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DLN: 93492061009962

OMB No 1545-1150

Open to Public Inspection

990-EZ

Department of the Treasury

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)

Short Form

Figure Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$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

Internal Revenue Service A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011 Check if applicable **C** Name of organization D Employer identification number Idaho Irrigation Equipment Address change 82-0336334 Association Inc Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number PO Box 190483 Initial return (208) 377-8188 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Boise, ID 83719 Number 🕨 Application pending I Website:► N/A Check 🕨 🔽 if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 44,084

Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instruct Check if the organization used Schedule O to respond to any question in this Part I	ions fo	or Part I)
	1	Contributions, gifts, grants, and similar amounts received	1	2,760
	2	Program service revenue including government fees and contracts	2	32,398
	3	Membership dues and assessments	3	8,760
	4	Investment income	4	166
	5a	Gross amount from sale of assets other than inventory 5a		
힐	ь	Less cost or other basis and sales expenses 5b C		
Revenue	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
ě	6	Gaming and fundraising events		
	а	Gross income from gaming (attach Schedule G if greater than \$15,000)		
	b	Gross income from fundraising events (not including $\$ \ \underline{0}$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed $\$15,000$)		
	c	Less direct expenses from gaming and fundraising events 6c C		
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	(
	7a	Gross sales of inventory, less returns and allowances		
	b	Less cost of goods sold)	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7 b from line 7 a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	44,084
	10	Grants and similar amounts paid (list in Schedule O)	10	13,000
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	7,350
ري ق	13	Professional fees and other payments to independent contractors	13	620
Expenses	14	Occupancy, rent, utilities, and maintenance	14	
Ä	15	Printing, publications, postage, and shipping	15	1,214
	16	Other expenses (describe in Schedule O)	16	20,706
	17	Total expenses. Add lines 10 through 16	17	42,890
9	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,194
Net.Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		
ă		end-of-year figure reported on prior year's return)	19	50,302
ž	20	Other changes in net assets or fund balances (explain in Schedule O)	20	2,003
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	53,499

Part II Balance Sheets					_
Check if the organization use	d Schedule O to respond to	any question in thi	s Part II		<u>Г</u>
(See the instruc	tions for Part II)	Γ	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments .		🗀	50,30	2 22	53,499
23 Land and buildings		🗀		23	
24 Other assets (describe in Schedule C)			24	
25 Total assets		🗀	50,30	2 25	53,499
26 Total liabilities (describe in Schedule	0)			26	
27 Net assets or fund balances (line 27 of	of column (B) must agree wit	th line 21) .	50,30	2 27	53,499
Part III Statement of Program	Service Accomplishn	nents	_		Expenses
Check if the organization use	d Schedule O to respond to	any question in thi	s Part III .		equired for section 501 (3) and 501(c)(4)
What is the organization's primary exempt FACILITATE THE CONSTANT IMPROVE CONSISTENT WITH GOOD MANAGEME THE PUBLIC INFORMATION ON THE LAD Describe what was achieved in carrying or describe the services provided, the number program title	MENT OF THE IRRIGATION AND RESOURCE CONS TEST IRRIGATION EQUID THE ORGANIZATION BY THE ORGANIZATION BY THE ORGANIZATION BY THE ORGANIZATION'S EXEMPTOR THE ORGANIZATION BY THE ORGANIZATION BY THE ORGANIZATION'S EXEMPTOR THE ORGANIZATION BY THE ORGANIZ	SERVATION IDEA PMENT AND TECH purposes In a cle	LS, AND PROVIDE TO INOLOGY ear and concise manner	49 opt	anizations and section 47 (a)(1) trusts, cional for others)
28 THE ORGANIZATION HOLDS ANNUAL CONSULTING FOR THOSE INVOLVED I PROVIDES INFORMATION ON IRRIGATION (Grants \$) If the consultation is a second secon	N THE IRRIGATION INDU	STRY THE ORGA CHNOLOGY TO T	NIZATION ALSO HE GENERAL PUBLIC	28a	
(Grants \$) Ifth	ıs amount ıncludes foreıgn (grants, check here	▶┌	29a	
30					
(Grants \$) If th	ıs amount ıncludes foreıgn (grants, check here	▶ ┌	30a	
31 O ther program services (describe in So			· · · <u>·</u>		
	is amount includes foreign (grants, check here		31a	
32 Total program service expenses (add lin				32	or from Don't B()
Part IV List of Officers, Directors, Tre			•	istructioi	is for Part IV)
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensati (If not paid, enter -0)		plans 8	(e) Expense account and other allowances
See Additional Data Table					

Ра		r Information (Note the statement requirements in the instru	· –			
	Check	if the organization used Schedule O to respond to any question in this	Part V		Yes	No
33		zation engage in any activity not previously reported to the IRS? If "Ye each activity in Schedule O		33		No
34	of the amende	ificant changes made to the organizing or governing documents? If "Yed documents if they reflect a change to the organization's name Otherwee instructions)	wise, explain the change on	34		No
35	others), but no	ition had income from business activities, such as those reported on lir ot reported on Form 990-T, explain in Schedule O why the organization	did not report the income on			
а	_	zation have unrelated business gross income of \$1,000 or more or was (c)(6) organization subject to section 6033(e) notice, reporting, and pr		35a		No
b	If "Yes," has it	t filed a tax return on Form 990-T for this year? (see instructions) .		35b		
36	_	zation undergo a liquidation, dissolution, termination, or significant dispess," complete applicable parts of Schedule N	·	36		No
37a	Enter amount of p	political expenditures, direct or indirect, as described in the instructions 🕨	37a			
b	Did the organiz	zation file Form 1120-POL for this year?		37b		Νο
38a	Did the organiz	zation borrow from, or make any loans to, any officer, director, trustee,	or key employee or were			
	any such loans	s made in a prior year and still outstanding at the end of the tax year co	overed by this return?	38a		Νο
b	If "Yes," comp	lete Schedule L, Part II and enter the total amount involved .	38b			
39	Section 501(c)((7) organizations. Enter				
а	Initiation fees	and capital contributions included on line 9	39a 0			
b	Gross receipts	s, included on line 9, for public use of club facilities	39b 0			
40a	Section 501(c)((3) organizations. Enter amount of tax imposed on the organization durin	g the year under			
	section 4911	, section 4912 - , section 4955 -				
b	transaction du	(3) and 501(c)(4) organizations. Did the organization engage in any secti Iring the year or did it engage in an excess benefit transaction in a prio Iy of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Pa	r year that has not been	40b		
c		(3) and 501(c)(4) organizations Enter amount of tax imposed on organizations 4912, 4955, and 4958				
d	•)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reim	bursed by the			
е		rs. At any time during the tax year, was the organization a party to a prof f "Yes," complete Form 8886-T		40e		No
41	List the states wit	th which a copy of this return is filed 🕨				
42a	The organizat	ion's books are in care of 🏲 TONDEE CLARK	Telephone no	► <u>(20</u>	8) 377	-8188
	Located at 🟲	PO BOX 190483 BOISE, ID	ZIP + 4	▶ _8	371904	83
b		ırıng the calendar year, dıd the organızatıon have an ınterest ın or a sıg			Yes	No
		al account in a foreign country (such as a bank account, securities acco	ount, or other financial	42b	1	No
	account)?	the name of the foreign country		720		110
		ctions for exceptions and filing requirements for Form TD F 90-22.1, Re				
c		uring the calendar year, did the organization maintain an office outside o	of the U S ?	42c		No
	If "Yes," enter	the name of the foreign country				
43	Section 4947(a	a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1 0	041 —Check here			▶ □
	and enter the a	mount of tax-exempt interest received or accrued during the tax year	• 43			
44~	Did the organi	zation maintain any donor advised funds? <i>If "Yes", Form 990 must be co</i> .	mnleted instead of		Yes	No
-1-14		zation maintain any donor advised idiluse It Tes , Foill 990 illust De Co.	mpieteu insteau Oi			
_	Form 990-EZ.			44a		No
b	instead of Form	zation operate one or more hospital facilities during the year? <i>If 'Yes,' F</i> n990-EZ	orm 990 must be completed	44b		No
С	Did the organiz	zation receive any payments for indoor tanning services during the yea	r?	44c		No
d	If 'Yes' to line in Schedule O	44c, has the organization filed a Form 720 to report these payments?	If 'No,' provide an explanation	44d		No

Form 990-E	EZ (2010)							Page
							Yes	No
	y related organization a controlle Form 990 and Schedule R must be	•	_	fsection 51	l2(b)(13)? <i>If</i>	45		No
	he organization receive any payn iing of section 512(b)(13)? <i>If 'Ye</i>		•		•	45-		N.a
6 Did th	he organization engage, directly idates for public office? If "Yes,"	or indirectly, in political c	ampaign activities on b			45a		No
Part VI				exemnt (charitable tri	46 usts c	nlv	No
	All section 501(c)(3) orgai		` ' ` '	•			-	stions
	47-49b and 52. Check if the organization used	i Schedule O to respond	to any question in this P	art VI .				
						_	Yes	No
7 Did th	he organization engage in lobbyii	ng activities? If "Yes," co	omplete Schedule C, Pa	rt II		47		
Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E				48				
9a Did th	he organization make any transfe	ers to an exempt non-cha	rıtable related organıza	tion?		49a		
b If "Ye	es," was the related organization	a section 527 organizati	on?			49b		
	olete this table for the organization							
	oyees) who each received more t	(b) Title and average	nsation from the organiz		ntributions to) Expe	nse
	and address of each employee ıd more than \$100,000	hours per week devoted to position	(c) Compensation		benefit plans & compensation	ac	count a	and
		across to position						
ONE								
0(f) Tota	al number of other employees pa	ıd over \$100,000 .						
1 Comp	olete this table for the organization	on's five highest compen n Ifthere is none, enter "	None "	1				
1 Compofcor	olete this table for the organization	on's five highest compen n Ifthere is none, enter "	None "	1	each received m		an \$10 ompen	
1 Comp of cor (a) Na	olete this table for the organization	on's five highest compen n Ifthere is none, enter "	None "	1				
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1 Comp of cor (a) Na	olete this table for the organization	on's five highest compen n Ifthere is none, enter "	None "	1				
1 Comp of cor (a) Na	olete this table for the organization	on's five highest compen n Ifthere is none, enter "	None "	1				
1 Comp of cor (a) Na	olete this table for the organization	on's five highest compen n Ifthere is none, enter "	None "	1				
1 Compofcor	olete this table for the organization	on's five highest compen n Ifthere is none, enter "	None "	1				
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1 Compoficor (a) Na ONE 1(d) Tota 2 Did	plete this table for the organization mpensation from the organization ame and address of each indeper	on's five highest compense of the second of	none " re than \$100,000 g over \$100,000	(b) Typ	e of service	(c) C	ompen	sation
1 Compoficor (a) Na ONE 1(d) Tota units	plete this table for the organization mpensation from the organization ame and address of each independent of the organization and address of each independent of the organization complete Sche	on's five highest compense of If there is none, enter " Indent contractor paid mo Indent contractor paid mo Indent contractor paid mo Indent contractors each receiving the second contractor of the	g over \$100,000	(b) Typ	e of service	npt cha	ritable 'es	sation trusts No
1 Compoficor (a) Na ONE 1(d) Tota 2 Did must	plete this table for the organization mpensation from the organization ame and address of each independent of the organization of other independent of the organization complete Schedule	on's five highest compensation of the second	g over \$100,000 on 501(c)(3) organization	(b) Typ	e of service	npt cha	ritable /es st of my	trust:
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of composition (a) Na ONE ONE (1(d) Total mu:	al number of other independent of the organization ame and address of each independent of the organization complete. Schest attach a completed Schedule ties of perjury, I declare that I have and belief, it is true, correct, and complete of the organization complete. The organization complete of the organization complete organization compl	on's five highest compensation of the property	g over \$100,000 on 501(c)(3) organization duding accompanying sch parer (other than officer)	(b) Typ	7 (a)(1) nonexent all information of one of	npt cha p the be which	ritable es for my prepare	trusts No r has a

Additional Data

Software ID: 10000105

Software Version: 2010v3.2

EIN: 82-0336334

Name: Idaho Irrigation Equipment

Association Inc

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
KASEY GARRETT PO BOX 397 NAMPA,ID 83653	Past President 1 00	0		
TONDEE CLARK PO BOX 190483 BOISE,ID 837190483	Exec SECRETARY 15 00	7,350		
TAD BARRIE PO BOX 790 PAUL,ID 83347	President 1 00	0		
RON SESSLER 2323 FEDERAL WAY BOISE,ID 83705	Treasurer 1 00	0		
BILL RAWLINGS 157 S STATE PRESTON,ID 83263	Vice President 1 00	0		

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DLN: 93492061009962

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization Idaho Irrigation Equipment Association Inc Employer identification number

82-0336334

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 20 1	Other Changes In Net Assets Or Fund Balances - Other Increases 1	Prior period adjust to recognize accrued interest on CD's \$2003

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	BANK CHARGES \$119

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	Training \$175

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	DUES \$465

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	BOARD MEETINGS \$504

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	Membership expenses \$1210

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1012	Other Expenses 1012	Insurance \$598

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1007	Other Expenses 1007	Conferences, Conventions, and Meetings \$16249

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1005	Other Expenses 1005	Travel \$737

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$649

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 10 1	Grants and Similar Amounts Paid In Excess of \$5,000 1	Class of Activity SCHOLARSHIP Donee's Name UNIVERSITY OF IDAHO MOSCOW, ID Cash Amount Given \$5600