



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



A For the 2009 calendar year, or tax year beginning 01-01-2009 , and ending 12-31-2009				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization North Dakota Water Users Association		D Employer identification number 45-0430880
Address change		Number and street (or P O box, if mail is not delivered to street address) Room/suite PO Box 2254		E Telephone number (701) 223-4615
Name change				
Initial return		City or town, state or country, and ZIP + 4 Bismarck, ND 58502		F Group Exemption Number
Terminated				
Amended return				
Application pending				




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

<b>I Website:</b> N/A		<b>H Check</b> <input checked="" type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
<b>J Tax-Exempt status</b> (check only one)— <input checked="" type="checkbox"/> 501(c)(6) <input type="checkbox"/> (insert no.) 4947(a)(1) or <input type="checkbox"/> 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 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.

<b>L</b> 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	<b>\$</b>	333,791
--	-----------	---------



<b>Part I</b>	<b>Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I )
---------------	---

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	162,064
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	153,800
	<b>4</b>	Investment income . . . . .	<b>4</b>	
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	3,425
	<b>b</b>	Less cost or other basis and sales expenses . . . . .	<b>5b</b>	2,250
	<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	1,175
	<b>6</b>	Special events and activities (complete applicable parts of Schedule G) If any amount is from <b>gaming</b> , check here 		
	<b>a</b>	Gross revenue (not including \$ _ of contributions reported on line 1) . . . . .	<b>6a</b>	
	<b>b</b>	Less direct expenses other than fundraising expenses . . . . .	<b>6b</b>	
	<b>c</b>	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	<b>6c</b>	
	<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	
	<b>b</b>	Less cost of goods sold . . . . .	<b>7b</b>	
	<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	
	<b>8</b>	Other revenue (describe  )	<b>8</b>	14,502
	<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . 	<b>9</b>	331,541
















Expenses	<b>10</b>	Grants and similar amounts paid (attach schedule)	<b>10</b>	
	<b>11</b>	Benefits paid to or for members	<b>11</b>	
	<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	185,166
	<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	3,318
	<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	30,561
	<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	3,409
	<b>16</b>	Other expenses (describe _____)	<b>16</b>	95,751
	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	318,205

Net Assets	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	13,336
	<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	195,232
	<b>20</b>	Other changes in net assets or fund balances (attach explanation)	
	<b>21</b>	Net assets or fund balances at end of year Combine lines 18 through 20	208,568

**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

(See the instructions for Part II )		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . . . . .	211,219	204,757
23	Land and buildings . . . . .		
24	Other assets (describe  _____)	35,473	52,889
25	<b>Total assets</b> . . . . .	246,692	257,646
26	<b>Total liabilities</b> (describe  _____)	51,460	49,078
27	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) .	195,232	208,568

[illegible]

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	No		
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	34	No		
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> 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	Yes		
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	35b	No		
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	No		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions  <table><tr><td>37a</td><td>0</td></tr></table>	37a	0		
37a	0				
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . .	38a	No		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b			
39	Section 501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on line 9 . . . . .	39a			
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911  , section 4912  , section 4955 				
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or 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	No		
41	List the states with which a copy of this return is filed 				
42a	The organization's books are in care of  MICHAEL DWYER Telephone no  (701) 223-4615 PO BOX 2254 Located at  BISMARCK, ND ZIP + 4  58502				
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42b	No		
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country 	42c	No		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . .  and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <table><tr><td>43</td><td></td></tr></table>	43			
43					
44	Did the organization maintain any donor advised funds? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	44	No		
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	45	No		

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 described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	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

50(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

51(d) Total number of other independent contractors each receiving over \$100,000 . . . . . ▶

Please 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		
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN		Phone no
	Michael T Schmitz CPA		2010-11-11		(701) 221-2655
	WIDMER ROEL PC 3000 N 14TH STREET SUITE 3C BISMARCK, ND 58503				
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2009

Open to Public  
Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization North Dakota Water Users Association	Employer identification number  45-0430880
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures ▶ \$
- 3

Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1

Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 

☐ Yes ☐ No
- 4a

Was a correction made? 

☐ Yes ☐ No
- b

If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4

Did the filing organization file **Form 1120-POL** for this year? 

☐ Yes ☐ No
- 5

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?			
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
	c Media advertisements?			
	d Mailings to members, legislators, or the public?			
	e Publications, or published or broadcast statements?			
	f Grants to other organizations for lobbying purposes?			
	g Direct contact with legislators, their staffs, government officials, or a legislative body?			
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
	i Other activities? If "Yes," describe in Part IV			
	j Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	No
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	No

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	110,800
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	3,755
b	Carryover from last year	2b	
c	Total	2c	3,755
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	11,080
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	-7,325

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation



## TY 2009 Other Assets Schedule

**Name:** North Dakota Water Users Association

**EIN:** 45-0430880

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS RECEIVABLE	18,532	27,945
Other Depreciable Assets	16,941	24,944

**TY 2009 Other Expenses Schedule****Name:** North Dakota Water Users Association**EIN:** 45-0430880

Description	Amount
PAYROLL TAXES	83
OFFICE SUPPLIES	4,107
TRAVEL	25,152
CONVENTION	37,263
TELEPHONE	6,373
DUES AND SUBSCRIPTIONS	9,825
MEETINGS	750
MISCELLANEOUS	12,198

## TY 2009 Other Liabilities Schedule

**Name:** North Dakota Water Users Association

**EIN:** 45-0430880

Description	Beginning of Year Amount	End of Year Amount
CURRENT LIABILITIES	7,970	11,733
DEFERRED REVENUE	43,490	37,345

## TY 2009 Other Revenues Schedule

**Name:** North Dakota Water Users Association

**EIN:** 45-0430880

Description	Amount
INTEREST	1,783
MISCELLANEOUS	12,719

## TY 2009 Transfers Personal Benefits Contracts Declaration

**Name:** North Dakota Water Users Association

**EIN:** 45-0430880

**Declaration:** The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.

Additional Data

Software ID:

Software Version:

EIN: 45-0430880

Name: North Dakota Water Users Association

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
KEVIN VESTERSO 9356 77TH AVE NE MUNICH,ND 58352	PRESIDENT 0 00	0	0	0
NORMAN HAAK 9151 HWY 1 OAKES,ND 58474	VICE PRESIDENT 0 00	0	0	0
CARY BACKSTRAND 600 COLUMBIA DR BISMARCK,ND 58504	TREASURER 0 00	0	0	0
KEN VEIN 1200 S COLUMBIA RD GRAND FORKS,ND 58201	DIRECTOR 0 00	0	0	0
MICHAEL DWYER PO BOX 2254 BISMARCK,ND 58502	EXECUTIVE SECRETARY 20 00	63,600	0	0
JAMES BURBRIDGE 4120 86TH ST NW MOHALL,ND 58761	DIRECTOR 0 00	0	0	0
DUAINE ASH 317 DICKINSON DR SE DEVILS LAKE,ND 58301	DIRECTOR 0 00	0	0	0
CARLYLE HILLSTROM 1904 RIVER RD HENSLER,ND 58563	DIRECTOR 0 00	0	0	0
GLENN MCCRORY 7475 HWY 1804 LINTON,ND 58552	DIRECTOR 0 00	0	0	0
KENNY ROGERS 8874 18TH AVE NW MAXBASS,ND 58760	DIRECTOR 0 00	0	0	0
MELODY KRUCKENBERG 2718 GATEWAY AVE BISMARCK,ND 58503	DIRECTOR 0 00	0	0	0
RICK ANDERSON 980 26TH AVE NW COLEHARBOR,ND 58531	DIRECTOR 0 00	0	0	0
TERRY FLECK 1859 BONN BLVD BISMARCK,ND 58501	DIRECTOR 0 00	0	0	0
GORDON JOHNSON PO BOX 647 MOORETON,ND 58061	DIRECTOR 0 00	0	0	0
MARVIN GISI 3150 31ST AVE NE HARVEY,ND 58341	DIRECTOR 0 00	0	0	0
DAVE KOLAND PO BOX 140 CARRINGTON,ND 58421	DIRECTOR 0 00	0	0	0
DALE FRINK 900 E BLVD AVE BISMARCK,ND 58505	DIRECTOR 0 00	0	0	0
LARRY BARES PO BOX 669 DICKINSON,ND 58602	DIRECTOR 0 00	0	0	0
GARY THOMPSON 1045 150TH AVE NE MAYVILLE,ND 58257	DIRECTOR 0 00	0	0	0
KEN ROYSE 3456 E CENTURY AVE BISMARCK,ND 58503	DIRECTOR 0 00	0	0	0
DONALD URLACHER 11687 58TH STREET S NEW ENGLAND,ND 58647	DIRECTOR 0 00	0	0	0
BEN VARNSON 4877 112TH AVE NE LAKOTA,ND 58344	DIRECTOR 0 00	0	0	0
CHARLES VEIN 2016 S WASHINGTON GRAND FORKS,ND 58201	DIRECTOR 0 00	0	0	0
JEFF VOLK 925 10TH AVE E WEST FARGO,ND 58078	DIRECTOR 0 00	0	0	0
ALAN WALTER 515 2ND AVE SW MINOT,ND 58701	DIRECTOR 0 00	0	0	0
ROGER GUNLIKSON PO BOX 15 ZAHL,ND 58856	DIRECTOR 0 00	0	0	0
CHET HILL 14120 HWY 2 WILLISTON,ND 58801	DIRECTOR 0 00	0	0	0
DAVID LANG 30602 30TH AVE NE STERLING,ND 58572	DIRECTOR 0 00	0	0	0
DON LENTZ 9338 53RD AVE PERTH,ND 58363	DIRECTOR 0 00	0	0	0
JAMES LYONS 910 BROADWAY ST LISBON,ND 58054	DIRECTOR 0 00	0	0	0
DOUG NEIBAUER PO BOX 4182 BISMARCK,ND 58502	DIRECTOR 0 00	0	0	0
JACK OLIN 960 1ST AVE W DICKINSON,ND 58601	DIRECTOR 0 00	0	0	0
THOMAS OLSON 1531 6TH AVE NE JAMESTOWN,ND 58401	DIRECTOR 0 00	0	0	0
CHARLES RICHTER 304 CENTRAL AVE NEW ROCKFORD,ND 58356	DIRECTOR 0 00	0	0	0
ROBERT ROSTAD 17035 63RD ST SE COLFAX,ND 58018	DIRECTOR 0 00	0	0	0
MAURICE FOLEY 1115 18-1/2 AVE SW MINOT,ND 58701	DIRECTOR 0 00	0	0	0
JERALD CHRISTENSEN 255 MAIN AVE RALEIGH,ND 58564	DIRECTOR 0 00	0	0	0
RONALD DAHLEN 4823 120TH AVE NE MICHIGAN,ND 58259	DIRECTOR 0 00	0	0	0
DUANE BUELIGEN 4251 29TH ST NEW SALEM,ND 58563	DIRECTOR 0 00	0	0	0
ALAN ESTVOLD 6008 HWY 2 EAST MINOT,ND 58701	DIRECTOR 0 00	0	0	0
ARNE BERG 7837 72ND ST NE STARKWEATHER,ND 58377	DIRECTOR 0 00	0	0	0
EDWARD GRUNETT PO BOX 385 HAZEN,ND 58545	DIRECTOR 0 00	0	0	0
LOREN MYRAN 9440 32ND ST SW TAYLOR,ND 58656	DIRECTOR 0 00	0	0	0

Form

4562

Depreciation and Amortization  
(Including Information on Listed Property)

OMB No 1545-0172

2009

Attachment  
Sequence No 67

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return North Dakota Water Users Association	Business or activity to which this form relates Form 990-EZ Page 1	Identifying number 45-0430880
---	---	----------------------------------

Part I

Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses . . . . .	1	250,000
2	Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3	800,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- . . . . .	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions . . . . .	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property Enter the amount from line 29 . . . . .	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 . . . . .	8	
9	Tentative deduction Enter the smaller of line 5 or line 8 . . . . .	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562 . . . . .	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 .▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part IISpecial Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions )

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election . . . . .	15	
16	Other depreciation (including ACRS) . . . . .	16	7,441

Part IIIMACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009 . . . . .	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . .▶		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IVSummary (see instructions)

21	Listed property Enter amount from line 28 . . . . .	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions . . . . .	22	7,441
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?						Yes No			24b If "Yes," is the evidence written?			Yes No		
(a) Type of property (list vehicles first)		(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)		(f) Recovery period	(g) Method/ Convention		(h) Depreciation/ deduction		(i) Elected section 179 cost		
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								25						
26 Property used more than 50% in a qualified business use														
			%											
			%											
			%											
27 Property used 50% or less in a qualified business use														
			%				S/L -							
			%				S/L -							
			%				S/L -							
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1								28						
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1										29				

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person  
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)			(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year														
32 Total other personal(noncommuting) miles driven														
33 Total miles driven during the year Add lines 30 through 32														
34 Was the vehicle available for personal use during off-duty hours?			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?														
36 Is another vehicle available for personal use?														

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?											Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners												
39 Do you treat all use of vehicles by employees as personal use?												
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?												
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions )												
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles												

Part VI Amortization

(a) Description of costs		(b) Date amortization begins	(c) Amortizable amount		(d) Code section	(e) A mortization period or percentage		(f) A mortization for this year	
42 A mortization of costs that begins during your 2009 tax year (see instructions)									
43 A mortization of costs that began before your 2009 tax year							43		
44 Total. Add amounts in column (f) See the instructions for where to report							44		