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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009Department of the Treasury
Internal Revenue Service

- 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

A For the 2009 calendar year, or tax year beginning Apr 1, 2009, and ending Mar 31, 2010

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

C Name of organization
CASCADE ORCHARD IRRIGATION
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
P O BOX 602
 City or town, state or country, and ZIP + 4
LEAVENWORTH WA 98826

D Employer identification number
91-6058521

E Telephone number
(509) 548-7618

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: ☒ Cash ☐ Accrual
 Other (specify) **►**

H Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: **► N/A**

J Tax-exempt status (check only one) — ☒ 501(c) (12) ◀ (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 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 **► \$ 40,822.**

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

REVENUE		
1	Contributions, gifts, grants, and similar amounts received	1
2	Program service revenue including government fees and contracts	2
3	Membership dues and assessments	3 38,740.
4	Investment income	4 2,082.
5a	Gross amount from sale of assets other than inventory	5a
5b	Less: cost or other basis and sales expenses	5b
5c	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	
6a	a Gross revenue (not including \$ of contributions reported on line 1)	6a
6b	b Less: direct expenses other than fundraising expenses	6b
6c	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c
7a	7a Gross sales of inventory, less returns and allowances	7a
7b	b Less: cost of goods sold	7b
7c	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
8	Other revenue (describe ►)	8
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	9 40,822.
EXPENSES		
10	Grants and similar amounts paid (attach schedule)	10
11	Benefits paid to or for members	11
12	Salaries, other compensation, and employee benefits	12 23,244.
13	Professional fees and other payments to independent contractors	13 21,005.
14	Occupancy, rent, utilities, and maintenance	14 975.
15	Printing, publications, postage, and shipping	15 355.
16	Other expenses (describe ► See Other Expenses Statement)	16 6,376.
17	Total expenses. Add lines 10 through 16 ►	17 51,955.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -11,133.
NET ASSETS		
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 51,295.
20	Other changes in net assets or fund balances (attach explanation)	20
21	Net assets or fund balances at end of year Combine lines 18 through 20 ►	21 40,162.

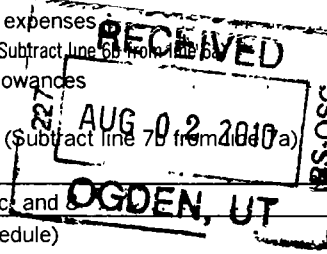
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	51,051.	22 40,544.
23 Land and buildings	0.	23 0.
24 Other assets (describe ► ACCTS REC)	333.	24 -365.
25 Total assets	51,384.	25 40,179.
26 Total liabilities (describe ► PAYROLL TAXES)	89.	26 17.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	51,295.	27 40,162.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

SCANNED AUG 12 2010



Part III Statement of Program Service Accomplishments (See the instructions.)**Expenses**

What is the organization's primary exempt purpose? DISTRIBUTION OF IRRIGATION WATER

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.

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others.)

28	<u>SPRING CLEANING OF ALL EQUIPMENT, CANALS, SCREENS, AND VALVES TO SUPPLY 235 HOUSEHOLDS AND THE NAT'L FISH HATCHERY. DAILY MAINTENANCE OF ENTIRE SYSTEM FROM MAY 1 TO OCTOBER</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a
29	<u>#28 CONTINUED: BY DITCHWALKERS. ASSESSMENTS BILLED AND COLLECTED. ASSISTANCE FOR LANDOWNERS PROBLEMS. ACCUMULATING FUNDS FOR NEW LATERALS TO REPLACE/ADD TO 100 YR OLD SYSTEM.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a
30	<u>-----</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a
31	<u>Other program services (attach schedule)</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a
32	<u>Total program service expenses (add lines 28a through 31a)</u>	32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs.)

(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 and deferred compensation	(e) Expense account and other allowances
CARLETON RICE 7776 ICICLE ROAD LEAVENWORTH WA 98826	PRESIDENT 5.00	2,860.	0.	
TERRY KUCH 7622 ICICLE ROAD LEAVENWORTH WA 98826	SECRETARY 3.00	4,175.	0.	
DEE GEHRING 7916 E LEAVENWORTH RD LEAVENWORTH WA 98826	TREASURER 4.00	6,653.	0.	
MONA BLOUNT SHORE ST LEAVENWORTH WA 98826	BOARD MEMBER 5.00	4,215.	0.	
RANDY BOSCHOW 12576 SHORE STREET LEAVENWORTH WA 98826	BOARD MEMBER 1.00	0.	0.	
PAT STOUDT 12795 SHORE STREET LEAVENWORTH WA 98826	1 1.00	348.	0.	
KENT WATSON 8325 ICICLE ROAD LEAVENWORTH WA 98826	BOARD MEMBER 1.00	0.	0.	
GERALD GEHRING 7916 E LEAVENWORTH RD LEAVENWORTH WA 98826	DITCHWALKER 14.00	6,345.	0.	
LYLE HILLS 329 EVANS STREET LEAVENWORTH WA 98826	DITCHWALKER 14.00	6,420.	0.	
CINDY MORRISON 7776 ICICLE ROAD LEAVENWORTH WA 98826	TEMP 20.00	381.	0.	

Other Information (Note the statement requirements in the instrs 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		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		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?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a 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?		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		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 40a , section 4912 40a ; section 4955 40a		
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 40c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d		
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 41		

42a The organization's books are in care of **DEE GEHRING** Telephone no. **(509) 548-7618**
 Located at **7916 E LEAVENWORTH RD** **LEAVENWORTH** **WA** ZIP + 4 **98826**

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** Yes No X
 If 'Yes,' enter the name of the foreign country: **42b**

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a 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** Yes No X
 If 'Yes,' enter the name of the foreign country: **42c**

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here **43** ☐
 and enter the amount of tax-exempt interest received or accrued during the tax year

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		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		X

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.

	Yes	No
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.		
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		
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.'

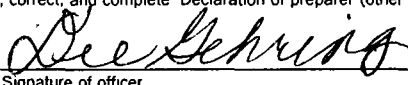
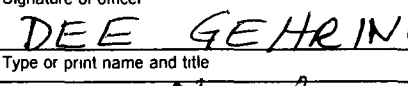
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

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 <u>7/26/10</u>	
Paid Preparer's Use Only	 Type or print name and title		Date <u>07/16/10</u>	
	Preparer's signature		Check if self-employed <input checked="" type="checkbox"/>	
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>Business As Usual</u> <u>7916 East Leavenworth Road</u> <u>LEAVENWORTH WA 98826</u>		Preparer's Identifying Number (See instructions) <u>539-32-5236</u>	
	EIN <u>91-1211063</u>		Phone no <u>(509) 548-7618</u>	
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

BAA

Form 990-EZ (2009)

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

SAFE DEP BOX	40.
LIABILITY INSURANCE AND TREASURER'S BOND	2,269.
CORPORATE LICENSE	29.
REPAIR & MAINT OF IRRIG CANALS & EQUIP	621.
OFFICE SUPPLIES	1,011.
ANNUAL BOARD MEETING/MEETINGS, MILEAGE	455.
TRUCK GAS; SMALL TOOLS, SIGNS	1,865.
BAD DEBT	86.
Total	6,376.