

**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 Individuals:

1. Name:
2. Address:
3. Email Address:
4. Phone Number:

\* \* \* \* \*

For Witnesses 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 educational experiences that are 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, or affiliations 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 Coalition) Executive Board 2000-2006; Association of O & C Counties( Oregon California Railroad Lands) 2000-2006; Association of Oregon Counties, 1999-2006, Public Lands Steering 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 Department of the Interior (and /or other agencies invited) 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

In addition, for witnesses representing organizations:

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 Department of the Interior (and /or other agencies invited) 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

Short Form Return of Organization Exempt From Income Tax

2009

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 10-01, 2009, and ending 09-30, 2010

B Check if applicable:

- Address change
Name change
Initial return
Terminated
Amended return

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

AMERICAN AGRI-WOMEN

Number and street (or P.O. box, if mail is not delivered to street address)

943 150TH, PO BOX 111

City or town, state or country, and ZIP + 4

HILLSBORO, KS 67063

D Employer identification number

38-2154410

E Telephone number

(620) 947-3094

F Group Exemption Number

Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method: X Cash Accrual Other (specify)

I Website:

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 213,955

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes columns for description, sub-rows (a, b, c), and amounts. Total revenue is 213,393 and total expenses is 175,185.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

Table with 7 rows for Balance Sheets. Columns for (A) Beginning of year and (B) End of year. Total assets at beginning is 45,290 and at end is 83,498.



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

		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? If "Yes," attach a conformed copy of the changes . . . . .	34	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .	35a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	36	X
37 a	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 . . . . .	38b	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . .	39a	
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> _____; section 4912 <input type="checkbox"/> _____; section 4955 <input type="checkbox"/> _____		
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 Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	40b	
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . .		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	40e	X
41	List the states with which a copy of this return is filed. <input type="checkbox"/> _____		
42 a	The organization's books are in care of <input type="checkbox"/> CAROLYN KLEIBER Telephone no. <input type="checkbox"/> 620-947-3094 Located at <input type="checkbox"/> PO BOX 111 HILLSBORO, KS ZIP + 4 <input type="checkbox"/> 67063		
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)? . . . . .	42b	X
	If "Yes," enter the name of the foreign country: <input type="checkbox"/> _____ 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
	If "Yes," enter the name of the foreign country: <input type="checkbox"/> _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . .	43	
44	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) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		
49 a	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .		
49 b	If "Yes," was the related organization a section 527 organization? . . . . .		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
 CAROLYN KLEIBER, TREASURER  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: BRYCE WICHERT CPA Date: 12-16-2010 Check if self-employed:  Preparer's Identifying No. (See inst.): \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4: ACCOUNTING and FINANCIAL INITIA, 104 E 1ST STREET SUITE C, HILLSBORO, KS 67063 EIN: \_\_\_\_\_ Phone no.: 620-947-3976

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

IRS e-file Signature Authorization for an Exempt Organization

Form 8879-EO

OMB No. 1545-1878

For calendar year 2009, or fiscal year beginning 10-01-2009 and ending 09-30-2010

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

2009

Department of the Treasury Internal Revenue Service

See instructions.

Name of exempt organization

Employer identification number

AMERICAN AGRI-WOMEN

38-2154410

Name and title of officer

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.

Table with 2 columns: Line number and description, and Amount. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, and Form 8868.

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

[X] I authorize ACCOUNTING and FINANCIAL to enter my PIN 90107 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 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

Date 12-20-2010

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

<u>DESCRIPTION</u>	<u>AMOUNT</u>
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	<u>3,247</u>
TOTAL	<u>155,329</u>

Short Form Return of Organization Exempt From Income Tax

2008

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 10-01, 2008, and ending 09-30, 2009

B Check if applicable:

- Address change
Name change
Initial return
Termination
Amended return
Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

AMERICAN AGRI-WOMEN

Number and street (or P.O. box, if mail is not delivered to street address)

943 150TH, PO BOX 111

City or town, state or country, and ZIP + 4

HILLSBORO, KS 67063

D Employer identification number

38-2154410

E Telephone number

F Group Exemption Number

Number . . .

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: [X] Cash [ ] Accrual Other (specify)

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

I Website:

J Organization type (check only one) - [X] 501(c)(5) (insert no.) [ ] 4947(a)(1) or [ ] 527

K Check [ ] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ \$ 99,383

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes sub-rows for detailed calculations like 5a/b, 6a/b, 7a/b. Total revenue is 97,217 and total expenses is 110,211.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

Table with 7 rows for Balance Sheets. Columns for (A) Beginning of year and (B) End of year. Total assets at beginning: 58,284; at end: 45,290.



Part 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	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? . . . . .	35a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	35b	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N . . . . .	36	X
37 a	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 unpaid at the start of the period covered by this return? . . . . .	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b	
39	501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . .	39a	
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> _____; section 4912 <input type="checkbox"/> _____; section 4955 <input type="checkbox"/> _____		
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	
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .		
d	Enter amount of tax on line 40c reimbursed by the organization . . . . .		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	40e	X
41	List the states with which a copy of this return is filed. <input type="checkbox"/> _____		
42 a	The books are in care of <input type="checkbox"/> CAROLYN KLEIBER Telephone no. <input type="checkbox"/> 620-947-3094 Located at <input type="checkbox"/> PO BOX 111 HILLSBORO, KS ZIP + 4 <input type="checkbox"/> 67063		
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)? . . . . .	42b	X
	If "Yes," enter the name of the foreign country: <input type="checkbox"/> _____ 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
	If "Yes," enter the name of the foreign country: <input type="checkbox"/> _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . .	43	
44	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) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		
49 a	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .		
49 b	If "Yes," was the related organization(s) a section 527 organization? . . . . .		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000 <input type="text"/>				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over \$100,000 . . . <input type="text"/>		

**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: CAROLYN KLEIBER, TREASURER Date: \_\_\_\_\_

Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature: BRYCE WICHERT CPA Date: 11-06-2009 Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4: ACCOUNTING and FINANCIAL INITIA  
104 E 1ST STREET SUITE C  
HILLSBORO, KS 67063 EIN:  Phone no.: 620-947-3976

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

IRS e-file Signature Authorization for an Exempt Organization

Form 8879-EO

OMB No. 1545-1878

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.

2008

Department of the Treasury Internal Revenue Service

See instructions.

Name of exempt organization

Employer identification number

AMERICAN AGRI-WOMEN

38-2154410

Name and title of officer

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 from the return if 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 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.

Table with 2 columns: Line number and description, and Amount. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, and Form 8868. Total revenue for Form 990-EZ is 97,217.

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 2008 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 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

[X] I authorize ACCOUNTING and FINANCIAL to enter my PIN 90107 as my signature

on the organization's tax year 2008 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 2008 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 CAROLYN KLEIBER

Date 11-09-2009

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 2008 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 11-06-2009

ERO Must Retain This Form - See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

## Federal Supporting Statements

2008

Name(s) as shown on return

FEIN

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

<u>DESCRIPTION</u>	<u>AMOUNT</u>
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>1,875</u>
TOTAL	<u>94,751</u>

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)

2007

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning 10-01, 2007, and ending 09-30, 2008

B Check if applicable:

- Address change, Name change, Initial return, Termination, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: AMERICAN AGRI-WOMEN, Number and street (or P.O. box, if mail is not delivered to street address): 943 150TH, PO BOX 111, City or town, state or country, and ZIP + 4: HILLSBORO KS 67063

D Employer identification number: 38-2154410, E Telephone number, F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: X Cash, Accrual, Other (specify)

I Website: [ ] [ ] [ ] [ ]

H Check X if the organization is not required to attach

K Check [ ] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. \$ 75,592

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

Table with 21 rows for Revenue, Expenses, and Assets. Revenue total: 71,718. Expenses total: 65,843. Net assets at end of year: 58,284.

Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

Table with 7 rows for Balance Sheets. Total assets: 58,284. Total liabilities: 0. Net assets: 58,284.



<b>Part III</b> Statement of Program Service Accomplishments (See page 60 of the instructions.)	Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? <u>TO PROMOTE AGRICULTURE</u>	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.	
28 <u>TO COMMUNICATE WITH ONE ANOTHER AND WITH OTHER CONSUMERS TO PROMOTE AGRICULTURE FOR THE BENEFIT OF THE AMERICAN PEOPLE AND THE WORLD</u> (Grants \$ _____ ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	28a
29 _____ (Grants \$ _____ ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	29a
30 _____ (Grants \$ _____ ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	30a
31 Other program services (attach schedule) _____ (Grants \$ _____ ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	31a
32 Total program service expenses. Add lines 28a through 31a <input checked="" type="checkbox"/>	32

<b>Part IV</b> List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See 990_OFOV				

<b>Part V</b> Other Information (Note the statement requirement in General Instruction V.)	Yes	No
33 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	33	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N / A
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	36	<input checked="" type="checkbox"/>
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. <input checked="" type="checkbox"/> 37a		
b Did the organization file Form 1120-POL for this year?	37b	<input checked="" type="checkbox"/>
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 unpaid at the start of the period covered by this return?	38a	<input checked="" type="checkbox"/>
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	

**Part V Other Information** (Note the statement requirement in General Instruction V.) (Continued)

40 a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911  \_\_\_\_\_; section 4912  \_\_\_\_\_; section 4955  \_\_\_\_\_

b 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," attach an explanation . . . . .

	Yes	No
40b	N /	
40c		
40d		
40e		X

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .  \_\_\_\_\_

d 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? . . . . .

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.  620-947-3182  
 Located at  PO BOX 111 HILLSBORO KS ZIP + 4  67063

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)? . . . . .

	Yes	No
42b		X
42c		X

If "Yes," enter the name of the foreign country:  \_\_\_\_\_

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

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 . . . . .  43

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Paid Preparer's Use Only

Preparer's signature <input type="checkbox"/>	Date 07-13-2009	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="checkbox"/>	ACCOUNTING + FINANCIAL INITIATIVE 104 EAST 1ST ST., STE. C HILLSBORO KS 67063		EIN <input type="checkbox"/> Phone no. <input type="checkbox"/> 6209473976



Federal Supporting Statements

2007 PG 01

Name(s) as shown on return

FEIN

AMERICAN AGRI-WOMEN

38-2154410

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

Statement #130

<u>Description</u>	<u>Amount</u>
BANK FEES	55
SUPPLIES	999
PROMOTIONAL	3,700
DUES	2,836
INSURANCE	1,296
MEETINGS AND CONFERENCE	25,812
MISCELLANEOUS	135
TELEPHONE	729
TRAVEL	7,503
WEBSITE	<u>3,960</u>
TOTAL	<u>47,025</u>

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

PG 01  
 Statement #131

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
ACCOUNTS RECEIVABLE	<u>60</u>	<u>          </u>
TOTAL	<u>60</u>	<u>          </u>

# 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

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