# PVWU8332 03/03/2010 3 16 PM Form **990**

Department of the Treasury Internal Revenue Service

# **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)

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

OMB No 1545-0047 2009
Open to Public Inspection

A	For the 200	9 calendar year, or tax year beginning , and ending			
В	Check if applica			D Emplo	yer identification number
	Address change	use IRS USER'S ASSOCIATION		0.1	0060000
	Name change	print or Doing Business As			0368332
$\overline{\Box}$	Initial return	type. Number and street (or P O box if mail is not delivered to street address)  See P O ROY 470	Room/suite	E Telepho	one number -422-4963
H	Termination	Specific E.O. Box 170	I		60 000
$\exists$		Instructions. City or town, state or country, and ZIP + 4  WA 98829-0470		G Gross recei	pts \$ 02,330
	Amended return			H(a) le this s	group return for
	Application pen	KEN CHALMERS		affiliate	·
		22626A HWY 20		H(b) Are all include	affiliates
		OKANOGAN WA 98840			attach a list (see instructions)
$\overline{}$	Tax-exempt	T 10 . 10			
J	Website:	1-		H(c) Group	exemption number
ĸ	Type of organiz	zation X Corporation Trust Association Other ▶ L	Year of formation 1	929	M State of legal domicile WA
E	Part I	Summary			
		fly describe the organization's mission or most significant activities			
Φ	P	ROVIDE IRRIGATION WATER TO THE 19 MEMBERS OF THE			
auc	0:	RGANIZATION.			
Activities & Governance					
Š	2 Che	ck this box $lacktriangle$ if the organization discontinued its operations or disposed of more than 25°	% of its net assets	1 1	10
ن مة	3 Num	iber of voting members of the governing body (Part VI, line 1a)		3	19
ies	4 Num	iber of independent voting members of the governing body (Part VI, line 1b)		4	19
Ę	5 Tota	I number of employees (Part V, line 2a)		5	0
Ac	6 Tota	I number of volunteers (estimate if necessary)		6	
		Il gross unrelated business revenue from Part VIII, column (C), line 12		7a 7b	0
	b Net	unrelated business taxable income from Form 990-T, line 34	Prior Yea		Current Year
	8 Cont	tributions and grants (Part VIII, line 1h)			
Revenue	9 Proc	gram service revenue (Part VIII, line 2g)	2	8,933	54,510
ě.	10 Inve	stment income (Part VIII, column (A), lines 3, 4, and 7d)	2,248	7,820	
æ	11 Othe	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	12 Tota	I revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4	1,181	62,330
	13 Gran	nts and similar amounts paid (Part IX, Column (A), lines 1-3)			
		efits paid to or for members (Part IX, column (A), line 4)			
S	15 Sala	iries, other compensation, employee benefits (Part lX) conjumn (A) lines 5–10)			
penses	16a Prof	essional fundraising fees (Part IX, column (A), line 11e)			
Expe		itundraising expenses (Part IX. Co <del>lumn</del> r(D):Time 25) 🚩 📖 🗼		C 454	01 200
ш	17 0016	er expenses (Part IX, column (A), line 11a-11d-11f-24f)		6,451	81,382
		expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		6,451 5,270	81,382
	19 Rev	enue less expenses Subtract line 18 from line 12	Beginning of Cu		-19,052 End of Year
≃န္	90 Tota	il assets (Part X, line 16)		5,731	1,436,679
	20 Tota	il labilities (Part X, line 26)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Net Assets or	21 Tota	assets or fund balances Subtract line 21 from line 20	1,45	5,731	1,436,679
	Part II	Signature Block			
		Under penalties of periury. I declare that I have examined this return, including accompanying schedules	and statements, and	to the best of	f my knowledge
APK _		and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all info	rmation of which pre	parer has any	knowledge
∑Si	gn	A LOUIS AND A LOUI		3/10	<u>//D</u>
≓Н€		Signature of officer		Date	
		KUT CHALLUTS, tresident board of Directors	<u>.                                      </u>		
ξ	_,	Type or print name and title	1		T Barrier at 1821 ( and 1
ဉ် Pa	i al	Preparer's Cott M. Clerkin Cog Date	Check self-		Preparer's identifying number (see instructions)
	_		03/10 employ	ved ▶ X	P00196228
	eparer's	Firm's name (or yours SCOTT M. BESSIRE, CPA		EIN ▶	91-1189686
US	se Only	if self-employed), PO BOX 948 209 CONCONULLY ST		Phone	PAG 100 1711
_		address, and ZIP+4 OKANOGAN, WA 98840-0948		no	509-422-6510
		scuss this return with the preparer shown above? (see instructions)			X Yes No
Fo DA		ct and Paperwork Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2009)

		LEASANT VALLEI		91-0300332	
<u>Pa</u>		tement of Program Ser	vice Accomplishments		
	Briefly describe ROVIDE : RGANIZA:		R TO THE 19 MEMBERS OF	THE	
2	Did the organia	vation undertake any significant	program services during the year which were	e not listed on	
2		990 or 990-EZ?	program services during the year which were	. Hot listed on	Yes X No
	If "Yes," descn	be these new services on Sche			
3	=	zation cease conducting, or make	te significant changes in how it conducts, any	program	Yes X No
	services? If "Yes " descn	be these changes on Schedule	0		105 <u>21</u> NO
4			or each of the organization's three largest pro	gram services by expenses	
			and section 4947(a)(1) trusts are required to		
	allocations to o	others, the total expenses, and r	evenue, if any, for each program service repo	orted	
P	(Code ROVIDE : RGANIZA:		75,172 including grants of \$ R TO THE 19 MEMBERS OF	) (Revenue \$	54,510
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	
4d	Other program	services (Describe in Schedul	e O )		
	(Expenses \$		cluding grants of \$	) (Revenue \$	
40		service expenses >	75,172		

<u></u>	Office of Required Scriedules				
				Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				
	complete Schedule A		1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?		2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to				1
	candidates for public office? If "Yes," complete Schedule C, Part I		3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			ĺ	İ
	Schedule C, Part II		4		<u> </u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)				
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have				ł
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			l	]
	complete Schedule D, Part I		6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				l
	complete Schedule D, Part III		8		X
9	Did the organization report ari amount in Part X, line 21, serve as a custodian for amounts not listed in Part				ĺ
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"				l
	complete Schedule D, Part IV		9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or				
	quasi-endowments? If "Yes," complete Schedule D, Part V		10	ļ	X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	1			
	VII, VIII, IX, or X as applicable		11	Х	<u> </u>
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	•			
	Schedule D, Part VI				
•	Did the organization report an amount for investments—other secunties in Part X, line 12 that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.				]
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII				
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX				
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X				1
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.				
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				127
	Schedule D, Parts XI, XII, and XIII	<u> </u>	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A X		}	<b>.</b>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		ا بيرا		-
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any				v
40	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		40		<b>.</b>
17	to individuals located outside the United States? If "Yes," complete Schedule F, Part III		16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		4-		
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		17	-	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		امدا		v
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		4.		v
20	If "Yes," complete Schedule G, Part III		19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		20		

Pi	art IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		1	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	ł		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintairi an escrow account other than a refunding escrow at any time during the year			ŀ
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	pnor 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	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	ļ		
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		_X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		_X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	İ		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-39 If "Yes," complete Schedule R, Part I	33		_X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, iV, and V, line 1	34		_ <u>x</u> _
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		1	
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
		<b>.</b>	agn.	(0000)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
			,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				Ì	
	U.S. Information Returns. Enter -0- if not applicable	1a	1			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able				
	gaming (gambling) winnings to prize winners?		_	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	- 1				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		}	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
	instructions)					ı
3 <b>a</b>	Did the organization have unrelated business gross iricome of \$1,000 or more during the year covered by	′	•	ا ۔		x
	this return?		-	3a 3b		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  At any time duning the calendar year, did the organization have an interest in, or a signature or other auth	onhi	<b>-</b>	-30		
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other finance					
	account)?	iai		4a		X
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Ban	k				
	and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding					
	Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	ר				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ls		_		
	and services provided to the payor?		ŀ	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		-	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			70		
	required to file Form 8282?	7d	•	7c		
d	If "Yes," indicate the number of Forms 8282 filed duning the year  Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal section of the properties of th					
е	benefit contract?	n iai		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as				_	
	required?			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8_		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter.	امدا				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b 44	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	· · · · · · · · · · · · · · · · · · ·			
11	Section 501(c)(12) organizations. Enter	11a	54,510			
a h	Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against	ııa	34,310			
b	amounts due or received from them )	11b	7,820			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
			<del></del>	Form	990	(2009)

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Schedule O. See instructions.			<del></del>
Sec	tion A. Governing Body and Management			Γ
	1.110		Yes	No
1a	Enter the number of voting members of the governing body  Enter the number of voting members that are independent.  19 19			
b	Enter the humber of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	,		х
_	any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct	3	X	
	supervision of officers, directors or trustees, or key employees to a management company or other person?	4	42	х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?  Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
5	Does the organization have members or stockholders?	6		X
6 7a	Does the organization have members, stockholders, or other persons who may elect one or more members	٣		<del> </del>
/a	of the governing body?	7a	x	1
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	· •		
0	the year by the following			
а	The governing body?	8a	X	
a b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	<u> </u>		
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
	renue Code.)			
.,,,,,,			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		L
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		X
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	<u> </u>
14	Does the organization have a written document retention and destruction policy?	14	_X	ļ
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	_X_	ļ
b	Other officers or key employees of the organization	15b	X	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			ļ
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► JERI REILE P. O. BOX 470 ALOTT WA 98829-0470 509	_42	2-4	062
M	ALOTT WA 98829-0470 509	2 _	<u>~ ~ ~</u>	200

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Form 990 (2009)

## Form 990 (2009) PLEASANT VALLEY WATER

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)
   who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons

(A) Name and Title							(vla	ctor, or trustee (D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director			Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
KEN CHALMERS		Ī.,								
PRESIDENT	1.00	X	_	X	_	<u> </u>		0	0	0
STEVE MITZNER	}	l								
V. PRES.		X	_	X				0	0	0
JOEL HAND									_	
DIRECTOR		X	<u> </u>		<b> </b>			0	0	0
JIM GEISZ	1								0	_
DIRECTOR	ļ	X		_	_	-		. 0	0	0
DOUG RALSTON		۱,,	ł						o	o
DIRECTOR	<del></del>	X	<u> </u>		$\vdash$	$\vdash$		0	U	
JERI REILE SEC/TREAS	1.00	}		x				О	o	o

Pa	rt VII Section A. Officers	, Directors, Trus	tees	, Ke	y En	pio	yees	, an	d Highest Compensated E	imployees (continued)	···			
	(A) Name and Title	(B) Average	Pos	ition (	(chec	C) k all t	hat a		- companeation	(E) Reportable compensation		(F) Estima amour	ated	
	•	hours per week	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	C	othe ompens from to organiz and rel	er sation the ation lated	
		-	\ <u></u>											
	<del> </del>					_								
			_								<u> </u>			
			_			_	_						<del></del> .	<u> </u>
			_		-	_								
			$\vdash$					ļ						
			<del> </del>	,		-	-						<del></del>	
							<u> </u>							
			<del>                                     </del>							-				
1b	Total							<u> </u>		<u> </u>	<u> </u>			
2	Total number of individuals (in	cluding but not lin			ose	liste	d abo	ove)	who received more than \$1	00,000 in				
	reportable compensation from	the organization	<u> </u>	0										
3	Did the organization list any fo	rmer officer dire	ctor (	or tru	istee	kev	, emr	niove	ee or highest compensated		1		Yes	No
4	employee on line 1a? If "Yes," For any individual listed on line	complete Schedu	ule J	for s ortat	uch de co	indiv ompe	idual ensat	lion	and other compensation fro	m		3		X
5	the organization and related or individual Did any person listed on line 1:									ıch		4		x
	services rendered to the organ	uzation? If "Yes,"	com	plete	Sch	edul	e J fo	or si	uch person			5		X
Sec 1	tion B. Independent Contract Complete this table for your five	e highest compe	nsate	ed inc	depe	ndei	nt co	ntra	ctors that received more tha	in \$100,000 of				
	compensation from the organiz	zation (A) I business address							Descrip	(B) otion of services			(C) ompensat	tion
	·													
		_ <del>_</del>						_						
								_	·,-					
	Total number of independent of	ontractors (include	 ding l	but n	ot lin	nited	to th	nose	e listed above) who received					
DAA	more than \$100,000 in compe											0 Form	ո 990	(2009

Pa	rt V	III Statement of Reve	<u>nue</u>						
		•				(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
						, , , , , , , , , , , , , , , , , , , ,	exempt function	business revenue	excluded from tax under sections
							revenue		512, 513, or 514
nts	1a	Federated campaigns	1a						
grai	b	Membership dues	1b						
ts, am	С	<u> </u>	1c						
gif	d	Related organizations	1d						
sim's	0	Government grants (contributions)	1e	<del> </del>					
utio	f	All other contributions, gifts, grants,							
e E		and similar amounts not included above	1f						
Popular	g	Noncash contributions included in lines 1a-1	lf	\$					
<u> </u>	h	Total. Add lines 1a-1f			<b>▶</b>				
Program Service Revenue   Contributions, gifts, grants	_				Busn. Code	E4 E10		-	E4 E10
eve	2a	IRRIGATION WATER ASS	ESSM	ENTS		54,510			54,510
S.	b								
چ	C.				-				
S	d				<u> </u>				
Jran	e	All -46			<del></del>				
õ	Ţ	All other program service reven	iue		<b>—</b>	54,510			
<u> </u>	- 2	Total. Add lines 2a–2f		la interca		34,310			
	3	Investment income (including d	iviaend	is, interes	t, and	7,820	7,820		
		other similar amounts)		t band need	ceeds	7,820	7,020		
	4	Income from investment of tax-	exemp	t bollo pit	ceeus				Y
	5	Royalties (i) Real		/n) F	Personal				
	6-	Gross Rents		(11)	-				
	6a								
	b	Less rental exps							
	c d	Rental inc or (loss) [							
	7a			[ (n)	Other				
		sales of assets	<u> </u>						
	b	other than inventory  Less cost or other			· . <del></del>				
	b	basis & sales exps							
	С	Gain or (loss)							
	d	Net gain or (loss)							
		Gross income from fundraising even	ıts İ					<del>- , - ,- ,</del>	
ıue		(not including \$							
Ver		of contributions reported on line 1c).							
Re		See Part IV, line 18	а						
Other Reven	ь	Less direct expenses	ь	•					
ō		Net income or (loss) from fundr	aisina	events	<b>•</b>				
		Gross income from gaming activities	- 1					<del> = =</del>	
	-	See Part IV, line 19	а						
	ь	Less direct expenses	b						
		Net income or (loss) from gamil	na acti	vities	<b>•</b>				
		Gross sales of inventory, less						·	
		returns and allowances	а						
	b	Less cost of goods sold	b						
		Net income or (loss) from sales	of inve	entory	<b>•</b>				
		Miscellaneous Revenue			Busn. Code				
	11a				[]				
	b								
	C								
	d	All other revenue							
	е	Total. Add lines 11a-11d			<b>•</b>				
	12	Total Revenue. See instruction	ıs		<b>_</b> _	62,330	7,820	0	54,510

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	i otal expenses	expenses	general expenses	expenses
	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,	,			
-	organizations, and individuals outside the				
	U.S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			<u>-</u> –	
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	3,543		3,543	
С	Accounting	2,667		2,667	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	509	509		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				<u>.</u>
21	Payments to affiliates				<del></del>
22	Depreciation, depletion, and amortization	3,111	3,111		
23	Insurance				<del></del>
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )	30 000	30 000		<del></del>
а	MAINTENANCE AGREEMENT	30,000	30,000 30,000		
b	RIVER PUMP USEAGE	30,000			
C	INSURANCE	10,014	10,014		
d	CONSULTANT FEES	1,436	1,436		<del></del>
0	TAXES & LICENSES	102	102		
f 25	All other expenses	81,382	75,172	6,210	
25	Total functional expenses. Add lines 1 through 24f	01,302	13,112	3,210	
26	Joint costs. Check here ► If following SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
DAA	fundraising solicitation		1	·	Form <b>990</b> (2009)

Part	X Balance Sheet				
			(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing		17,860	1	14,040
2	Savings and temporary cash investments		439,082	2	426,752
3	Pledges and grants receivable, net			3	·
4	Accounts receivable, net	Ī		4	
5	Receivables from current and former officers, directors, tru	ustees, kev			
	employees, and highest compensated employees Comple				
	Schedule L			5	
6	Receivables from other disqualified persons (as defined up	nder section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B				
	Part II of Schedule L	·		6	
Assets 8	Notes and loans receivable, net	Ī		7	· · · · · · · · · · · · · · · · · · ·
8 88	Inventories for sale or use	Γ		8	
و انخ	Prepaid expenses and deferred charges	Ī	14,930	9	15,139
I -	a Land, buildings, and equipment cost or	[			· · · · · · · · · · · · · · · · · · ·
'	other basis Complete Part VI of Schedule D	10a 1,322,471			
1	Less accumulated depreciation	10b 341,723	983,859	10c	980,748
11	investments—publicly traded securities			11	
12	Investments—other securities See Part IV, line 11	T I		12	<del></del>
13	Investments—program-related See Part IV, line 11	ļ <sup>-</sup>		13	<del></del>
14	Intangible assets	Ī		14	***
15	Other assets See Part IV, line 11			15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	F	1,455,731	16	1,436,679
17	Accounts payable and accrued expenses			17	
18	Grants payable	Ī		18	
19	Deferred revenue	F		19	·····
20	Tax-exempt bond liabilities	F		20	<del></del>
	Escrow or custodial account liability Complete Part IV of S	Schedule D		21	
Liabilities 22	Payables to current and former officers, directors, trustees				····
<u>≔</u>   ~~	employees, highest compensated employees, and disqual	· · · · · · · · · · · · · · · · · · ·			
<u>। छ</u>	persons Complete Part II of Schedule L			22	
ے <sub>  23</sub>	Secured mortgages and notes payable to unrelated third p	arties		23	
24	Unsecured notes and loans payable to unrelated third part			24	
25	Other liabilities Complete Part X of Schedule D	-		25	
26	Total liabilities. Add lines 17 through 25	<u> </u>		26	
	Organizations that follow SFAS 117, check here ▶	and			
ë	complete lines 27 through 29, and lines 33 and 34.				
E 27	Unrestricted net assets			27	
E 28	Temporarily restricted net assets	<u> </u>		28	· · · · ·
면 29	Permanently restricted net assets	<u> </u>		29	
5   2	Organizations that do not follow SFAS 117, check here	• ► X			
뜨	and complete lines 30 through 34.			- 1	
Ö   30	Capital stock or trust principal, or current funds		1,178	30	1,178
31 31	Paid-in or capital surplus, or land, building, or equipment for	lnd	683,848	31	683,848
32	Retained earnings, endowment, accumulated income, or of		770,705	32	751,653
¥ 32	Total net assets or fund balances	Liter range	1,455,731	33	1,436,679
Net Assets or Fund Balances		F	1,455,731	34	1,436,679
-   34	Total liabilities and net assets/fund balances		I, 400, 101	<b>J</b> 4	1,430,019

Form **990** (2009)

orm	1 990 (2009) PLEASANT VALLEY WATER 91-0368332		Pag	<u>ge 12</u>
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990.			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990. Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public

Internal Revenue Service Inspection **Employer identification number** Name of the organization PLEASANT VALLEY WATER 91-0368332 USER'S ASSOCIATION Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. N/A (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (dunng year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. N/A Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items.

a Revenues included in Form 990. Part VIII, line 1

Assets included in Form 990, Part X

^	1		^	3	c	O	2	2	2	
ч	1	-	u	•	h	×	٦.	٦.	7	

Page 2

		ALLEI WAIEK		<u> </u>	200332	rage z
Pa	rt III Organizations Maintaining C					s (continued)
3	Using the organization's acquisition, accession, accession, collection items (check all that apply)	and other records, check	any of the following t	hat are a significant	use of its	
а	Public exhibition	d Loan o	or exchange program:	s		
b	Scholarly research	e Other				
С	Preservation for future generations					
4	Provide a description of the organization's collect Part XIV	tions and explain how the	y further the organiza	ation's exempt purp	ose in	
5	During the year, did the organization solicit or re- assets to be sold to raise funds rather than to be	ceive donations of art, his maintained as part of the	torical treasures, or o	other similar		Yes No
Pa	rt IV Escrow and Custodial Arrar				"Yes" to Form	990, Part N/2
	IV, line 9, or reported an amo					N/A
1a	Is the organization an agent, trustee, custodian of			assets not		
	included on Form 990, Part X?	·				Yes No
ь	If "Yes," explain the arrangement in Part XIV and	complete the following to	able:			
						Amount
c	Beginning balance				1c	
	Additions during the year	•			1d	
	Distributions during the year				1e	
f	Ending balance				1f	
	Did the organization include an amount on Form	990 Part X line 212			<del></del>	Yes No
	If "Yes," explain the arrangement in Part XIV.	500, 1 art X, iii 6 2 1				
	rt V Endowment Funds. Comple	te if organization ar	swered "Yes" to	Form 990. Pa	rt IV. line 10.	N/A
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years b	ack (e) Four years back
1a	Beginning of year balance		-			
b	Contributions					
_	Net investment earnings, gains,				-	
·	and losses					
A	Grants or scholarships				<u> </u>	
	Other expenditures for facilities			-		
•	<b>'</b>					
	and programs					
T	Administrative expenses					
g	End of year balance	d balance bold se	····			
2	Provide the estimated percentage of the year en					
а	Board designated or quasi-endowment	<del>-</del> %				
b	Permanent endowment %					
	Term endowment ▶ %	<b>.</b>	1 .11 1 - 1			
За	Are there endowment funds not in the possession	on of the organization that	are neid and adminis	stered for the		Van Na
	organization by					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" to 3a(ii), are the related organizations lis					3b
<u>4</u>	Describe in Part XIV the intended uses of the orget VI Investments—Land, Buildin			Part Y line 16	<u> </u>	
Pa			(b) Cost or oth		ccumulated	(d) Book value
	Description of investment	(a) Cost or other basis (investment)	basis (other)		preciation	(d) Book value
	1	(vooanony	22313 (04161)			
	Land		<del> </del>		+	
	Buildings	· <del>-</del>	+	<u> </u>		
	Leasehold improvements		+			
	Equipment		1 222	471	341,723	000 740
	Other	L Company	1,322	, 4 / <u>T</u>	341,123	980,748 980,748
ota	l. Add lines 1a through 1e (Columri (d) must equa	ıı romi 990, Paπ X, colur	iiii (B), iiiie TU(C) )	<del></del>	<u> </u>	
					Sche	dule D (Form 990) 2009

	form 990) 2009 PLEASANT VALLEY WA			91-0368332	Page <b>3</b>
Part VII	Investments—Other Securities. See Form	<u>n 990, P</u>		T	
	(a) Description of security or category (including name of security)		(b) Book value	(c) Method of Cost or end-of-ye	
Financial deriv					
	equity interests			*	
Other	ndury interests				· ·
Ounci		·			<u>.</u>
		L			
				<u> </u>	
	n (b) must equal Form 990, Part X, col (B) line 12)	200 5	N/A		<del></del>
Part VIII	Investments—Program Related. See For	<u>m 990, F</u>		1	
	(a) Description of investment type		(b) Book value	(c) Method of	
<del></del> -				Cost or end-of-ye	ar market value
					·
				<u></u>	
			<del></del> .		
				-	
<del></del>					
-				<u> </u>	<del></del>
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 13)	<b>•</b>	N/A		
Part IX	Other Assets. See Form 990, Part X, line	15.			
	(a) Descripti	tion			(b) Book value
	N/A				
<del></del>					
			<del></del>		
				<u> </u>	
Total (Colum	n (b) must equal Form 990, Part X, col (B) line 15)		<del></del>	<b>•</b>	
Part X	Other Liabilities. See Form 990, Part X, Ii	ine 25			<u> </u>
1	(a) Description of liability	10 20.	(b) Amount		<del></del>
Federal incom			<del></del>	1	
N/				1	
				7	
				]	
				]	
				]	
				]	

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

che	dule D (Form 990) 2009 PLEASANT VALLEY WATER	91-	-0368332	Page 4
	rt XI Reconciliation of Change in Net Assets from Form 9	90 to Audited Financ	ial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	<u>. –</u>
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Pnor period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3		10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Sta	tements With Reven	ue per Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 1		
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of pnor year grants	_2c		
d	Other (Describe in Part XIV )	_2d		
0	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	) (	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial St	atements With Exper	nses per Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		
а	Donated services and use of facilities	2a		
þ	Prior year adjustments	2b		
C	Other losses	2c		
đ	Other (Describe in Part XIV )	_2d		
0	Add lines 2a through 2d .		2ө	
3	Subtract line 2e from line 1	) (	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
C	Add lines 4a and 4b		4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
	rt XIV Supplemental Information			
om	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part	III, lines 1a and 4, Part IV, lin	nes 1b	
nd 2	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part X	III, lines 2d and 4b Also com	nplete	
nis p	art to provide any additional information			
_				

#### SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No 1545-0047 2009

> Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PLEASANT VALLEY WATER

Employer identification number

	USER'S ASSOCIATIO	714					9.1	03	003	3Z			
Part I	Excess Benefit Transactions (section Complete if the organization answered "Yes"							ne 40h					
	Complete if the organization answered Tes	0111 0111		· art iv, in	234 01 20	7B, 01 1 01111	330-LZ, F art V, III	10 700			[ (a)	Correc	
1	(a) Name of disqualified person					( <b>b</b> ) De	scription of transaction	on			Yes	$\overline{}$	No
N/2	A												
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					<del> </del>	<del> </del>			-		}—	-	
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under s	he amount of tax imposed on the organization ma section 4958					ng the year	<del></del>	<b>&gt;</b> \$			<u></u>		
	he amount of tax, if any, on line 2, above, reimbu			ganization	)			\$	·				<del></del>
Part II	Loans to and/or From Interested Complete if the organization answered "Yes"			Part IV, In	ne 26, or Fo	rm 990-EZ,	Part V, line 38a						
	(a) Name of interested person and purpose	or fro	oan to om the zation?		c) Onginal cipal amount		(d) Balance due	(e) in	default?	by bo	proved pard or nittee?		Votten ement?
		To	From					Yes	No	Yes	No	Yes	No
N/	A												$\Box$
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otal	<del></del>					<b>▶</b> \$			L		<b></b>		<u> </u>
Part III	Grants or Assistance Benefitting	Intere	sted	Person	IS.	Ψ	·		-				
	Complete if the organization answered "Yes"												
	(a) Name of interested person			(b)	Relationship b	etween intere	ested person and the	(c) /	<b>Amo</b> un	t and t	ype of	assista	ance
	/A												
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Part IV	Business Transactions Involving Complete if the organization answered "Yes"					or 28c							
	(a) Name of interested person		ested p	ship betwe erson and		(c) Amount of transaction	(d) Des	scription	of trans	saction		of	hanng org nues?
		ļ	orgar	nization								Yes	No
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#### SCHEDULE O (Form 990)

## Supplemental Information to Form 990

OMB No 1545-0047 2009

Department of the Treasury

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

Attach to Form 990.

Internal Revenue Service
Name of the organization

PLEASANT VALLEY WATER USER'S ASSOCIATION

Employer identification number 91-0368332

Form 990, Part VI, Line 3 - Management Delegated

THE ASSOCIATION HAS A WRITTEN AGREEMENT WITH JOHNNY APPLESEED/ZIRKLE FRUIT COMPANY, WHICH IS ITS MAJOR WATER USER MEMBER, TO MAINTAIN THE DITCH, DAM, PIPES, AND WATER SUPPLY SYSTEM. THE ASSOCIATION PAYS A REASONABLE COMPENSATION AMOUNT FOR THIS SERVICE.

FOR 2009 JOHNNY APPLESEED/ZIRKLE FRUIT, COMPANY ALSO PROVIDED IRRIGATION BY USE OF PUMPED WATER TO THE ASSOCIATION.

Form 990, Part VI, Line 7a - Election of Members and Their Rights
THE ASSOCIATION MEMBERS DO ELECT THE OFFICERS AND DIRECTORS ANNUALLY.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members
ALL MATERIAL DECISIONS OF THE ASSOCIATION ARE APPROVED BY A VOTE OF THE
MEMBERS.

Form 990, Part VI, Line 9 - Officers Who Cannot Be Reached KEN CHALMERS

22626A HWY 20

OKANOGAN, WA 98840

STEVE MITZNER

22585 HWY 20

OKANOGAN, WA 98840

JIM GEISZ

auon

PLEASANT VALLEY WATER

Employer identification number

91-0368332

523 S. CASCADE AVE, SUITE E COLORADO SPRINGS, CO 80906

DOUG RALSTON

28 B&O ROAD

OKANOGAN, WA 98840

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990
THE FORM 990 IS PROVIDED TO THE OFFICE OF THE ASSOCIATION. THE BOARD
PRESIDENT APPROVES THE TAX RETURN AND SIGNS IT TO BE MAILED.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
THE ASSOCIATION HAS COMPLETED FORMAL WRITTEN POLICIES FOR
CONFLICT OF INTEREST, WHISTLEBLOWER MATTERS, AND DOCUMENTATION RETENTION
AND DESTRUCTION.

Form 990, Part VI, Line 15a - Compensation Process for Top Official THERE ARE NO PAID EMPLOYEES FOR THE ASSOCIATION.

Form 990, Part VI, Line 15b - Compensation Process for Officers
THERE ARE NO PAID EMPLOYEES OR OFFICERS FOR THE ASSOCIATION.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
THE ASSOCIATION MAKES THE GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON
REASONABLE REQUEST.

Schedule O - Additional Information

Schedule O (Form 990) 2009

Name of the organization

PLEASANT VALLEY WATER

Employer identification number

91-0368332

PAGE 6, SECTION B, POLICIES, QUESTIONS 12a, 12b, AND 12c: THE MATTERS OF CONFLICT POLICY AND OTHER RELATED ISSUES IS CURRENTLY BEING ADDRESSED BY LEGAL COUNSEL TO PROVIDE APPROPRIATE WRITTEN POLICIES.

# **DEPRECIATION 2009**

PLEASANT VALLEY WATER USER'S ASSOCIATION							A-5
TION SCHE							
12/31/2009 91-0368332							
		COST			PRIOR		
	DATE	OR	DEPR.		ACCUM.	CURRENT	ACCUM.
DESCRIPTION	ACO.	BASIS	METHOD	門	DEPR.	DEPR.	DEPR.
WATER SYSTEM:							
WATER SYSTEM	Jan-63	117,858	SL	30	117,858	0	117,858
ADDITIONS TO WATER SYSTEM	67-68	74,776	SL	8	74,776	0	74,776
ADDITIONS TO WATER SYSTEM	Jan-81	46,265	SL	20	46,265	0	46,265
ADDITIONS TO WATER SYSTEM	Jan-82	2,501	SF	20	2,501	0	2,501
ADDITIONS TO WATER SYSTEM	Jan-83	26,708	SL	15	26,708	0	26,708
ADDITIONS TO WATER SYSTEM	Jan-84	6,250	SL	15	6,250	0	6,250
RIP RAP LEADER LAKE DAM	Dec-85	1	SL	တ္တ	24,410	1,068	25,478
2 WATER METERS	Sep-85		SL	5	928	0	928
NEW METERS	Feb-87	484	SL	5	484	0	484
NEW METERS	Mar-87		SL	5	269	0	269
SYSTEM ADDITION - CULVERT	May-88	7,873	SL	15	7,873	0	7,873
NEW METERS	Jul-92		SL	2	11,037	0	11,037
LEADER LAKE DAM RECONSTRUCTION	Jan-92		N/A	N/A			
FINISH RECONSTRUCTION	Jan-93	} I	N/A	N/A			
CULVERT	Apr-96	3,280	SL	15	2,792	219	3,011
STEVENS GAGE	96-voN		SL	15	3,115	256	3,371
PRESSURE VALVES	Apr-00	6,761	SL	5	6,761	0	6,761
SYSTEM ADDITION - CULVERT	Apr-00		SF	20	3,596	411	4,007
NEW METERS	May-06	5,783	SL	5	2,989	1,157	4,146
and the second s							
TOTAL WATER SYSTEM		1,322,473			338,612	3,111	341,723
		AC			AC	AC	A/C
		1560			1595	5175	1595