five numbers, do not enter all zero	
on the organization's tax year 2008 electronically filed return. If I have indicated within this return that is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also aforementioned ERO to enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 20 filed return. If I have indicated within this return that a copy of the return is being filed with a state age charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent	ency(ies) regulating
Officer's signature CAROLYN KLEIBER Date	• • 11-09-2009
Part III Certification and Authentication	¥ 11 09 2009
John Gardin and Additional and The Control of the C	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	481179 90107 do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return f indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, (MeF) Information for Authorized IRS e-file Providers for Business Returns.	
ERO's signature	• • 11-06-2009

	Federal Supporting Statements	2008
Name(s) as shown on return		FEIN

FORM 990EZ, PART I, LINE 16 OTHER EXPENSES SCHEDULE 2

DESCRIPTION	AMOUNT
BANK FEES	 79
OFFICE SUPPLIES	524
GRANT EXPENSE	30,439
DUES	2,861
INSURANCE	1,296
MEETINGS AND CONFERENCES	44,311
TRAVEL	12,435
WEBSITE	240
UTILITIES	691
PROMOTIONAL	<u> </u>
TOTAL	94,751

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, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 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.

2007

OMB No. 1545-1150

Open to Public Inspection

Α	For the	2007 calendar	year, c	or tax year beginning 10-01 , 2007, and en	nding	09-	-30 , 20	08
В	Check if a	pplicable:		C Name of organization	1	D Employer i	dentification	on number
$\overline{}$	Address c	• •	Please use IRS	AMERICAN AGRI-WOMEN		38-21	54410	
	Name cha		label or	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	Telephone	number	
Ī	Initial retur	•	print or type.					
Ī	Termination		See Specific	943 150TH, PO BOX 111				
Ħ	Amended		Instruc-	City or town, state or country, and ZIP + 4		F Group Exe	mption	
	7 11 10 11 10 0		tions.	HILLSBORO KS 67063		Number •		
	Application	n pendina						
			organiz	rations and 4947(a)(1) nonexempt charitable trusts must attach	G Acco	ounting metho	d: x Cas	sh Accrual
		. , ,	-	npleted Schedule A (Form 990 or 990-EZ).		er (specify)		
						ck � χ ift		ation
ı	Website	: ••			_	t required to a	•	
	Check 4	<u> </u>	nanizat	ion is not a section 509(a)(3) supporting organization and its gross rec		•		000 A return
			-	nization chooses to file a return, be sure to file a complete return.	scipts are non	nany not more	, ιπαιτ ψ20,	ooo. A lotuili
				ne 9 to determine gross receipts; if \$100,000 or more, file Form 990 in	atood of Form	000 E7 A	\$	75,592
_								
Р	art I			penses, and Changes in Net Assets or Fund Balance grants, and similar amounts received		ge 55 of the in	ISTRUCTIONS	
	1		-	3 ,				34,527
	2			venue including government fees and contracts · · · · · · · · · · · · · · · · · · ·				
	3			nd assessments				25,620
	4	Investment in				4		1,410
				sale of assets other than inventory 5a				
				pasis and sales expenses · · · · · · · · · · 5b				
R	С	,	,	sale of assets other than inventory. Subtract line 5b from line 5a (attac	,	· · · 5c		
e v	6	Special even	its and	activities (attach schedule). If any amount is from gaming, check here	•			
е	а	Gross reveni	ue (not	including \$ of contributions				
n u		reported on I	ine 1)	6a		14,035		
е	b	Less: direct e	expense	es other than fundraising expenses · · · · · · · · · 6b		3,874		
	С	Net income of	or (loss	from special events and activities. Subtract line 6b from line 6a		STM101 60	:	10,161
	7a	Gross sales	of inver	ntory, less returns and allowances 7a				
	b	Less: cost of	goods	sold · · · · · · · · · · · · · · · · · · ·				
	С	Gross profit	or (loss) from sales of inventory. Subtract line 7b from line 7a · · · · · · · ·		· · · · 7c	:	
	8	Other revenu	ue (des	cribe 🏘) 8		
	9			lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		· · • 9		71,718
_	10			mounts paid (attach schedule)		· · · · · · · · · · · · · · · · · · ·	,	
_	11	Benefits paid		,				
E	12			pensation, and employee benefits · · · · · · · · · · · · · · · · · · ·		12		
р	13			nd other payments to independent contractors · · · · · · · · · · · ·				450
e n	14			lities, and maintenance				
S	15			s, postage, and shipping				18,368
e s		0.1		-, p			_	
	16		•	scribe ♦ STM130) 16		47,025
	17			a miles is a meager is				65,843
F	18	•	,	or the year. Subtract line 17 from line 9 · · · · · · · · · · · · · · · · · ·		• • • • 18		5,875
Ns e e t t	s 19			palances at beginning of year (from line 27, column (A)) (must agree w				
e ë		•	-	ported on prior year's return) · · · · · · · · · · · · · · · · · · ·				52,409
t	20			et assets or fund balances (attach explanation) · · · · · · · · · · · · · · · · · · ·				
	21			alances at end of year. Combine lines 18 through 20 · · · · · ·				58,284
P	art II	Balance	Shee	ts - If Total assets on line 25, column (B) are \$250,000 or more, file			990-EZ.	
				(See page 60 of the instructions.)		ginning of year) End of year
22	Cash	n, savings, and	d invest	ments		52,349	1 1	58,284
23	Land	l and buildings					23	
24	Othe	r assets (desc	ribe 🍫	STM131)		60	-	
25	Total	assets .				52,409	25	58,284
26	Total	liabilities (de	scribe	•			26	
27				es (line 27 of column (B) must agree with line 21)		52,409	27	58,284

Pa	rt	II Statement of Program Service Accom	nplishmer	nts (See page	60 of the instructions	s.)		Expen	ses	
				AGRICULTUR				uired fo		
Des	crib	e what was achieved in carrying out the organization's ex	kempt purpo	ses. In a clear ar	nd concise manner.			(4) orga 4947(a)		
		e the services provided, the number of persons benefited				itle.		nal for o		
		COMMUNICATE WITH ONE ANOTHER AND WITH					<u> </u>			
		OMOTE AGRICULTURE FOR THE BENEFIT OF T								
-			HE AMERI	CAN PEOPLE						
		THE WORLD								
-	(Gr	ants \$) If this amo	unt includes	foreign grants, c	neck nere · · ·	· · · · •	28a			
29										
_										
	(Gr	ants \$) If this amou	unt includes	foreign grants, c	heck here · · ·		29a			
30						· · ·				
-										
-										
-	(Gr	ants \$) If this amo	unt includes	foreign grants, c	hack hara	🏚	30a			
-	`	,				•	30a			
		or program services (attach seriedale)					.			
-	`				heck here · · ·		31a			
32 .	Tota	al program service expenses. Add lines 28a through 31a					32			
Pa	rt	V List of Officers, Directors, Trustees, and Key Em	ployees (Lis	t each one even	if not compensated.	See page 61 of	the ins	tructions	s.)	
		(A) Name and address		e and average per week	(C) Compensation	(D) Contributions			Expense)
Se	ee	(A) Name and address 990_OFOV		to position	(If not paid, enter -0)	employee benefit pla deferred compensa			unt and Ilowanc	es
					·					
		1								
				1						
Pa	rt '	Other Information (Note the statement requi	irement in G	eneral Instruction	n V.)				Yes	No
33	D	id the organization make a change in its activities or met	hods of cond	ducting activities	? If "Yes," attach a					
	d	etailed statement of each change						33		X
34		ere any changes made to the organizing or governing de								
		ttach a conformed copy of the changes · · · · · ·						34		Х
35		the organization had income from business activities, su								22
00		eported on Form 990-T, attach a statement explaining you								
_										
а		id the organization have unrelated business gross incom						05-		
		roxy tax requirements?						35a		X
b		"Yes," has it filed a tax return on Form 990-T for this yea						35b	N/A	
36		as there a liquidation, dissolution, termination, or substa				a				
	st	atement · · · · · · · · · · · · · · · · · · ·						36		X
37 a	Ε	nter amount of political expenditures, direct or indirect, a	s described	in the instruction	s. 🔷 37a					
b	D	id the organization file Form 1120-POL for this year?						37b		X
38 a	D	id the organization borrow from, or make any loans to, ar	nv officer. dir	ector, trustee, o	kev emplovee or we	ere				
		ny such loans made in a prior year and still unpaid at the						38a		v
h		"Yes," attach the schedule specified in the line 38 instruc			,			300		X
b		volved · · · · · · · · · · · · · · · · · · ·			38b					
00					380					
39		O1(c)(7) organizations. Enter:								
а		itiation fees and capital contributions included on line 9								
b	G	ross receipts, included on line 9, for public use of club fa	cilities .		39b					

Form 990-EZ (2007) AMERICAN AGRI-WOMEN 38-2154410 Page 3

Par	t V C	Other Information	(Note the statement req	uirement in Gene	eral Instruction V.) (C	Continued)					
40 a	501(c)(3	s) organizations. Enter a	mount of tax imposed o	n the organizatior	n during the year und	der:					
	section 4	4911 �	; section 491	12 🍫	; sectio	n 4955 <page-header></page-header>					
b	501(c)(3	s) and (4) organizations.	Did the organization en	gage in any secti	on 4958 excess ben	efit transaction	n during the			Yes	No
	year or o	did it become aware of a	n excess benefit transac	ction from a prior	year? If "Yes," attac	h an explanati	on · · ·		40b	N/	4
С	Enter an	nount of tax imposed on	organization managers	or disqualified pe	rsons during						
	the year	under sections 4912, 49	955, and 4958 · · ·			· · �					
d	Enter an	mount of tax on line 40c	reimbursed by the orgar	nization · · · ·		· · �					
е		nizations. At any time du									
	transact	ion? · · · · · · · · ·							40e		X
41	List the	states with which a copy	of this return is filed.	�							
42 a	The boo	ks are in care of 🔷 🐁 🗅	AROLYN KLEIBER			Tele	phone no. 🔸	620-9	947-3	182	
	Located	at 🍫 PO BOX 111		HILLSBO	ORO	KS	ZIP + 4	670	63		
b	At any ti	me during the calendar	year, did the organizatio	n have an interes	st in or a signature o	r other authorit	У				
		nancial account in a fore	• • • • • • • • • • • • • • • • • • • •							Yes	No
	,)?			• • • • • • • • •				42b		X
		enter the name of the fo	· · · —								
		instructions for exceptio	0 1								
С	•	me during the calendar y	•	n maintain an offi	ce outside of the U.S	S.?			42c		X
		enter the name of the fo	· · _								
43		4947(a)(1) nonexempt c					• • • • • •		• • •	· · �	
	and ente	er the amount of tax-exer									
		Under penalties of perjury, I and belief, it is true, correct,	declare that I have examined the and complete. Declaration of p	his return, including ac preparer (other than off	companying schedules ar ficer) is based on all inforn	nd statements, and mation of which pre	I to the best of neparer has any F	ny knowledge knowledge.			
Plea	ise				,	·		· ·			
Sigr											
Here		Signature of officer					Date				
					Dete	1	D	aria CCN ar Di	TINI (Caa	O l	- V
D-1-1		Preparer's			Date	Check if self-		er's SSN or P7	IIN (See	Gen. Ins	t. X)
Paid		signature	A GGOLDIETAG		07-13-2009	employed 🕏					
	arer's	Firm's name (or yours	ACCOUNTING + F		LITATIVE		EIN 😵				
Use (July	if self-employed), address, and ZIP + 4	104 EAST 1ST ST	r., STE. C	VO (700)	2		600045	2076		
		addicoo, and an 14	HILLSBOKO		KS 67063	3	Phone no. 😵	6209473	39/6		

<u>CurrentOfficers,Directors,Trustees,andKeyEmployees</u>

(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expense account,
(a) Name and address	devoted to position	(ii not paid, enter	employee benefit plans deferred compensation	(e) Expense account, other allowances
MARCIE WILLIAMS	PRESIDENT			
11404 APPLETON RD CROTON	OH 43013 0	0	0	C
ARLENE KOVASH	VICE PRES			
11425 PEDEE CREEK RD MONMOUTH	OR 97361 0	0	0	С
CHERYL DAY	SECRETARY			
3509 COUNTY LINE ROA CERRO GORDO	IL 61818 0	0	0	С
YVONNE ERICKSON	PAST PRES			
34115 CITY HIGHWAY 7 BATTLE LAKE	MN 56515 0	0	0	C
CAROLYN KLEIBER	TREASURER			
PO BOX 111 HILLSBORO	KS 67063 0	0	0	С
CHRIS WILSON	VICE PRES			
2103 ZEANDALE RD MANHATTAN	KS 66502 0	0	0	С
	·			
	<u> </u>			
	L			

Federal Supporting Statements Name(s) as shown on return AMERICAN AGRI-WOMEN Tell 38-2154410

FORM 990EZ, PART I, LINE 16 OTHER EXPENSES SCHEDULE 2 Statement #130

BANK FEES 5 SUPPLIES 99	_
CIIDDI.TFC Q	9
20111112	-
PROMOTIONAL 3,70	0
DUES 2,83	6
INSURANCE 1,29	6
MEETINGS AND CONFERENCE 25,81	2
MISCELLANEOUS 13	5
TELEPHONE 72	9
TRAVEL 7,50	3
WEBSITE3,96	0
TOTAL47,02	5

PG 01 Statement #131

FORM 990EZ, PART II, LINE 24 OTHER ASSETS SCHEDULE 3

Description ACCOUNTS RECEIVABLE	Beginning of Year 60	End of Year
TOTAL	60	

Federal Supporting Statements	2007 PG 01
Name(s) as shown on return	Your Social Security Number
AMERICAN AGRI-WOMEN	38-2154410

FORM 990EZ, PART I, LINE 6 SPECIAL EVENTS SCHEDULE

Statement #101

	Gross		Gross	Direct	
Event	Receipts	Contributions	Revenue	Expenses	Net Income
FLY IN	5,100		5,100		5,100
MID YEAR	4,130		4,130		4,130
COUNTRY STORE AND CONVT STORE	4,805		4,805	3,874	931
TOTAL	14,035		14,035	3,874	10,161