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Form 990-EZ

Short Form

OMB No. 1545-1150

Return of Organization Exempt From Income Tax

2013

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

- Do not enter Social Security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning April 1, 2013, and ending March 31, 2014

| | | | |
|--|---|------------|---|
| B Check if applicable. | C Name of organization CASCADE ORCHARD IRRIGATION COMPANY | | D Employer identification number 91-6058521 |
| <input type="checkbox"/> Address change | Number and street (or P.O. box, if mail is not delivered to street address) | Room/suite | E Telephone number 509-888-6907 |
| <input type="checkbox"/> Name change | P O BOX 602 | | F Group Exemption Number ► |
| <input type="checkbox"/> Initial return | City or town, state or province, country, and ZIP or foreign postal code | | |
| <input type="checkbox"/> Terminated | LEAVENWORTH, WA 98826 | | |
| <input type="checkbox"/> Amended return | | | |
| <input type="checkbox"/> Application pending | | | |

G Accounting Method: Cash Accrual Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (12) ◀ (insert no.) 4947(a)(1) or 527K Form of organization: Corporation Trust Association Other

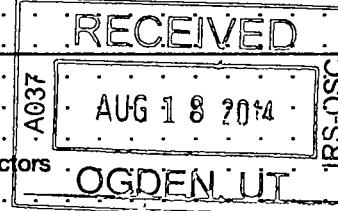
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$

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

Check if the organization used Schedule O to respond to any question in this Part I

| Revenue | 1 |
|--|-------------------|
| 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 46949 |
| 4 Investment income | 4 430 |
| 5a Gross amount from sale of assets other than inventory | 5a |
| b Less: cost or other basis and sales expenses | 5b |
| c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c |
| 6 Gaming and fundraising events | |
| a Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a |
| b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b |
| c Less: direct expenses from gaming and fundraising events | 6c |
| 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 | 7a |
| b Less: cost of goods sold | 7b |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c |
| 8 Other revenue (describe in Schedule O) | 8 |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 47379 |
| Expenses | 10 |
| 10 Grants and similar amounts paid (list in Schedule O) | 10 |
| 11 Benefits paid to or for members | 11 |
| 12 Salaries, other compensation, and employee benefits | 12 22376 |
| 13 Professional fees and other payments to independent contractors | 13 2672 |
| 14 Occupancy, rent, utilities, and maintenance | 14 864 |
| 15 Printing, publications, postage, and shipping | 15 368 |
| 16 Other expenses (describe in Schedule O) | 16 4186.00 |
| 17 Total expenses. Add lines 10 through 16 | 17 30466 |
| Net Assets | 18 |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 16913 |
| 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 57388 |
| 20 Other changes in net assets or fund balances (explain in Schedule O) | 20 |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 74301 |



168

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

| | Yes | No |
|----|-----|----|
| 33 | ✓ | |

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

| | |
|----|---|
| 34 | ✓ |
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35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

| | |
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| 35a | ✓ |
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| 35b | |
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| 35c | ✓ |
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b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

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| 36 | ✓ |
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| 37a | |
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| 37b | ✓ |
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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

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| 38a | ✓ |
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37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a

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| 38b | |
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| 39a | |
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| 39b | |
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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 tax year covered by this return?

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| 38b | ✓ |
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b If "Yes," complete Schedule L, Part II and enter the total amount involved

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| 39a | |
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| 39b | |
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39 Section 501(c)(7) organizations. Enter:

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| 39a | |
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| 39b | |
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a Initiation fees and capital contributions included on line 9

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| 39a | |
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b Gross receipts, included on line 9, for public use of club facilities

| | |
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| 39b | |
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40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

| | |
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| 40b | ✓ |
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section 4911 ► ; section 4912 ► ; section 4955 ►

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| 40c | |
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| 40d | |
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| 40e | ✓ |
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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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

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| | | Yes | No |
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| 46 | Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | ✓ |

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

| | | Yes | No |
|-----|---|-----|----|
| 47 | Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 47 | ✓ |
| 48 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | ✓ |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? | 49a | ✓ |
| b | If "Yes," was the related organization a section 527 organization? | 49b | |
| 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 title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| None | | | | |
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f Total number of other employees paid over \$100,000 ►

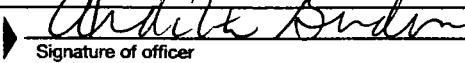
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

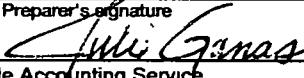
| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| None | | |
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d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► Yes No

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

| | | |
|-----------|---|---------------------|
| Sign Here | ►  | Date <u>8/14/14</u> |
| | ► Ardith Gordon, Treasurer | |

| | | | | | |
|------------------------|--|--|---------------------|--|----------------|
| Paid Preparer Use Only | Print/Type preparer's name Julie Ganas | Preparer's signature  | Date <u>8/14/14</u> | Check <input checked="" type="checkbox"/> if self-employed | PTIN P01502709 |
| | Firm's name ► Julie Ganas dba Cascade Accounting Service | | | Firm's EIN ► | |
| | Firm's address ► 291 Ski Hill Drvne, Leavenworth, WA 98826 | | | Phone no. | 509-860-7373 |

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

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 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

Cascade Orchard Irrigation Company

Employer identification number

91-6058521

Other Expenses (Part 1, Line 16)

| | |
|-----------------------------|---------------|
| Safe Deposit Box | \$ 40 |
| Insurance | 2907 |
| Licenses & Permits | 71 |
| Field Equip. & Maintenance | 295 |
| Office Supplies | 693 |
| Travel & Entertainment | 180 |
| TOTAL OTHER EXPENSES | \$4186 |

Other Assets (Part II, Line 24)

| | |
|---|--------|
| Beginning of Year - Accounts Receivable | \$3093 |
| End of Year - Accounts Receivable | 2165 |

Other Liabilities (Part II, Line 26)

| | |
|-----------------------------------|-------|
| Beginning of Year - Payroll Taxes | \$ 10 |
| End of Year - Payroll Taxes | 116 |