COMMITTEE ON NATURAL RESOURCES

Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Legislative hearing on H.R. 6247, "Saving Our Federal Dams and New Hydropower Development and Jobs Act of 2012."

For Individuals:

5. Business Phone Number: (509) 659-0610

1.	Name:							
2.	Address:							
3.	. Email Address:							
4.	. Phone Number:							
	* * * *							
Fo	Witnesses Representing Organizations:							
	1. Name: Kara Rowe							
	2. Name of Organization(s) You are Representing at the Hearing: Washington Association of Wheat Growers							
	3. Business Address: 109 E. First, Ritzville, Wash., 99169							
	4. Business Email Address: [Information redacted for privacy]							

Name/Organization: Kara Rowe/Washington Association of Wheat Growers Title/Date of Hearing: "Saving Our Federal Dams and New Hydropower Development and Jobs Act of 2012."/August 15, 2012

- a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.
 - B.A. in Communications from Washington State University, December 2000
- b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.
- c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.
 - Director of Affairs & Outreach, Washington Association of Wheat Growers
 - Landowner of grain farm near Creston, Wash., near Lake Roosevelt on Columbia River
 - Former Executive Producer of a national nature and outdoor television show
- d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.
- e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.
- f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

I am a 4th generation farm girl who loves the outdoors.

<u>In addition, for witnesses representing organizations:</u>

g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.
h. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).
i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).
j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.
k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department 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)

Inter	artment of nal Reven	the Treasury ue Service	The organization may have to use a copy of this return to satisfy state reporting rec	uirements.	Inspection
A	For the	2011 cale	endar year, or tax year beginning July 1 , 201 0 , and ending J	une 30	, 20 11
В		applicable:	C Name of organization Washington Association of Wheat Growers	D Employe	er identification number
	Address		Doing Business As		91-0621075
	Name ch	-	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephor	ne number
百	Initial ret	•	109 E 1st Ave		509-659-0610
$\bar{\Box}$	Terminat		City or town, state or country, and ZIP + 4		
$\bar{\Box}$	Amended		Ritzville, WA 99169	G Gross re	eceipts \$ 969,454
				nis a group return t	for affiliates? Yes Vo
			H(b) Are	all affiliates in	ncluded? Yes No
1	Tax-exer	not status:			
J				oup exemption	number ►
K	Form of c				
THE PARTY OF	· · · · · · · · · · · · · · · · · · ·				
60030000				tions to pro	blems of the farm,
Website: www.washingtongrainalliance.com K Form of organization: Corporation Trust Association Other Part I Summary 1 Briefly describe the organization's mission or most signification and educational interests of wheat farmers in Washington S 2 Check this box if the organization discontinued its o 3 Number of voting members of the governing body. Part V 4 Number of independent voting members of the governing body. Part V 5 Total number of individuals employed in calent					
Jce					and any first that apply that they have the tags that the table that the table that the table that the table the table that th
ı,					
. Ve	2	Check th	is box ▶ if the organization discontinued its operations or disposed of more th	an 25% of	its net assets.
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οδ Ω				. 4	0
iţį				. 5	5
Ġ.				. 6	0
⋖				. 7a	256,706
				. 7b	-53,087
				Year	Current Year
levenüe	8	Contribut	ions and grants (Part VIII, line 1h)	586,026	620,965
	ì			414,572	350,355
eve		_	· · · · · · · · · · · · · · · · · · ·	3,547	2,881
ď				0	750
				1,004,145	974,951
ý				293,924	294,374
1Se	1				
bel					
ũ				710,648	679,648
				1,004,572	974,022
	19	Revenue	less expenses. Subtract line 18 from line 12	-427	929
o sex				Current Year	End of Year
sets slanc	20	Total ass	ets (Part X, line 16)	750,035	732,437
t As	21	Total liab	ilities (Part X, line 26)	126,042	107,515
FR	22	Net asset	s or fund balances. Subtract line 21 from line 20	623,993	624,922
$P\epsilon$		Signat	ure Block		
					ny knowledge and belief, it is
true	, correct,	and comple	ete. Declaration of preparer (other than officer) is based on all information of which preparer has any kno	wledge.	
Websites Working for grainaliance.com Item's Environment No. N	12				
_		Signa	ture of officer	Oate .	
Hei	re	M	ichelle Henning. Director of Finance	re	
		Туре	or print name and title		
Pai	id	Print/Typ	pe preparer's name Preparer's signature Date	Check F	T if PTIN
					-
	-		ame ► F	irm's EIN ▶	
		Firm's ac		hone no.	
May	the IR	S discuss	this return with the preparer shown above? (see instructions)		Yes No

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Page 2
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Yes ☑ No
Yes ☑ No
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Palru	Checklist of Required Schedules		Yes	No
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		165	140
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		√
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
3	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	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	N	A A
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		√
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities 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	11b		√
	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	11c		✓
d	Did the organization report an amount for other assets 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	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		✓
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If</i> "Yes," complete Schedule F, Parts II and IV.	15		· /
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<i>'</i>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		, ,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		· ✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	NI	A
		Forr	n 990	(2011)

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
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		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$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		√
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a	N/	1 A
b	Is the organization 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	25b	N	A
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		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule Ł, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		√
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		√
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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? <i>If "Yes," complete Schedule R</i> ,			
38	Part VI	37	./	✓
	13: Note. All Lotti and fileto are required to complete obligation	38 Form	n 990	(2011)

Part				
	Check if Schedule O contains a response to any question in this Part V	<u> </u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 14			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	reportable gaming (gambling) winnings to prize winners?	1c	N/	14
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		14/	/ 5
Lu	Statements, filed for the calendar year ending with or within the year covered by this return 2a 5			
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 (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	✓	
4a	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	. '		1
	account)?	4a		V
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	 -		
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	Ν	/A
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		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			, _
	gifts were not tax deductible?	6b	N	A
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 goods and services provided to the payor?	70		,
1.	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	Λ.	10
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	76	/ / /	7
Ů	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N,	IA
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	8	n /	12
0	organization, have excess business holdings at any time during the year?		14.	n_
9 a	Did the organization make any taxable distributions under section 4966?	9a	N	In
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	Λ	In
10	Section 501(c)(7) organizations. Enter:		, .	
а	Initiation fees and capital contributions included on Part VIII, line 12			·
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b N/A			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	.	-	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
100	against amounts due or received from them.)	12a	N	A
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b	120	IV	1,
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	NI	A
	Note. See the instructions for additional information the organization must report on Schedule O.			—
b	Enter the amount of reserves the organization is required to maintain by the states in which			1
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	N	11
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	2000	(2011)
		Forr	11 330	(ZUII)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	and i See ins	for a structi	"No" ions.
	Check if Schedule O contains a response to any question in this Part VI			
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 17	-		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
_	committee, explain in Schedule O. Fotor the number of voting members included in line 1a, above, who are independent.			
b	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-		
2	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct			_
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		√
5 .	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		✓
6	Did the organization have members or stockholders?	6	✓	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	✓	ļ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	l	1	
	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	1	
a	The governing body?	8b	√	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	- 0.5		
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	√	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	√	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	V	-
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a		1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	1//	12
b		120	100	7
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	n/	IA
13	Did the organization have a written whistleblower policy?	13	,,,	/
14	Did the organization have a written document retention and destruction policy?	14		/
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	ļ	✓
b	Other officers or key employees of the organization	15b	ļ	_
	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	1.0		١,
	with a taxable entity during the year?	16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Υι	10
Secti	on C. Disclosure	100	1/1/	<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed WA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501	(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict	of inte	rest p	oolicy,
	and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	Э	
	organization: Michelle Hennings, 109 F 1st Ave. Ritzville WA, 99169: 509-659-0610			

Part VII	Compensation of Officers, Direct	ors, 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.

- 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, if any. 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.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Check this box if fleither the organization no	i ally icialc	u org	UI IIZ	and	nı ç	OHIPC	1150	tou arry currer	it officer, an octo	, 0
					C)					
(A)	(B)	,	-1 -1		ition			(D)	(E)	(F)
Name and Title	Average					than c is both		Reportable	Reportable	Estimated
	hours per					or/trust		compensation from	compensation from related	amount of other
	week (describe	악교	Ins	Officer	Key	Hig	Former	the	organizations	compensation
	hours for	Individual trustee or director	l it	icer	Key employee	hest	mer	organization	(W-2/1099-MISC)	from the organization
	related organizations	학교	iona		plo	e co		(W-2/1099-MISC)		and related
	in Schedule	ISI I	1		yee	npe				organizations
	O)	ee	Institutional trustee			Highest compensated employee				
						8.				
(1) Ben Barstow										
President	- o			1				6,000	o	0
(2) Eric Maier	1									
Vice President	0			1				3,000	0	0
(3) Ryan Kregger										
Secretary / Treasurer	0			1		İ		3,000	0	0
(4) Brett Blankenship										
Past President	0			1	-			0	0	0
(5) Ross Heimbigner										
Director	0	1						0	0	0
(6) Brit Ausman										
Director	0	✓						0	0	0
(7) Devin Moon										
Director	0	✓						0	0	0
(8) Randy Uhrich										
Director	0	✓						0	0	0
(9) James Moore										
Director	0	1						. 0	0	0
(10) Keith Berglund										
Director	0	✓						0	0	0
(11) Brad Isaak										
Director	0	✓.						0	0	0
(12) Kevin Klein										
Director	0	✓						0	0	0
(13) Marci Green										
Director	0	✓						0	0	0
(14) Jon Walters										
Director	0	✓						0	0	0
										Form 990 (2011)

Pari	VII Section A. Officers, Directors, Trust	ees, Key E	mplo	yees	s, ar	nd F	lighe	st C	ompensated E	mployees (cont	inued)		
					•	C)							
	(A)	(B)	(do n	ot ch		ition	e than o	חחם	(D)	(E)		(F)	
	Name and title	Average hours per week	box,	unles	s pe	rson	is both or/trust	an tee)	Reportable compensation from	Reportable compensation from related	ח	Estimated amount of other	
		(describe	Individual trustee or director	Instit	Officer	Key employee	High empl	Former	the organization	organizations (W-2/1099-MISC)		ompensation ompensation	on
		hours for related	ridua recto	utio	e,	emp	est c	let	(W-2/1099-MISC)	(44-271099-10130)	(organizatio	
		organizations in Schedule	or trus	nal tı		loye	omp				1	and related organization	
		0)	stee	Institutional trustee			Highest compensated employee						
(15) Pe	ete Wigen						8						
Direct		0	✓						0)		0
(16) N	eal Brown												
Direct		0	✓						0)		0
	an McKinley	_											•
Direct	tor	0	✓				ļ		0		-		0
(18)										!			
(19)													
(20)													
(21)			,										
(22)													
(23)					_								
(24)									,				
(25)													
(20)				:									
1b	Sub-total							•			ļ		
C	Total from continuation sheets to Part	•		٠	٠		•	•	12,000)		0
d	Total (add lines 1b and 1c)							<u>,, , , , , , , , , , , , , , , , , , ,</u>	12,000		1		
	Total number of individuals (including but reportable compensation from the organi		1 10 11		IISI	.ea	above	e) W	mo received in	ore than \$100,c	00 01		
3	Did the organization list any former of	ficer direc	tor c	or tr	neta	20	kov e	mr	Novee or high	lest compensa	ed [Yes	No
J	employee on line 1a? If "Yes," complete 3											3	1
4	For any individual listed on line 1a, is the												
	organization and related organizations	-								edule J for su	ıch		
	individual											4	V
5	Did any person listed on line 1a receive of for services rendered to the organization										1	5	1
Section	on B. Independent Contractors	700, 0					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					<u> </u>	<u> </u>
1	Complete this table for your five highest	compensate	ed ind	depe	end	ent	contr	act	ors that receive	ed more than \$	00,000) of	
	compensation from the organization. Repyear.	ort compe	nsatio	on fo	or th	ne c	alend	ar y	ear ending wit	h or within the	organiz	ation's t	ax
	(A) Name and business add	ress							(B) Description of s	ervices	Comi	(C) pensation	
N/A													
								ļ					
								<u> </u>					
	Total number of independent contracto	rs (includir	na bi	ıt no	ot I	imit	ed tr	l th	nose listed abo	ove) who			
_	received more than \$100,000 of compens							•"		-,			

alt VIII	Statement of Revenue	(A)	(B)	(C)	(D)
account to have become		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ള 1a	Federated campaigns 1a				
n b	Membership dues 1b 202,35	50			
om c	Fundraising events 1c				
¥ d					
elim e	Government grants (contributions) 1e 57,80)7			
is f	All other contributions, gifts, grants,	-			
je '	and similar amounts not included above 1f 360,80	18			
₹	Noncash contributions included in lines 1a-1f: \$				
and Other Similar Amounts u a b a b a a a u	Total. Add lines 1a-1f	620,965			
	Business Code				- Control of the control
a b c d e f g	Wheat Life 511120	256,705		256,705	
5 2a b	Composition	93,650			93,650
e le					
S					
g d					
E e	All ather measures consider review				
Bor f	All other program service revenue .	350,355			
	Total. Add lines 2a–2f ▶ Investment income (including dividends, interest				
3			2 950		
	and other similar amounts)		2,860		
4	Income from investment of tax-exempt bond proceeds				
5	Royalties				
		_			
6a	Gross rents	_			
b	Less: rental expenses				
С	Rental income or (loss)				
d	Net rental income or (loss)				
7a	Gross amount from sales of (i) Securities (ii) Other assets other than inventory 20	00			
b	Less: cost or other basis and sales expenses . 17	79	a		
С	Gain or (loss) .	21			
d	Net gain or (loss)	21	21		
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a				
5 b	Less: direct expenses b Net income or (loss) from fundraising events . ▶	.			
	Gross income from gaming activities.				
34	See Part IV, line 19 a				
	Less: direct expenses b	_			
b	· · · · · · · · · · · · · · · · · · ·				
C	Net income or (loss) from gaming activities ▶ Gross sales of inventory, less				
10a	returns and allowances a				
b	Less; cost of goods sold b				
С	Net income or (loss) from sales of inventory	410			410
	Miscellaneous Revenue Business Code				
11a	Miscellaneous	340			340
b					
С					
d	All other revenue				
~		1			
e	Total. Add lines 11a–11d	340			

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).

	Check if Schedule O contains a respons	se to any question i	n this Part IX		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	12,000	0	12,000	0
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 salaries and wages	211,289	141,584	69,705	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,500	6,069	6,431	0
9	Other employee benefits ,	36,571	11,728	24,843	0
10	Payroll taxes	22,014	12,841	9,173	0
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	3,750	3,750	0	0
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	7,336	3,436	3,900	0
13	Office expenses	15,281	998	14,283	0
14	Information technology	17,026	0	17,026	0
15	Royalties				
16	Occupancy	8,800	6,800	2000	0
17	Travel	10,169	6,562	3,607	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	89,521	86,823	2,698	0
20	Interest	1,611	0	1,611	0
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	15,744	0	15,744	0
23	Insurance	2,337	0	2,337	0
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	See Statement 1	508,073	457,766	50,307	0
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	974,022	738,357	235,665	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

	art X	Balance Sheet	T		(3)
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	196,694	-1-	211,039
	2	Savings and temporary cash investments	366,120	2	. 370,069
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	82,440	4	56,462
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
şţ		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
ď	8	Inventories for sale or use	1,855		3,873
	9	Prepaid expenses and deferred charges	20,810	9	18,931
	10a	Land, buildings, and equipment: cost or		,	
		other basis. Complete Part VI of Schedule D 10a 396,414	٠		
	b	Less: accumulated depreciation	82,116		72,063
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14 15	
	15	Other assets. See Part IV, line 11	750,035	16	732,437
	16	Total assets. Add lines 1 through 15 (must equal line 34)	18,860	17	37,472
	18	Grants payable	50,207	18	0,,4,2
	19	Deferred revenue	56,975	19	70,043
	20	Tax-exempt bond liabilities	30,0.0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
S	22	Payables to current and former officers, directors, trustees, key			
itie		employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
Ľį	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	126,042	26	107,515
10		Organizations that follow SFAS 117, check here ▶ ☑ and complete		•	
ö		lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets	486,693	27	482,122
Ва	28	Temporarily restricted net assets	137,300	28	142,800
pu	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Se	33	Total net assets or fund balances	623,993	33	624,922
	34	Total liabilities and net assets/fund balances	750,035	34	732,437 Form 990 (2011)

_		•
Page :	1	4

Part	XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response to any question in this Part XI		<u></u>		
		1			
1	Total revenue (must equal Part VIII, column (A), line 12)	_1			4,951
2	Total expenses (must equal Part IX, column (A), line 25)	2		97	4,022
3	Revenue less expenses. Subtract line 2 from line 1	3			929
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		62	3,993
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6		62	4,922
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII	· · ·		1	1
				Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 📈 Accrual 🗎 Other	······			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in	4.		1
	Schedule O.				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
b	Were the organization's financial statements audited by an independent accountant?		2b		✓
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	ersight			
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	M	P
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in			
	Schedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye	ar were			
	issued on a separate basis, consolidated basis, or both:				
	☐ 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		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	rgo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b	N	(P)
			For	n 990	(2011)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

20 1 0

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Wash	ington Association of Wheat Growers			91-0621075
Pa	t I Organizations Maintaining Dono	r Advised Funds or Other Similar Fu	nds or A	Accounts. Complete if the
	organization answered "Yes" to Fo			
		(a) Donor advised funds	(1	b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year).			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and	donor advisors in writing that the assets I	held in d	onor advised
•	funds are the organization's property, subject	et to the organization's exclusive legal contr	ol?	· · · · □ Yes □ No
6	Did the organization inform all grantees, dor			
U	only for charitable purposes and not for the			
D.	Conservation Engagements Comp	lete if the organization answered "Yes"	to Forn	a 990 Part IV line 7
Par			10 1 0111	11 990, 1 art 1V, iiile 7.
1	Purpose(s) of conservation easements held t			aviable important land area
		recreation or education) Preservation of		
	Protection of natural habitat	☐ Preservation of	of a certif	ied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organiza	tion held a qualified conservation contributi	on in the	form of a conservation
	easement on the last day of the tax year.		_	
			-	Held at the End of the Tax Year
а	Total number of conservation easements .		H	2a
b	Total acreage restricted by conservation eas	ements		2b
С	Number of conservation easements on a cer			2c
d	Number of conservation easements include			
	historic structure listed in the National Regist		L	2d
3	Number of conservation easements modified	d, transferred, released, extinguished, or ter	minated	by the organization during the
	tax year ▶			
4	Number of states where property subject to	conservation easement is located ▶		
5	Does the organization have a written poli	cy regarding the periodic monitoring, in	spection,	, handling of
	violations, and enforcement of the conservat	ion easements it holds?		· · · · 🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monitor	ring, inspecting, and enforcing conservatior	n easeme	ents during the year
	>			
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation eas	ements o	during the year
	▶ \$	0.		3 ,
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements	of sectio	n 170(h)(4)(B)
	·			· · · · Yes No
9	In Part XIV, describe how the organization re	norts conservation easements in its revenu	e and ex	_ _
•	balance sheet, and include, if applicable, the			
	organization's accounting for conservation e			
Pari		ctions of Art, Historical Treasures, or	r Other	Similar Assets.
		ered "Yes" to Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted unc	The state of the s		e statement and halance sheet
ıu	works of art, historical treasures, or other s			
	public service, provide, in Part XIV, the text of			
1.				
b	If the organization elected, as permitted unworks of art, historical treasures, or other s			
			uucalion	, or research in furtherance of
	public service, provide the following amounts			*
	(i) Revenues included in Form 990, Part VIII,	line 1		. > \$
_	(ii) Assets included in Form 990, Part X			. > \$
2	If the organization received or held works			tor tinancial gain, provide the
	following amounts required to be reported ur			
а	Revenues included in Form 990, Part VIII, line	91		. • \$
b	Assets included in Form 990, Part X			. ▶ \$

	¬	_	•
Ì	-aa	е	4

Part	III Organizations Maintaining	Collections of	Art, Histori	cal Tr	reasures, c	or Ot	her Similar As	sets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):	ccession, and o						
a	Public exhibition		d 🗔	_oan c	or exchange	prog	rams	
b	Scholarly research		е 🗌	Other				
С	Preservation for future generations							
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.							
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?							
Part		ngements. Co	molete if the	e oraz	nization ar	ıswe	red "Yes" to Fo	orm 990, Part IV,
	line 9. or reported an amount	on Form 990.	Part X. line 2	21.				,
1a	Is the organization an agent, trustee,				contributio	ns oi	other assets no	ot .
,	included on Form 990, Part X?							☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa							
	in 163, explain the arrangement in 7 a	it /it v and comp					Aı	mount
С	Beginning balance					10	<u> </u>	
ď	Additions during the year					10		
e	Distributions during the year					16		
f	Ending balance					11		***************************************
. 2a	Did the organization include an amoun					L-		☐ Yes ☐ No
	If "Yes," explain the arrangement in Pa		are A, into E i	•	, , , ,	•		
	Endowment Funds. Comple	te if the organi:	zation answ	ered "	Yes" to Fo	rm 9	90. Part IV. line	: 10.
	Endownient i dilasi eemple	(a) Current year	(b) Prior ye		(c) Two years		(d) Three years back	(e) Four years back
10	Beginning of year balance	(-,		-+		.,		
1a	Contributions							
b	Net investment earnings, gains, and							-
Ū	losses							
ч	Grants or scholarships							
d e	Other expenditures for facilities and							
G	programs							·
	·		-					
† 	Administrative expenses			-				***
g	End of year balance Leave Provide the estimated percentage of the	a allerant vaar a	l halanaa (lii		adumn (a)	hold	20:	
2				ie ig,	column (a))	neiu	as.	
a	Board designated or quasi-endowmen		⁷⁰					
b	Permanent endowment	%						
С	Temporarily restricted endowment ►	%	2007					
0-	The percentages in lines 2a, 2b, and 2c Are there endowment funds not in the	snould equal 10	JU70. 20 organizati	n that	t are hold a	24 24	ministered for th	0
Sa	organization by:	possession or u	ie organizani	лі ша	i ale lielu al	iu au	ministered for th	
	,							Yes No
	(i) unrelated organizations					•		
	(,			 المصطاح		•		3a(ii)
_	If "Yes" to 3a(ii), are the related organiz							3b
4	Describe in Part XIV the intended uses							
Part								
	Description of property	(a) Cost or o		Cost or (oth	other basis ner)		Accumulated epreciation	(d) Book value
1a	Land							
b	Buildings		209,657				156,654	53,003
¢	Leasehold improvements							
d	Equipment		186,757				167,697	19,060
е	Other							
Total.	Add lines 1a through 1e. (Column (d) m	ust equal Form 9	90, Part X, co	lumn	(B), line 10(d	c).)	▶	72,063

Part VII	Investments-Other Securities	s. See Form 990, Part	X, line 12. N/A	
	a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year	
(1) Financia	Il derivatives			
(2) Closely-	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
(l)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments—Program Relate	d See Form 990 Part		<u> </u>
T CIT AIII	(a) Description of investment type	(b) Book value	(c) Method of ve	aluation:
	(a) Description of investment type	(b) Book tales	Cost or end-of-year	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			<u> </u>
Part IX	Other Assets. See Form 990, P		N/A	(b) Book value
		(a) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(7)				
(8)				
(9)				
(10)	,			
Total. (Colu	ımn (b) must equal Form 990, Part X, o	col. (B) line 15.)		
Part X	Other Liabilities. See Form 990	, Part X, line 25.	N/A	
1.	(a) Description of liability	(b) Book value		8.7
	income taxes			
(2)				
(3)	•			
(4)				
(5)			· ·	
(6)		<u> </u>		
(7)				
(8) (9)			·	
(10)				
(11)				
	(b) must equal Form 990, Part X, col. (B) line 25.)			
	SC 740) Footpote In Part XIV provide		to the organization's financial state	ments that reports the

Ра	a	е	

CONOGO	0.001		
Par	XI Reconciliation of Change in Net Assets from Form 990 to Au		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	r	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	F	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	r	3
4	Net unrealized gains (losses) on investments		4
5	Donated services and use of facilities		5
6	Investment expenses		6
7	Prior 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		10
Part	XII Reconciliation of Revenue per Audited Financial Stateme		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:		
а	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	7.
d	Other (Describe in Part XIV.)		7
e	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:		
a	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
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 3		5
Part			1 - 1
	Total expenses and losses per audited financial statements		1
1	· · · · · · · · · · · · · · · · · · ·		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	l o- 1	
a	Donated services and use of facilities	2a	-
b	Prior year adjustments		-
C	Other losses		_
d	Other (Describe in Part XIV.)		- _
е	Add lines 2a through 2d		2e
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	_
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5
Part	XIV Supplemental Information		
	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9		
	line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII,	lines 2d and 4b. Also com	nplete this part to provide
any ad	ditional information.		
<u></u>	A		
	·		
		•	
	·		**********************
	·	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Employer identification number Name of the organization 91-0621075 Washington Association of Wheat Growers

Washington Association of Wheat Growers 91-0621075 Statement 1 Form 990, Part IX, Line 24 Other Expenses

		(A)		(B)		(C)	((D)
	*		Ρ	rogram	Mar	nagement		
		Total	S	ervices	&	General	Fund	łraising
Wheat Life & Green Sheet Production	\$	152,823	\$	152,823				
WGA Contract	\$	60,000	\$	30,000	\$	30,000		
WWC Contract		20,255		20,255				
NAWG Dues		41,500		41,500				
Legislative Action		48,696		48,696				
County Member Funds		30,390		30,390				
WWF Contract		7,510		7,510				
Utilities		6,849				6,849		
State Legislation		12,219		12,219				
National Legislation		38,830		38,830				
Undercutter Project		3,578		3,578				
Taxes		7,007		4,587		2,420		
Repairs & Maintenance		4,816				4,816		
Postage & Shipping		60,168		54,757		5,411		
Membership		12,621		12,621				
Subscription		705				705		
Miscellaneous		106				106		
	•							
Total	\$	508,073	\$ 4	157,766	\$	50,307	\$	

Form	990-T		Exem			ition Busi				Return	ļ	OMB No. 1545-06	587		
romi •		_				y tax unde		•				201 0)		
	ent of the Treasury	1				ther tax year beg	-	July 1)1 0 , and :	Оре	en to Public Inspect (c)(3) Organization	tion for		
	Revenue Service Check box if		ending	June 30 organization		11 . Check box if name of		See separate in							
<u>A </u>	address changed		ł	•	`Ш			and see instruction	15.)	l D		r identification nu es' trust, see instruc			
_	pt under section	Print				of Wheat Growe					. , .		,		
	D1(c)(5)	or			oom or s	suite no. If a P.O. bo	ox, see ins	structions.		F	91-0621075 E Unrelated business activity codes				
	08(e)	Туре	109 E 1:		-1.710						(See instructions.)				
∐ 40 □ -	, ,			own, state, an		ode									
	29(a) value of all assets	F Gr		, WA 9916		See instruction	e / 🕨				51112	<u>J i </u>			
at en	d of year					501(c) co		on ☐ 501	(c) tru	st 140	01(a) tru	st Other	trust		
H De	escribe the orga								· · · · · · · · · · · · · · · · · · ·		oublicati	on			
	ring the tax year,												No		
	'Yes," enter the r				•	•		•		3	•				
	e books are in o					'			lepho	ne number	>	509-659-0610)		
Pari						<u></u> е		(A) Income		(B) Exper	nses	(C) Net			
1a	Gross receipts														
b	Less returns and a	allowance	es			c Balance ▶	1c					1			
2	Cost of goods	sold (S	Schedule	A, line 7)			2						100		
3	Gross profit. S	ubtract	t line 2 fr	om line 1	· .		3								
4a	Capital gain ne	et incor	ne (attac	ch Schedu	le D)		4a	3 12 mm							
b	Net gain (loss)	(Form 4	4797, Pa	rt II, line 17	7) (atta	ch Form 4797)	4b.	Control of the Control							
С	Capital loss de						ALC: NO.								
5	Income (loss) fro	m partn	erships aı	nd S corpor	ations (a	attach statement	-								
6	Rent income (S	Schedu	ıle C) .		· Maria James C										
7	Rent income (S Unrelated debt Interest, annu	t-financ	ced inco	me (Sched	lule E)			Control of the same							
8	Interest, annu	uities,	royaltie	s, and r	entš	from the	d	A STATE OF THE STA							
	organizations (Investment in organization (S	Schedu	ule F) .		*	The same of the sa	8	**							
9	Investment in	come	of a	section 5	501(c)(\)	7),(9),or (1	7)								
	organization (S	Schedul	le G) .			Not bear	9								
10	Exploited exen	npt acti	ivity inco	ome (Sche	dule I)		10								
11	Advertising inc	•		•			11	256,706	00	3,43	36 00	254,270	00		
12	Other income (S				nedule.))	12						<u> </u>		
13	Total. Combine						13	256,706	00	3,43		254,270	00		
Part						instructions for instructions for instructions in the unrelated to the instruction in the				ıs.) (Except	tor cor	itributions,			
44								211622 111601116	÷·)		144				
14 15	Compensation					•	•				14				
16	Salaries and w	_										114,484	00		
17	Repairs and management Bad debts .										16 17				
18	interest (attach					,					18		<u> </u>		
19	Taxes and licer										19	17 430	00		
20	Charitable con										20	17,428	00		
21	Depreciation (a									1	00 20				
22	Less depreciat									7/2	22b	472	00		
23	Depletion										23	771			
24	Contributions t										24	6,069	00		
25	Employee bene										25	11,728	00		
26	Excess exempt										26				
27	Excess readers										27	157,176	00		
28	Other deductio										28				
29	Total deduction										29	307,357	00		
30	Unrelated busin										30	-53,087	00		
31	Net operating le										31				
32	Unrelated busin										32	-53,087	00		
33	Specific deduc										33				
34	Unrelated bus	iness t	taxable	income. S	Subtrac	et line 33 from l	ine 32.	If line 33 is gre	eater	than line 32,			_		
	enter the small	er of ze	ro or lin	e 32							34	-53,087	00		

Part	Та	x Computation				
35	Organiz	cations Taxable as Corporations. See instructions for tax computation. Controlled group			Ì	
	member	rs (sections 1561 and 1563) check here Gee instructions and:	1			
_	Entoryo	our share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	,			
а		(2) \$ (3) \$				
	(1) \$	ganization's share of: (1) Additional 5% tax (not more than \$11,750)				
b	Enter or	tional 3% tax (not more than \$100,000)				
	(2) Addi	tax on the amount on line 34	35c		0	00
	Income	Taxable at Trust Rates. See instructions for tax computation. Income tax on		1		
36	Irusts	bunt on line 34 from: Tax rate schedule or Schedule D (Form 1041)	36			
			37	+		
37	Proxy to	ax. See instructions	38			
38		ive minimum tax	39	 	0	00
39	aunu -	dd lines 37 and 38 to line 35c or 36, whichever applies	39	<u> </u>	. 0	
Part	V Ta	ax and Payments		1		
40a	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116) . 40a				
b	Other c	redits (see instructions)	-			
c	General	business credit. Attach Form 3800 (see instructions)	-			
d	Credit for	or prior year minimum tax (attach Form 8801 or 8827)				
е	Total c	redits. Add lines 40a through 40d	40e		0	00
41	Subtrac	et line 40e from line 39	41	ļ	0	00
42	Other tax	kes. Check if from: 🔲 Form 4255 🔲 Form 8611 🔲 Form 8697 🔲 Form 8866 🔲 Other (attach schedule) .	42	ļ		
43	Total ta	ax. Add lines 41 and 42	43		0	00
44a	Pavmer	nts: A 2010 overpayment credited to 2011 44a				
b	2011 es	stimated tax payments				
C		posited with Form 8868		E		
d		organizations: Tax paid or withheld at source (see instructions) . 44d				
e	Backup	withholding (see instructions)				
f	Credit f	or small employer health insurance premiums (Attach Form 8941) . 44f				
g g		redits and payments:				
9	Form					
45		ayments. Add lines 44a through 44g	45	İ	0	00
46	Fetimat	ed tax penalty (see instructions). Check if Form 2220 is attached] 46			
47	Tay du	e. If line 45 is less than the total of lines 43 and 46, enter amount owed	47			
48	Overna	syment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48			
49	Enter the	amount of line 48 you want: Credited to 2012 estimated tax ► Refunded ►	49			
Part	V S	tatements Regarding Certain Activities and Other Information (see instructions)				
Chillian State Course	A+ 000	time during the 2011 calendar year, did the organization have an interest in c	r a s	ianature	Yes	No
1	At any	ner authority over a financial account (bank, securities, or other) in a fore	eian	country?		
	or oth	s, the organization may have to file Form TD F 90-22.1, Report of Foreig	n Ba	nk and		
	Financi	al Accounts. If YES, enter the name of the foreign country here				✓
•		he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a f	oreian t	rust? .		1
2	החווול ו	see instructions for other forms the organization may have to file.	-, -, -,		* * * * *	
	II YES,	ne amount of tax-exempt interest received or accrued during the tax year > \$		0		
3	enter ti	- Cost of Goods Sold. Enter method of inventory valuation ▶		<u>`</u>	1 1 1 1	<u>. </u>
			6	T		
1		, and a second s				
2	Purcha	Bas C from line F. Enter here and				
3		in Death the O	1 7			
4a		300001 2001 0000 1		anast to	Yes	No
	,	schedule) 4a 8 Do the rules of section 263A (vests (attach schedule) 4b property produced or acquired for			100	
b		to the ergenization?				,
5	Total.	Add lines 1 through 4b 5 to the organization?			heliaf i	is true
O!		penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
Sign	N 10-1			the IRS disc the prepare		
Here	P/N	Therman 51012 Director of Finance		instructions)		
	Signati	ure of officer Date Title				
Paid		Print/Type preparer's name Preparer's signature Date	Check	⊔ _{if}	TIN	
Prep	arer		self-emp	loyed		
-		Firm's name ▶	Firm's E	N►		
Use	Office		Phone n	ɔ	000 7	

Schedule C—Rent Income (see instructions)	e (From Rea	al Prop	erty and	d Persona	al Property L	.ea	sed With Real Prop	ertyj
Description of property								
(1)								
(2)								
(3)							•	
(4)								
(4)	2. Rent receiv	ed or acc	rued					
					(if the	7	3(a) Deductions directly of	onnected with the income
(a) From personal property (if the per- for personal property is more than more than 50%)	centage of rent 10% but not	percer	ntage of rent	for personal p	property (if the property exceeds profit or income)		in columns 2(a) and 2	
(1)								
(2)								
(3)								
(4)								
		Total						
Total							b) Total deductions.	
(c) Total income. Add totals of conhere and on page 1, Part I, line 6,	column (A) .		>				Enter here and on page 1 Part I, line 6, column (B) ▶	
Schedule E—Unrelated D	ebt-Financ	ed Inc	ome (see	instruction	ns)		3. Deductions directly conn	acted with ar allocable to
1. Description of de	ebt-financed prop	erty		allocable t	income from or to debt-financed property	(a)	debt-finance Straight line depreciation (attach schedule)	d property (b) Other deductions (attach schedule)
						-	,	
(1)						<u> </u>		
(2)				_				
(3)								· · · · · · · · · · · · · · · · · · ·
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	debt-fin	je adjuste allocable anced pr ch sched	to operty	4	Column divided column 5		Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)					%			
(2)					%			
					%			
(3)	<u> </u>				%			
(4)						Ent Pa	ter here and on page 1, art I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals					, , , , ,		>	
Total dividends-received deduc	tions included	in colur	nn 8 .			•		
Schedule F-Interest, Ann	uities, Roy	alties,	and Ren	ts From (Controlled O	rga	nizations (see instruc	ctions)
			Exempt	Controlled	Organizations	3		
Name of controlled organization	2. Emplo identification			elated income instructions)	4. Total of specific payments made		5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)								
(2)								
(3)								
		•	 					
(4) Nonexempt Controlled Organ	izations		L		l		L	
inonexempt Controlled Organ				r				
7. Taxable Income	8. Net un (loss) (se	related in ee instruc			tal of specified ments made		Part of column 9 that is included in the controlling organization's gross income.	connected with income in
(1)								
(2)								
(3)								
(4)	<u></u>			L				A 1.1
							Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals		<u> </u>				. ▶		Form 990-T (2011

Schedule G—Investment Inco	2. Amount of inco	ome dir	3. Deductions ectly connected	4. Set-aside:	5. To	otal deductions et-asides (col. 3
		(a	ttach schedule)	(attach school	110)	plus col. 4)
(1)						
(2)						
(3)		,				
(4)						
Totals	Enter here and on Part I, line 9, colur					re and on page 1, ne 9, column (B).
Schedule I—Exploited Exemp	t Activity Incom	o Other Tha	n Advertising Ir	come (see inst	ructione)	
Schedule I—Exploited Exemp	ACTIVITY INCOME	c, Other IIIa		loome (see mst	ructions)	
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)					Y 10-1	
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and or page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals						L
Schedule J—Advertising Inco						
Part I Income From Perio	dicals Reported	on a Conso	lidated Basis			
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) Wheat Life	256,706	3,43	6	51,341	208,517	
(2)			_	- 1, - 1		
(3)					·	
(4)						1
Totals (carry to Part II, line (5))	256 706	3,43	6 254.270	E1 241	200 517	157 176
Part II Income From Perio	dicals Reported			51,341 ach periodical li	208,517 Isted in Part II.	fill in columns
2 through 7 on a line	-	on a copara	110 Duoio (1 01 01	aon ponodica n	otoa ii i art ii,	IIII III GOIGIIIII
2 throught 7 off a fille	by into baolo.		4 Advertising			7. Excess readership
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	256,706	3,43	6			157,176
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
	256,706	3,43				157,176
Schedule K—Compensation of	of Officers, Direc	tors, and Tru	ustees (see instru			
1. Name			2. Title	3. Percent of time devoted to business		on attributable to d business
(1)				%	5	
2)			*****	%		
(3)				%		
(4)				%	5	
Total. Enter here and on page 1, Part II,	line 14			>	•	

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2011

Department of the Treasury Internal Revenue Service (99)

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No. 179

Name	(s) shown on return		Bus	iness or activity to w	hich this form relate	es	Identi	fying number
Was	hington Association of			m 990-T				91-0621075
Pai	t I Election To Note: If you	Expense Ce have any liste	ertain Property U ed property, com	Inder Section plete Part V be	179 efore you com	plete Part I.		
1	Maximum amount (1	
2							2	
3						ns)	3	
4							4	
5						-0 If married filing		
	separately, see inst						5	
6	•	escription of prope	rty	(b) Cost (busi	ness use only)	(c) Elected cost		
					-			
7	Listed property. En	ter the amount	from line 29		7			
	Total elected cost of					7	8	
9	Tentative deduction						9	
10	Carryover of disallo	wed deduction	n from line 13 of yo	our 2010 Form 45	562		10	
11	Business income limi						11	
12	Section 179 expens						12	
13	Carryover of disallo					13		
	: Do not use Part II							
Pai	t II Special Dep	reciation Allo	wance and Othe	r Depreciation	(Do not incl	ude listed property.)	(See i	nstructions.)
14	Special depreciation	n allowance	for qualified prop	erty (other than	listed proper	y) placed in service		
	during the tax year						14	
15	Property subject to	15						
	Other depreciation						16	
	III MACRS De							
Contract to		\\\\\\		Section A				
17	MACRS deductions	for assets pla	aced in service in ta	ax years beginnii	ng before 2011		17	15,132.00
						one or more general		
	asset accounts, che	eck here .				▶ 🔲		
	Section E	-Assets Plac	ced in Service Du	ring 2011 Tax Y	ear Using the	General Depreciation	Syst	em
(a)	Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment under only—see instructions	se (a) Hecovery	(e) Convention	(f) Method	(g) Depreciation deduction	
19a	3-year property							
b	5-year property		2,735.00	5	НҮ	200DB		547.00
C	7-year property							
C	10-year property							
e	15-year property		1,949.00	15	НҮ	S/L		65.00
1	f 20-year property							
g	25-year property	[. ·		25 yrs.		9/L		
h	Residential rental			27.5 yrs.	MM	5/L		
	i nesidential fental				1. (1.)	S/L		
	property			27.5 yrs.	MM	J 5/L	1	
				27.5 yrs. 39 yrs.	MM MM	9/L		
İ	property			27.5 yrs. 39 yrs.				
	property i Nonresidential real property		ed in Service Duri	39 yrs.	MM MM	6/L	on Sys	stem
	property Nonresidential real property Section C-		ed in Service Duri	39 yrs.	MM MM	5/L 5/L	on Sys	tem
20a	property i Nonresidential real property		ed in Service Duri	39 yrs.	MM MM	S/L S/L Iternative Depreciation	on Sys	stem
20a	property i Nonresidential real property Section C- i Class life		ed in Service Duri	39 yrs. ng 2011 Tax Ye	MM MM	S/L S/L Iternative Depreciation	on Sys	stem
20a	property i Nonresidential real property Section C- i Class life 12-year	-Assets Place		39 yrs. ng 2011 Tax Ye 12 yrs.	MM MM ar Using the A	S/L S/L Iternative Depreciation S/L S/L	on Sys	stem
20a b	property Nonresidential real property Section C- Class life 12-year 40-year TIV Summary (-Assets Place	ons.)	39 yrs. ng 2011 Tax Ye 12 yrs.	MM MM ar Using the A	S/L S/L Iternative Depreciation S/L S/L	on Sys	stem
20a b C Pai	property Nonresidential real property Section C- Class life 12-year 40-year Listed property. En	-Assets Place See instruction	ons.) m line 28	39 yrs. ng 2011 Tax Ye 12 yrs. 40 yrs.	MM MM ar Using the A	S/L S/L Iternative Depreciation S/L S/L S/L S/L S/L		stem
20a b C Pai	property Nonresidential real property Section C- Class life 12-year 40-year Listed property. En	See instruction ter amount from the strong line 12, is a second line 12,	ons.) m line 28 lines 14 through 17	39 yrs. ng 2011 Tax Ye 12 yrs. 40 yrs. , lines 19 and 20	MM MM ar Using the A MM	S/L S/L Ilternative Depreciation S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L		15,744.00
20a b c Pai 21 22	property i Nonresidential real property Section C- i Class life 12-year 40-year t IV Summary (Listed property. Ent Total. Add amounts	See instruction ter amount from the second frow the second from the second from the second from the second fro	ons.) m line 28 lines 14 through 17 return. Partnerships	39 yrs. ng 2011 Tax Ye 12 yrs. 40 yrs. , lines 19 and 20 and S corporations	MM MM ar Using the A MM in column (g), a	S/L S/L Ilternative Depreciation S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	21	

Form **990**

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)

2009

2003

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

	For the	2009 calen	dar year,	or tax year beginning	7/01	, 2009, and endin			, 2010		
В	Check if a	pplicable:		С			1	D Employer Ide	ntification Number		
	Addr	ess change	Please use IRS label	WASHINGTON ASS	OCIATION OF V	WHEAT GROWERS		91-062	1075		
	\vdash	e change	or print or type.	109 E 1ST AVE			F	E Telephone nu			
		-	See	RITZVILLE, WA	99169				659-0610		
		l return	specific Instruc-	,			ļ	(303)	039 0010		
	Term	ilnation	tions.				ŀ	_	1 004	C O F	
	Ame	nded return			· · · · · · · · · · · · · · · · · · ·			G Gross receipts			
	Appl	ication pending	F Name a	and address of principal officer;				group return for a	⊨ .••	X No	
			SAME A	AS C ABOVE				iffiliates included? ittach a list. (see i		No	
$\overline{\Box}$	Tax-e	xempt statu	ıs 🛛 501	1(c) (5) ◄ (inser	no.) 4947(a	a)(1) or 527	11 740, a	macri a nati (acc i	nati dettoria)		
J			W.WAWC		· •	· · · · · · · · · · · · · · · · · · ·	H(c) Group e	xemption number	>		
K		f organization;	Corpor	[7]	ation Other	L Year of Format			f legal domicile: WA		
	art l	Summ		41001 110000	2.011 0.1101	1 - 1001 01701110			3		
1.0				ganization's mission or	most significant acti	vities: WORKING	FOR SOI	T SMOTTIL	O PROBLEMS	OF	
				FARM HOME AND						<u> </u>	
ce				TECT_AND_ADVAN						OF -	
Governance						r Troonom Car	WIND FIG	DOM: TO NAT		<u> </u>	
Ver			KMERS.	IN WASHINGTON if the organization disc				0/ of its asso			
Ĝ		heck this bo		if the organization disc or the governing b	•	•			15.	15	
-త				nt voting members of th						0	
ies	1		•	byees (Part V, line 2a).		•				4	
Activities				teers (estimate if neces					-		
Acı				business revenue from l					305.	158.	
	1			s taxable income from F	, , ,	•				305.	
		ict am olatot	2 54511105	S taxable interine inclini	330 1, 1110 011			ior Year	Current Ye		
		1.21 12		-1- (D1) (III - II 16)				572,634		026.	
e O				nts (Part VIII, line 1h).				458,245		572.	
Revenue	1	-		nue (Part VIII, line 2g).				6,015		547.	
ě	1		•	art VIII, column (A), line				356		J41.	
_	i .		•	III, column (A), lines 5,				,037,250		1/15	
				ines 8 through 11 (must				,031,230	1,004,	143.	
				ounts paid (Part IX, col							
				members (Part IX, colu				064 706	1	004	
Ø	15 S	alaries, oth	er compe	nsation, employee bene	fits (Part IX, columr	ı (A), lines 5-10)		264,736	. 293,	924.	
ıse	16a P	rofessional	fundraisir	ng fees (Part IX, columr	(A), line 11e)						
Expenses	bТ	otal fundrai	sing expe	nses (Part IX, column (O), line 25) ►				100 mm (100 mm)		
Щ	17 C			IX, column (A), lines 11				772,153	. 710,	648.	
				ines 13-17 (must equal				,036,889		572.	
	1			es. Subtract line 18 from				361		427.	
P 8							1	ning of Year	End of Yea	ar	
Net Assets or Fund Balances	20 T	otal assets	(Part X. I	ine 16)				741,203		035.	
AB	21 T			(, line 26)				122,782	. 126,	042.	
P. Set	22 N	lat accate o	r fund hal	ances. Subtract line 21	from line 20			618,421	623.	993.	
P	art II		ure Blo		110111 11110 20		*1		· <u> </u>		
122.2				I declare that I have examined be Declaration of preparer (other	this return, including accor	npanying schedules and sta	tements, and	to the best of my	knowledge and belief, it	is	
		true, còrrect,	and complete	e. Declaration of preparer (other	than officer) is based on a	Il' information of which prep	arer has any k	knowledge.			
Sig	gn	► 115	Jelle	genna				10/13	110		
He	ere	Signature	of officer	3			Dat	te	, -		
		► MICH	ELLE H	ENNINGS			DIREC	CTOR OF F	INANCE		
		Type or p	rint name an	nd title.							
-						Date		eck if	Preparer's identifying n (see instructions)	umber	
Pa	id						sel em	lf- nployed ►	(COO MICH GONDING)		
Pr	e-	Preparer's signature					P00184210				
pa	rer's		or TEE	FEL OTIS & WAR	VICK, PS				<u> </u>		
Ús	se	Firm's name (yours if self-		BOX 129	11011, 10		——— ₋	N ▶ 01-	1138438		
Or	ıly	employed), address, and		ENPORT, WA 9912	22-0120		EIN ► 91-1138438 Phone no. ► (509) 725-3251				
-		ZIP + 4				uationa)				No	
Ma	y the IR	aiscuss th	us return	with the preparer show	r above! (see instru	icuons)			. 14 165	1110	

			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		Х
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 candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.	4		
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X	1760kus
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	Ę,		
	Did the organization report an amount for investments— other securities 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	Property Property Property		
	• 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 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 			
	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 statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	12		Х
12/	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	-13/35 -13/3		
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States? 5 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14a 14b		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		Х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		Х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19 20		X
20	and diguilization operate one of more needstate. If you, complete concade it.			

WASHINGTON ASSOCIATION OF WHEAT GROWERS 91-0621075 Page 4 Part IV Checklist of Required Schedules (continued) Yes No 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 IL 21 Χ Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part Χ IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III..... 22 23 X X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?..... 24c 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a 25a b Is the organization 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 25b 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...... Χ 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete 27 Schedule L, Part III..... Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): Χ a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV..... 28a **b** A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*..... 28b Χ 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 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M..... 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M..... 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I...... 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Χ 32 Schedule N, Part II..... 33 Χ Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Χ line 1..... Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Χ 35 Part V, line 2.

Form 990 (2009)

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..................

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...

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X

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Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. 0 1 a 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c (gambling) winnings to prize winners?..... 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by **3**a this return?..... Χ 3b b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O...... 4a 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)?..... 4a **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 Bank and Financial Accounts. 5a 5b **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?..... c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 5с Tax Shelter Transaction?.... 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 6a Χ solicit any contributions that were not tax deductible?..... b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6b deductible?..... 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7 a provided to the payor?..... 7b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?..... c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e benefit contract?........ 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... q For all contributions of qualified intellectual property, did the organization file Form 8899 as required?..... 7g 7h h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?..... 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. 9a 9 b b Did the organization make any distribution to a donor, donor advisor, or related person?..... 10 Section 501(c)(7) organizations. Enter: b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.... 10b 11 Section 501(c)(12) organizations. Enter: 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?..... 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.....

BAA

Form **990** (2009)

91-0621075 Form 990 (2009) WASHINGTON ASSOCIATION OF WHEAT GROWERS 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. Governing Body and Management Section A. Yes No 1a Enter the number of voting members of the governing body...... 1 a **b** Enter the number of voting members that are independent 1 b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ officer, director, trustee or key employee?.... Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors or trustees, or key employees to a management company or other person?..... 4 Did the organization make any significant changes to its organizational documents 4 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 6 X Does the organization have members or stockholders?..... 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?..... 7b **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ 8a a The governing body?..... Χ 86 b Each committee with authority to act on behalf of the governing body?..... Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 X (This Section B requests information about policies not required by the Internal Policies Revenue Code.) Nο Yes Χ 10 a Does the organization have local chapters, branches, or affiliates?..... 10a **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 11 Χ 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13..... 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?..... c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12c Schedule O how this is done..... 13 13 Does the organization have a written whistleblower policy?..... X 14 14 Does the organization have a written document retention and destruction policy? 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? 15 a a The organization's CEO, Executive Director, or top management official..... 15b b Other officers of key employees of the organization..... 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 X 16a entity during the year?.....

Section	ı C.	Disclosures	

17 List the states with which a copy of this Form 990 is required to be filed	I► NOWE
---	---------

18	3 Section 6104 requires an organization to make its Forms 102	23 (or	1024 if applicable),	990,	and 990-T	(501(c)(3)s only)	available fo	or public
	inspection. Indicate how you make these available. Check all	I that	apply.					

Own website Another's website |X| Upon request

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. SEE SCHEDULE O 19 statements available to the public.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization: 20

b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt

►MICHELLE HENNINGS 109 E 1ST AVE RITZVILLE WA 99169 (506) 659-0610

16b

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations'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 employees.'

Check this box if the organization did not compensate any current officer, director, or trustee.

- 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)	(B)	(c)						(D)	(E)	(F)
Name and Title	Average hours		ition (check		hat appl		Reportable compensation from	Reportable compensation from	Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	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
ANNE LEGG DIRECTOR	0	Х						0.	0.	0.
BEN ADAMS										
DIRECTOR	0	Х				·		0.	0.	. 0.
LYNN BLAIR										
DIRECTOR	0	X						0.	0.	0.
KEVIN KLEIN										
DIRECTOR	0	X						0.	0.	0.
MARCI GREEN										
DIRECTOR	0	X						0.	0.	0.
BRAD_ISAAK								_	_	_
DIRECTOR	0	X						0.	0.	0.
RYAN KREGGER	_								_	_
DIRECTOR	0	X						0.	0.	0.
PETE WIGEN									•	2
DIRECTOR	0	X	_					0.	0.	0.
NEAL BROWN	,	37						0.	0.	0
DIRECTOR JP KENT	0	X				 		<u> </u>	U.1	0.
DIRECTOR	0	Х						0.	0.	0.
DAN MCKINLEY	0							0.	0.	<u> </u>
DIRECTOR	0	Х						0.	0.	0.
BRET BLANKENSHIP	-	Λ.						0.	0.	<u> </u>
PRESIDENT	0			Х				6,000.	0.	0.
BEN BARSTOW	Ť							3,000.		
VICE PRESIDENT	0			Х				3,000.	0.	0.
ERIC MAIER								,		
SECRETARY	0			Х				1,500.	0.	0.
BRIT AUSMAN										
PAST PRESIDENT	0			Х				0.	0.	0.

Part VII Section A. Officers, Directors, Trus	tees, k	(ey	En	ıplo	oye	es,	an					
(A)	(B) Average	Bosi	ition (c)	hat a	لايامم	(D)	(E)	(F)		
Name and Title	hours per week			Officer	_	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation fror related organizatio (W-2/1099-MISC)	m amount of other compensation from the organization and related organizations		
					-				~ <u></u>			
												
1h Total			l				>	10,500.		0. 0.		
2 Total number of individuals (including but not limited from the organization ► 0												
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in 4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater to individual. 5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Schedule' 	ndividua portable han \$15 	il cor 50,00	npe 00?	nsat If 'Y	ion es'	and com	oth plet	er compensation e Schedule J for	from such	4 X		
Section B. Independent Contractors 1 Complete this table for your five highest compensation from the organization.	ed inde	pend	lent	con	itrac	tors	tha	t received more t	nan \$100,000 of	f		
(A) Name and business addres	s							(B Description () of Services	(C) Compensation		
												
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		limit	ted	to th	ose	list	ed a	above) who receiv	ed more than			

	t VIII Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
IS, GIFTS, GRANTS IMILAR AMOUNTS	1 a Federated campaigns1ab Membership dues1b178,013c Fundraising events1cd Related organizations1de Government grants (contributions)1e66,951				
E CONTRIBUTION END OTHER S	f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribns included in Ins 1a-1f:\$ h Total. Add lines 1a-1f	586,026.			
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	2a WHEAT LIFE 511120	305,158.		305,158.	Herry William Care and
	b CONVENTION	109,414.		303,130.	109,414.
	c d	20371211			1007 1101
Z. A.	f All other program service revenue				
380	g Total. Add lines 2a-2f	414,572.			11.0
E	3 Investment income (including dividends, interest and other similar amounts)	4,087.	4,087.		
	5 Royalties				
	6a Gross Rents				
	b Less: rental expenses.	201			
	c Rental income or (loss)		251.16		
	d Net rental income or (loss)	- CONTROL GOVERNMENTED TO THE DATE OF THE	Contraction (Sections of Assistant		
	7 a Gross amount from sales of assets other than inventory.			201 (2015) (44) (42) (43) (44) (44) (43) (43) (44) (45) (45) (45)	
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)540.	1000			
	d Net gain or (loss)	-540.	-540.		
	8a Gross income from fundraising events (not including. \$				
OTHER REVENU	of contributions reported on line 1c). See Part IV, line 18				
HER	b Less: direct expenses b			The second secon	10.12
OT	c Net income or (loss) from fundraising events			Friggs of Fright Control of the Control of the Control of Control	1200 000 000 000 400 000 000 000 000 000
	9 a Gross income from gaming activities. See Part IV, line 19a				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities	the standard of the sources of the sources		NOTE OF A PART OF A PART OF A PART	Contactor where States is 400 for a 46
	10a Gross sales of inventory, less returns and allowances		er street		
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code		7,917,141,141,141,141,14	Control of the control of	A STATE OF THE STA
	11 a b	A STATE OF THE STATE OF THE STATE OF ST	, 1990 (appleading the	ST SHARE THE STATE SHARE STREET FOR STATE	1. (gg) (elektrick
	d All other revenue	 			
	e Total. Add lines 11a-11d	-	15 3 5 5 6 7 6 FEET 27 4 B	(1)(6)(4)(4)(4)(4)(5)(5)	18.45
	12 Total revenue. See instructions	1.004.145.	3,547.	305,158.	109,414.

Page 10

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).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	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				10 a 20 a 11 a 15 a 16 a 16 a 16 a 16 a 16 a 16
5	Compensation of current officers, directors, trustees, and key employees	10,500.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.1	0.	0.	0.
7		226,770.	155,972.	70,798.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions).	12,250.	6,080.	6,170.	
9	Other employee benefits	29,661.	6,817.	22,844.	
10	Payroll taxes	14,743.	5,916.	8,827.	
11		22,.201	-,	-,	
	a Management				
	b Legal				
	c Accounting				
	d Lobbying				
	e Prof fundraising svcs. See Part IV, In 17		1.620% 開始的	新生物的新生物的基础的。	
	f Investment management fees				
	g Other				
12	Advertising and promotion	29,504.	21,274.	8,230.	
13	· ·	8,211.	192.	8,019.	
14	Information technology	15,841.	4.0	15,841.	
15	Royalties	10,000	10 000	2 000	
16	Occupancy	12,200. 13,306.	10,200. 9,995.	2,000. 3,311.	
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	13,306.	9,993.	3,311.	
19	Conferences, conventions, and meetings	90,216.	87,295.	2,921.	
20	Interest	1,700.		1,700.	
21	Payments to affiliates				
22		20,513.		20,513.	
23	Insurance	2,312.	and the second s	2,312.	
24	covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.).				
	a PRINTING AND PUBLICATIONS	142,750.	142,750.		
	b POSTAGE AND SHIPPING	64,905.	58,698.	6,207.	
	c WGA CONTRACT	60,000.		60,000.	
	d EDUCATION	55,541.	2,945.	52,596.	
	e LEGISLATIVE ACTION FUND	47,387.	47,387.	100 100	
	f All other expenses	146,262.	39,774.	106,488.	
	Total functional expenses. Add lines 1 through 24f	1,004,572.	595,295.	398,777.	0.
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 fundraising solicitation				
BA				,	Form 990 (2009)

Page 11

1 u	rt X	Balance Sheet			(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			538,314.	1	196,694.
	2	Savings and temporary cash investments			2	366,120.	
	3	Pledges and grants receivable, net			3,850.	3	
ı	4	Accounts receivable, net			84,197.	4	82,440.
	5	Receivables from current and former officers, director and highest compensated employees. Complete Part	rs, trustee II of Sch	es, key employees, edule L		5	
	6	Receivables from other disqualified persons (as defin	ed under	section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B). Com	plete Par	t II of Schedule L		6	
ASSETS	7	Notes and loans receivable, net				7	
SE	8	Inventories for sale or use			2,611.	8	1,855.
T S	9	Prepaid expenses and deferred charges			14,781.	9	20,810.
	10 a	Land, buildings, and equipment: cost or other basis		397,475.			
		Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	10b	315,359.	97,450.	10 c	82,116.
	11	Investments - publicly-traded securities				11	
	12	Investments - other securities. See Part IV, line 11.				12	
	13	Investments program-related. See Part IV, line 11.				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line				16	750,035.
	17	Accounts payable and accrued expenses			85,956.	17	18,860.
	18	Grants payable		36,826.	18	50,207.	
ļ	19	Deferred revenue				19	56,975.
Ļ	20	Tax-exempt bond liabilities			20		
A B	21	Escrow or custodial account liability. Complete Part				21	
חום	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified pe					
T		of Schedule L				22	
E S	23	Secured mortgages and notes payable to unrelated the	hird partie	es ,		23	
	24	Unsecured notes and loans payable to unrelated third				24	
	25	Other liabilities. Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			122,782.	26	126,042.
N		Organizations that follow SFAS 117, check here					6.
N E T		27 through 29 and lines 33 and 34.					12.54
Ą	27	Unrestricted net assets			487,121.	27	486,693.
SETS	28	Temporarily restricted net assets	131,300.	28	137,300.		
	29	Permanently restricted net assets		29			
O R		Organizations that do not follow SFAS 117, check he					
		lines 30 through 34.				7525	-1942 STREET
F 720	30	Capital stock or trust principal, or current funds				30	
B A L	31	Paid-in or capital surplus, or land, building, and equip	pment fur	nd		31	
Ĺ	32	Retained earnings, endowment, accumulated income	, or other	funds		32	
NOES	33	Total net assets or fund balances			618,421.	33	623,993.
Ę	34	Total liabilities and net assets/fund balances			741,203.	34	750,035.

BAA

Form **990** (2009)

Part XIII Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		4 (H 2 (M) 3 (M)	
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.	September 1985 Annual Property September 1985 Annual Property		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Χ
b Were the organization's financial statements audited by an independent accountant?	2b		Χ
c 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		
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:	100 PM	T) A	
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?	3 a		Х
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	3 b		1

ВАА

Form 990 (2009)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

Attach to Form 990. ► See separate instructions

OMB No. 1545-0047

Open to Public Inspection

WASHINGTON ASSOCIATION OF WHEAT GROWERS

Employer Identification number

			91-0621075
Par	t I Organizations Maintaining Donor	Advised Funds or Other Similar Fur	nds or Accounts Complete if
	the organization answered 'Yes' to	o Form 990, Part IV, line 6.	,
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dor	or advisors in writing that the assets held in d	onor advised
_	funds are the organization's property, subject	_	
	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private benefits	fit??	Yes No
Par	till Conservation Easements Comple	ete if the organization answered 'Yes'	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e.g., r		of an historically important land area
	Protection of natural habitat	Preservation	of certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization last day of the tax year.	on held a qualified conservation contribution in	the form of a conservation easement on the
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easer	ments	2b
c	Number of conservation easements on a certif	ied historic structure included in (a)	2c
d	Number of conservation easements included in	n (c) acquired after 8/17/06	2d
3	Number of conservation easements modified,	transferred, released, extinguished, or termina	ted by the organization during the tax
	year ►		
4	Number of states where property subject to co	nservation easement is located ▶	
5	Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitoring, inspection, ha	andling of violations,
6	Staff and volunteer hours devoted to monitoring the year >		
7	Amount of expenses incurred in monitoring, in during the year ►	specting, and enforcing conservation easemen	nts \$
		line 2(d) shows satisfy the requirements of a	action
٥	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote to conservation easements.	to the organization's financial statements that	describes the organization's accounting for
Par	t III Organizations Maintaining Colle	ctions of Art, Historical Treasures, o	r Other Similar Assets
	Complete if the organization answ	wered 'Yes' to Form 990, Part IV, line	8.
1 a	If the organization elected, as permitted under treasures, or other similar assets held for pub- the text of the footnote to its financial statement	ic exhibition, education, or research in further	nent and balance sheet works of art, historical ance of public service, provide, in Part XIV,
t	If the organization elected, as permitted under treasures, or other similar assets held for pub- amounts relating to these items:	SFAS 116, to report in its revenue statement ic exhibition, education, or research in further	and balance sheet works of art, historical ance of public service, provide the following
	(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 a amounts required to be reported under SEAS	rt, historical treasures, or other similar assets	for financial gain, provide the following
a	Revenues included in Form 990, Part VIII, line	1	.,́
	Assets included in Form 990, Part X		

						Page 2
Schedule D (Form 990) 2009 WASHI Part III Organizations Maintai 3 Using the organization's acquisition items (check all that apply): a Public exhibition b Scholarly research c Preservation for future general Provide a description of the organization assets to be sold to raise funds repart IV Escrow and Custodial 9, or reported an amount of the organization and agent, trus included on Form 990, Part X?	ations nization's col tion solicit or ather than to Arrangen unt on For	ections of Art, Historian and other records, che d Loan e Other lections and explain ho receive donations of all be maintained as part nents Complete if om 990, Part X, line	orical Treasures, on the following or exchange programs with the further the organization answers, of the organization answers.	that are a significant us nization's exempt purpor or other similar flection?	sets (continue of its collections) See in Yes 90, Part I	No /, line
included on Form 990, Part X? b If 'Yes,' explain the arrangement					Yes	No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance				1d	Amount	
2a Did the organization include an a					Yes	No
b If 'Yes,' explain the arrangement		im 550, rait X, mie 21	• • • • • • • • • • • • • • • • • • • •		163	
Part V Endowment Funds Cor		rganization answer	ed 'Yes' to Form 90	On Part IV line 10		
a di ci i più a di ci i di ci di ci di ci i di ci i di ci i di ci di ci i di ci i di ci i di c	(a) Current					ears back
1a Beginning of year balance	(a) ourroin	you (b) into you	(C) Two years bac	(d) Finec years back	(c) rour y	Cai S Dack
b Contributions					1477444.73	171522 1221
c Net Investment earnings, gains, and losses					2.5	
d Grants or scholarships						\$15155.10.51
e Other expenditures for facilities and programs						
f Administrative expenses			Left Salette		14986	artinane.
g End of year balance						
2 Provide the estimated percentage	_	end balance held as:				
a Board designated or quasi-endow	-					
b Permanent endowment ►	%					
c Term endowment ►	%					
3a Are there endowment funds not in organization by:	n the posses	sion of the organization	that are held and adm	inistered for the	Ye	s No
(i) unrelated organizations					3a(i)	
(ii) related organizations						
b If 'Yes' to 3a(ii), are the related o	_	•			3b	
4 Describe in Part XIV the intended						
Part VI Investments-Land, B	uildings, a	nd Equipment. Se	e Form 990, Part X	, line 10.		
Description of investment		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book	: Value
1 a Land						
b Buildings		207,708.		153,458.		54,250.
c Leasehold improvements.		1	I	i		

161,901

27,866.

189,767.

d Equipment . .

Schedule D (Form 990) 2009 WASHINGTON ASSOCIATION OF WHEAT GROWERS

91-0621075

Page 3

Par	t XI Reconciliation of Change in Net Assets from Form 990 to F	_,	N/A
1	Total revenue (Form 990, Part VIII, column (A), line 12)		
2	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4 through 8		
	Excess or (deficit) for the year per audited financial statements. Combine lines 3		
	t XII Reconciliation of Revenue per Audited Financial Statemen		
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	
	Net unrealized gains on investments		
Ł	Donated services and use of facilities	2b	
	Recoveries of prior year grants		
	Other (Describe in Part XIV)		
	Add lines 2a through 2d		2e
	Subtract line 2e from line 1		3
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5 N / 3
Pai	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts with Expenses per	Return N/A
	Total expenses and losses per audited financial statements		
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 0 1	7.0
	a Donated services and use of facilities		
	p Prior year adjustments		1
	Other losses		-
	d Other (Describe in Part XIV)		
_	Add lines 2a through 2d		2e 3
3			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a	45 25-2 (47 1) 100 -
	a Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)	40	4c
	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)		
	tXIV Supplemental Information		
			/ Uses the seed Obs Doorby/
Con	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d	art III, lines Ta and 4; Part IV and 4b. Also complete this p	art to provide any additional
	mation.		
		i	
			
_			

Schedule **D** (Form 990) 2009 WASHINGTON ASSOCIATION OF WHEAT GROWERS

91-0621075

Page 4

Schedule D (Form 990) 2009 WASHINGTON ASSOCIATION OF WHEAT GROWERS Part XIV Supplemental Information (continued)	91-0621075	Page 5
Part XIV Supplemental Information (continued)		
•		
	. 	
		 _

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

	Employer identification number
WASHINGTON ASSOCIATION OF WHEAT GROWERS	91-0621075
FORM 990, PART VI. LINE 11 - FORM 990 REVIEW PROCESS	
THERE IS NO FORMAL REVIEW PROCESS OF THE FORM 990.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	AILABLE
WE HAVE AVAILABLE PER REQUEST OUR GOVERNING DOCUMENTS, FORMS 99	0 AND 990-T, AND
YEARLY_FINANCIAL_STATEMENTS WE ALSO POST OUR ARTICLES OF INCO	RPORATION, BYLAWS,
AND RESOLUTIONS TO OUR WEBSITE. WE CURRENTLY DO NOT HAVE A CON	FLICT OF INTEREST
POLICY AVAILABLE FOR THE PUBLIC.	

Schedule O (Forn	n 990) 2009				Page 2
Name of the organization				Employer identification number	
WASHINGTON	ASSOCIATION O	F WHEAT	GROWERS	91-0621075	
_				 	
				 	-
- -			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	 	
				•	

Exempt Organization Business Income Tax Return

F	orm 990-1		(and proxy tax)	unde	r section 6033(e))		F	OMD 140, 1545-0687
		For c	alendar year 2009 or other tax			, 2009	l	2009
			and ending 6		, 2010	, 2005	' <u> </u>	2005
Depa Interi	ortment of the Treasury nai Revenue Service (77)				nstructions.		ă S	Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if				mod details:			
р	address changed	Print	WASHINGTON ASSOCIA	TTON	OF WHEAT GROW	FRS		imployer identification numbe Employees' trust, see Instructions for Block D.)
Ð	Exempt under section $X = 501(C)(5)$	or	109 E 1ST AVE		or midiri chom	HILD		91-0621075
	408(e) 220(e)	Type	RITZVILLE, WA 9916	9				Inrelated business activity
	408A 530(a)						- 6	odes (See instructions for lock E.)
	529(a)							511120
С	Book value of all assets at end of year	F Grou	p exemption number (See inst	ruction	s for Block F.) ►		· ·	311120
	750,035		k organization type ► X			1(c) trust 4	01(a)	trust Other trust
Н	Describe the organization	on's primar	y unrelated business activity.		<u> </u>		- (-)	the chief trast
>			_					
i	During the tax year, wa	s the corpo	oration a subsidiary in an affilia	ated gr	oup or a parent-subsid	iary controlled gro	up?	. Yes X No
			fying number of the parent cor			, ,	•	
	The books are in care of.				T	elephone number.	▶ (5	506) 659-0610
Pai	t I Unrelated Ti	rade or E	Business Income		(A) Income	(B) Expense	s	(C) Net
1	a Gross receipts or sale	s						1000年100日
	b Less returns and allowance:	3	c Balance,				rich.	
2			line 7)				常数	40 Co. 45 Lines
3			ı line 1a			1915 Te 1	rio e	
4	a Capital gain net incon	ne (attach	Schedule D)	4a		are a		
		•	7) (attach Form 4797)	~~~				
				4c				
5	Income (loss) from pa	ırtnerships	and S corporations	5				
6						1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2.444.144.16	
7			(Schedule E)					
8	Interest, annuities, rov	valties, and	rents from controlled					
_			• • • • • • • • • • • • • • • • • • • •					
9			(9), or (17) organization (Sch G)					
10			e (Schedule I)					
11	-			11	305,158.	21,2	274.	283,884.
12	Other income (See ins	structions;	attach schedule.)				Train 1	
12	Total Consider the co			12	205 150	0.1		
			2 en Elsewhere (See instru		305,158.		274.	283,884.
rai	(Except for a	ontributi	ons, deductions must be	direc	s for illilitations on the connected with	the unrelated	huei	ness income
14			ors, and trustees (Schedule K).				1	riess income.)
15			ors, and trustees (Schedule K).				14	C2
16							15	63,572.
17							16 17	
18			• • • • • • • • • • • • • • • • • • • •				18	
19							19	10,422.
20			tructions for limitation rules.).				20	10,422.
21						764.	20	
22			hedule A and elsewhere on ref			7011	22 b	764.
23					<u> </u>	······	23	704.
24			nsation plans				24	6,080.
25							25	6,817.
26			fule I)				26	0,011.
27	Excess readership cos	sts (Schedu	ıle J)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		27	212,534.
28	Other deductions (atta	ch schedu	le)				28	
29	Total deductions. Add	l lines 14 tl	nrough 28				29	300,189.
30			ne before net operating loss de				30	-16,305.
31 32			nited to the amount on line 30) ne before specific deduction. S				31	16 205
32	טוויפומנפט טטטווופטט (מ	vanie ilicol	ne perore specific deduction, S	วนมเหล	Linie 31 from line 30,		32	-16,305.

33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions).....

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.

33

-16,305.

Form **4562**

Department of the Treasury Internal Revenue Service (99

Depreciation and Amortization (Including Information on Listed Property)

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

OMB No. 1545-0172

2009

Attachment Sequence No. **67**

Name(s) shown on return
WASHINGTON ASSOCIATION OF WHEAT GROWERS

Business or activity to which this form relates

Identifying number 91-0621075

FO	RM 990-T							
Par	t I Election To Exp Note: If you have a	ense Certain In	Property Under Sec complete Part V before	t <mark>ion 179</mark> you complete F	Part I.			
1	Maximum amount. See the	e instructions for a	a higher limit for certain b	ousinesses			_ 1	\$250,000.
2	7 7							
3	Threshold cost of section						3	\$800,000.
4	Reduction in limitation. Su						4	
5 ——	Dollar limitation for tax yea separately, see instruction	S		ss, enter -0 If	married f	filing	5	
6	(a)	Description of property		(b) Cost (business	use only)	(c) Elected cost	ŧ	
7	Listed property. Enter the							
8	Total elected cost of section						8	<u> </u>
9 10	Tentative deduction. Enter Carryover of disallowed de						9	
11	Business income limitation		-				10 11	
12	Section 179 expense dedu						12	
13								Control of the section of
Note	: Do not use Part II or Part				— — — — — — — — — — — — — — — — — — —			Example (Annual Charles) Appleading (Annual Charles)
Par	t II Special Depreci	ation Allowan	ce and Other Depre	ciation (Do no	ot include	listed property.)	(See	e instructions.)
14	Special depreciation allows tax year (see instructions).	ance for qualified	property (other than liste	d property) pla	ced in se	rvice during the	14	
15	Property subject to section						15	
16	Other depreciation (includi						16	
Par	t III MACRS Depred							
1000			Section		/			
17	MACRS deductions for ass	ets placed in serv					17	19,400.
	If you are electing to group	•	•	-		i		
	asset accounts, check here	3	·····			>		1. Artist 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
		T	n Service During 2009 T		the Gene		Syst	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Conveni			(g) Depreciation deduction
19 a	3-year property							
	5-year property	and the	5,513.	5	HY	200DI	3	1,113.
	7-year property							
	l 10-year property							
	15-year property							
	20-year property							
	25-year property			25 yrs		S/L		-
ŀ	Residential rental			27.5 yrs	MM	-,-		
	property			27.5 yrs	MM			
i	Nonresidential real			39 yrs	MM			
	property				MM			
		Assets Placed in	Service During 2009 Tax	x Year Using th	e Alterna		n Sy	stem
	Class life	Company of the Compan				S/L		
	12-year			12 yrs		S/L		
	40-year			40 yrs	MM	S/L		1
Par	t IV Summary (See in							
21	Listed property. Enter amo						21	
	Total. Add amounts from line 12, the appropriate lines of your return	n. Partnerships and S o	corporations — see instructions		e and on		22	20,513.
23	For assets shown above ar the portion of the basis att	nd placed in service ributable to section	ce during the current yean 263A costs	r, enter	23			

WASHINGTON ASSOCIATION OF WHEAT GROWERS RITZVILLE, WASHINGTON

TAX YEAR 2008

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)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	For the	he 2009 ca	alendar	year, or tax year beginning	July 1	, 2009, and	dending	Jui	ne 30	, 20 09	
R	Chack if	applicable:	Please	C Name of organization Washin	gton Association	of Wheat	Growers		D Employ	er identification	number
			use IRS	Doing Business As					91	062107	75
		ductess change laber or								one number	
		change	type.	,	no not genrolog to oncot ge		100111100110		/ E00 \	050.004	10
Ш	Initial re	eturn	See Specific	109 E 1st Ave					(509)	659-061	10
	Termina	ated	Instruc-	City or town, state or country, a	nd ZIP + 4						
	Amend	ed return	tions.	Ritzville, WA 99169					G Gross re	ceipts \$ 1,0:	37,250
		ion pending	F Nan	ne and address of principal officer:	Brett Blankenshi	g		H(a) is this	a oroup return	for affiliates? Yes	☑ No
	rippiiodti	ion pending		Benge-Washtucna Rd, Wa		=				included? Tyes	-
1	Tavov	kempt status			7(a)(1) or 527	•				list. (see instruction	
					1(a)(1) 01 321						msj
				hingtongrainalliance.com		1			exemption nu		
WORKSES.	own was the contract of the co			oration 🔲 Trust 🗹 Association 🔲 O	ther >	L Year o	f formation:	1954	M State o	f legal domicile: V	<u>/A</u>
	art 📗		ary								
	1	Briefly de	escribe	the organization's mission	r most significant	activities:	Working	for solu	itions to	problems	
	•	of the fa	rm the	e farm home and rural com	munity usina unite	ed organi	zed actio	n to ren	resent p	rotect and adv	/ance
é				nomic and educational inte							
Activities & Governance		the soci	ai, eco	nomic and educational inte	rests of wheat far	illers of M	asimigu	Jii State.			
Ę.											
ð	2	Check this	box ▶ ĺ	if the organization discontinued	its operations or dispos	ed of more the	han 25% of	its net ass	ets.		
g	3	Number	of votin	ng members of the governin	a body (Part VI. line	e 1a)			3		17
S.				pendent voting members of		•	line 1h		4		
Ĭŧie	ı					y (i dic vi,	11110 130)		5		5
	1			employees (Part V, line 2a)			elli .		6		88
ĕ				volunteers (estimate if nece		· 🚜 · 🛭					
				elated business revenue fron			X		. 7a		39,800
	b	Net unre	lated bu	usiness taxable income from	i Form 990-T, line (34: <u>A. V.</u> V	<u> </u>		. 7b		42,067
						AY V		Prior Y	ear	Current Ye	ar
	8	Contribu	tions ar	nd grants (Part VIII, line 16)		i.			845,504	57	72,634
Revenue	1			25:2578	· M. M. E.		A .		328,414		58,245
Je.	1	_		e revenue (Part VIII, line 2g)		<u> </u>	• •		11,155		6,015
E.	10	Investme	nt inco	me (Part VIII, column (A),	es 3, 4, and (d) .						
	11	Other rev	/enue (l	Part VIII, column (A), lines 5	6d, 8c, 9c, 10c, a	nd 11e)	. : . •		573		356
	12	Total reve	enue-a	dd lines 8 through 11 (must e	qual Part VIII, colum	n (A), line	12)		185,646	1,0	37,250
	13	Grants a	nd simi	lar amounts paid (Part IX, c	olumn (A), lines 1–3	3)			296,635		0
	1			or for members (Part IX, co		,			0		0
S	1					۰ ۱۱۳۵۵ - ۲	10)		275,373	26	64,736
Expenses	15	Salanes,	ouner cc	ompensation, employee benef	(\$ (Part IX, Column (4), intes 5-	10)		0		0
ğ.	16a	Profession	onal tun	draising fees (Part IX, column	(A), line 11e)		<u>ر است</u>		U	3262 SEE CONTENTO	
Ш	ո	Totalluli	ıraısıng	expenses (Part IX, column (L), iii le ∠5) 🚩		J		100		
	17	Other ex	penses	(Part IX, column (A), lines 1	1a-11d, 11f-24f) .				596,496	77	<u>72,153</u>
	18	Total exp	enses.	Add lines 13-17 (must equa	al Part IX, column (A), line 25)	1,	168,504	1,0	36,889
				penses. Subtract line 18 from			'l		17,142		361
or							Bec	inning of C	urrent Year	End of Yea	 ar
Net Assets Fund Balano	00	T-4-1	-t- (D-	out V. Bara d.O.					787,582		41,203
lss Bal	20		•	rt X, line 16)	· · · · · · · ·		• •				
ig et	21		,	Part X, line 26)					169,522		22,782
				ind balances. Subtract line 2	1 trom line 20	<u> </u>	<u> </u>		618,060	6.	18,421
Lie	art II	Sign	ature	Block							
				perjury, I declare that I have examin							
		and belle	ı, it is tru	e, correct, and complete. Declaration	n of preparer (other than	n oπicer) is Di	ased on all	intormation	of which pr	eparer nas any kno	owieage.
Sig	ın	I A I M	ich	1 lh It onne	- C				51-11	0	
He		Sign	ature of c	officer	2		······	Dat	$\frac{\mathcal{L}}{\mathcal{L}}$		
110	10	M	٠	alla Hanning	100 10	_ ^	(-	0			
		1 1/	1700	are mening	2- Direct	Or of	DW	ω	ــــــــــــــــــــــــــــــــــــــ		
		Туре	or print	name and title	·····		····		,		
		Preparer'	s			Date	Check	(if		dentifying number	
n-!-	J	signature		•			self-	yed 🕨 🗌	(see instruc	tions)	
Paid							3,510	,			
	parer's	Firm's na	me (or vo	ours k				Ten.	<u> </u>		
Use	Only	if self-em	ployed),					EIN	<u> </u>		
		address,						Phone n	0. ▶ ()	
Ma	y the	IRS disci	uss this	return with the preparer sh	own above? (see ir	nstructions	s)			. 🗸 Yes [☐ No

La	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: Working for solutions to problems of the farm, the farm home and rural community using united, organized action to represent, protect and advance the social, economic and educational interests of wheat farmers in Washington State.
	iii wasiinigtoii State.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$) Wheat Life magazine and Green Sheet newsletter: - monthly publication to Association members (11 issues total per year for the Magazine and 18 Green Sheet Newsletters per year)
46	(Code:) (Expenses \$
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	Annual Convention: - Event sponsored by the association for the members. The event includes educational breakout sessions and keynote speakers for the members to gain valuable knowledge from. The event happens once a year in November. The Association also holds it's annual meeting at this event.
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses ▶ 811.180

Pa	TUV Checklist of Required Schedules			
			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		1
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		1
3	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	3_		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	N	A
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		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
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		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	1	
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
8	Did the organization report an amount for investments—other securities 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.			
6	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.			
9	Did the organization report an amount for other assets 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.			
9	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 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 Schedule D, Parts XI, XII, and XIII.	12		√
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		√
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		✓
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		1

Pa	THIV Checklist of Required Schedules (continued)			
Total Control of the			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		✓
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		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$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		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		√
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a	7/	A A
b	Is the organization 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	25b	N/	A
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		√
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? If "Yes," complete Schedule L, Part III.	27		√
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	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	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	√
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	·	1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		1
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	✓	
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		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	36	Ν	/A_
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		√
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	_	
			<u> </u>	

Ð	nt V	Statements Regarding Other IRS Filings and Tax Compliance		····		
		Otationents regularing other fire i milgo and tax complianes			Yes	No
	U.S. 1	the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of of officermation Returns. Enter -0- if not applicable	1a 12			
b	Enter	the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
С		e organization comply with backup withholding rules for reportable payments to vendog g (gambling) winnings to prize winners?	ors and reportable	1c	N	A
2 a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and Tax				
		nents, filed for the calendar year ending with or within the year covered by this return	2a 5			
b		east one is reported on line 2a, did the organization file all required federal employm		2b	V	
	Note. instruc	If the sum of lines 1a and 2a is greater than 250, you may be required to $e ext{-file}$ ctions)	this return. (see			
За	Did th	e organization have unrelated business gross income of \$1,000 or more during the	year covered by	_		4 N
		turn?		3a	√	
b		s," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedu		3b	√	
4a		time during the calendar year, did the organization have an interest in, or a signature a financial account in a foreign country (such as a bank account, securities account, nt)?	or other financial	4a		1
b		s," enter the name of the foreign country: >				
		ne instructions for exceptions and filing requirements for Form TD F 90-22.1, Report inancial Accounts.	of Foreign Bank			,
5a		he organization a party to a prohibited tax shelter transaction at any time during the		5a		<u>√</u>
b		ly taxable party notify the organization that it was or is a party to a prohibited tax sh		5b		
С		s" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt	, ,	_	,c1	n
_		oited Tax Shelter Transaction?		5c	121	H_
6a		the organization have annual gross receipts that are normally greater than \$100,0		6a		Υ
		zation solicit any contributions that were not tax deductible?				
D	gifts v	s," did the organization include with every solicitation an express statement that such vere not tax deductible?	· · · · · ·	6b	N	IA
7		izations that may receive deductible contributions under section 170(c).				
а		e organization receive a payment in excess of \$75 made partly as a contribution and	partly for goods	70	15.6	1
		ervices provided to the payor?		7a 7b	N	/A
		," did the organization notify the donor of the value of the goods or services provid		10	14/	<u> </u>
C	require	e organization sell, exchange, or otherwise dispose of tangible personal property ed to file Form 8282?	for which it was	7c	\$* :	√
		," indicate the number of Forms 8282 filed during the year				f 11.
е.	benefi	e organization, during the year, receive any funds, directly or indirectly, to pay premiur contract?		7e		<u> </u>
†		e organization, during the year, pay premiums, directly or indirectly, on a personal b	i	7f	N	<u>~</u> _
9		contributions of qualified intellectual property, did the organization file Form 8899 a	'	7g	10/	H
h	require	ntributions of cars, boats, airplanes, and other vehicles, did the organization file a	Form 1098-C as	7h	N	A
8		oring organizations maintaining donor advised funds and section 509(a)(3) supporting			
		zations. Did the supporting organization, or a donor advised fund maintained by				
	organi	zation, have excess business holdings at any time during the year?		8	N	A
9	Spons	oring organizations maintaining donor advised funds.			- /	
a		e organization make any taxable distributions under section 4966?		9a	N	A
b	Did the	e organization make a distribution to a donor, donor advisor, or related person?		9b	N	A
10		n 501(c)(7) organizations. Enter:	1 1	3	9	
а		on fees and capital contributions included on Part VIII, line 12	10a N/A			
b		receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b N/A			
11		n 501(c)(12) organizations. Enter:	ا سا			
а		income from members or shareholders	11a N/A			produ 11 il 1
b		ncome from other sources (Do not net amounts due or paid to other sources against	446			
100		ts due or received from them.)	11b N/A	10-	_ ()	Λ.
b	If "Yes	n 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in liel," enter the amount of tax-exempt interest received or accrued during the year.	u of Form 1041? [12b N/A	12a	17/	ж

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.

Sec	tion A. Governing Body and Management			
			Yes	No
1a				
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	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			,
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		√
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		√
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6	√	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	V	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	√	203 544
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	SM.		
	the year by the following:	4.5		
а	The governing body?	8a	√	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached		,	
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	✓	
	tion B. Policies (This Section B requests information about policies not required by the Inte	ernal		
Rev	enue Code.)			
		T	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	√ .	
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	✓	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		,	
	form?	11	V	- A - I,
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		. ()	<u>,</u>
	rise to conflicts? , , ,	12b	N	14
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		1	۸
	describe in Schedule O how this is done	12c	N	H
13	Does the organization have a written whistleblower policy?	13	-	
14	Does the organization have a written document retention and destruction policy?	14	✓	
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		4
b	Other officers or key employees of the organization , , , , , ,	15b		V
	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	4.0		
	with a taxable entity during the year?	16a		V
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	401	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	^
6	the organization's exempt status with respect to such arrangements?	16b	M	Д
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Washington			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	e)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
	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 reco	rds o	t the	
	organization: ► Michelle Hennings, 109 E 1st Ave, Ritzville WA 99169 509-659-0610			

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.

☐ Check this box if the organization did not co	ompensate	any o	curr	ent	offic	cer, d	lirec	tor, or trustee.		
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average		, -			that ap	, -,	Reportable	Reportable	Estimated amount of
	hours per week	Individual trustee or director	Institutional trustee	Officer	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
Brit Ausman	0							6,000	0	0
President	U			1			<u> </u>	0,000		0
Brett Blankenship	0							3,000	0	0
Vice President				1			<u> </u>	0,000		
Randy Uhrich	0							. 0	0	0
Past President				/			<u> </u>			
Brad Isaak	0	,	Ī					0	0	0
Director		✓							***************************************	
Eric Maier	0	,						0	0	0
Director Appa Logg		√		-			-			
Anne Legg	0	1						0	0	0
Director Ben Adams		V				<u> </u>	 			
Director	0	1						0	0	0
Lynn Blair		- V					<u> </u>			
Director	0	1						0	0	0
Keith Berglund		,						_	_	
Director	0	1						0	0	0
Kevin Klein										
Director	0	1						0	0	0
Marci Green	0							0	0	0
Director	V	1						U	V	V
Larry Bishop	0							0	o	0
Director	U	/						U		· · · · · · · · · · · · · · · · · · ·
Ben Barstow	0							o	0	0
Director	0	✓						•		
Neal Brown	n							o	0	0
Director		✓								
							L			

Par		ıstees, Key	Emp	loy			d High	nest	Compensate	d Employee	s (continued)	
	(A)	(B)			•	C)			(D)	(E)	1	F)
	Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportabl compensati from relate organizatio (W-2/1099-M	ion amou ed oth ons comper (IISC) from organi and re	nated unt of her nsation n the ization elated zations
												~~~
	<u> Total</u>		•	<u></u>				<b>&gt;</b>	9,000		0	0
2 T	Total number of individuals (including but n reportable compensation from the organiza	ot limited t tion ► 0	o tha	se	liste	ed a	bove)	wh	o received mo	re than \$10		s No
<b>3</b> [	Did the organization list any <b>former</b> officer employee on line 1a? <i>If "Yes," complete So</i>	r, director o chedule J fo	or tru	ste ch i	e, k Indiv	ey e vidu	emplog al	yee,	or highest co	ompensated	d <b>3</b>	1
t	For any individual listed on line 1a, is the sithe organization and related organizations of individual.	um of repo greater thar	rtable 1 \$15	0,00	mp 00?	ens If "`	ation a Yes," o	and com	other comper plete Schedul	nsation from le <i>J for such</i>	ገ 'ተ	1
5 [	Did any person listed on line 1a receive of services rendered to the organization? If "Y	or accrue o es," compl	comp lete S	ens <i>che</i>	atio adul	n fr e J	om a for su	ny i ich j	_	anization for	r	1
	ion B. Independent Contractors											
1 0	Complete this table for your five highest co compensation from the organization.	mpensated	l inde	per	nder	nt c	ontrac	tors	that received	l more than	\$100,000 of	:
	(A) Name and business addr	ess							(B) Description of se	rvices	(C) Compensat	ion
N/A												
											4	
0 7	Total number of index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and index and	_1,_1;_										
	Total number of independent contractors (in more than \$100,000 in compensation from					io th	iose li	stec	above) who r	eceived		

ard \	411	Statement of Re				(A)	(B)	(C)	(D) Revenue
						Total revenue	Related or exempt function revenue	Unrelated business revenue	excluded from tax under sections 512, 513, or 514
इ	1a	Federated campaigns		1a					
onu		Membership dues		1b	183,697				
am				1c					
ā		Related organizations		1d					
Ë		Government grants (contri	butions).	1e	48,957				
er s	f	All other contributions, gifts, g	rants,						
g		and similar amounts not inclu-		1f	339,980				
and other similar amounts		Noncash contributions include		·1f: \$		E70.694			
	n	Total. Add lines 1a-1f	· · · ·	<u>· · · · · · · · · · · · · · · · · · · </u>	Business Code	572,634			
riogiain service nevenue		Wheat Life			511120 ·	339,800		339,800	visto de la la secola de la c
i co	2a	Convention			311120	102,345		555,000	102,34
ę I	b	Mile and Taxas				16,100			16,10
	С					10,100			,
กั	a								
E C	e f	All other program service							
2		Total. Add lines 2a-2f				458,245			
1	_ <u></u>	Investment income (inc			***************************************				
'	0	other similar amounts)			_	6,225			6,22
	4	Income from investment o							
	5	Royalties		·	<u>. ' . , , , </u>				
			(i) Real		(ii) Personal				
-   (	6a	Gross Rents			28,165				
	b	Less: rental expenses			28,375		* 4		in the
		Rental income or (loss)			-210	- 434			
	d	Net rental income or (lo	· · · · · · · · · · · · · · · · · · ·		/ii\ Chi	-210		Caragraphic surface.	-21
	7a	Gross amount from sales of	(i) Securit	les	(ii) Other				
		assets other than inventory							
	b	Less: cost or other basis							
	_	and sales expenses .	· · · · · · · · · · · · · · · · · · ·						
		Gain or (loss) Net gain or (loss)			. >	e late, la le le			
,		_ , ,							
	ва	Gross income from events (not including \$	fundrais	ıng					
3		of contributions reported	d on line	1c).					
:		See Part IV, line 18		. а					
	b	Less: direct expenses		, b					<b>建设设施设施</b>
5	С	Net income or (loss) fro	m fundra	ising e	events 🕨				
9	9a	Gross income from gam	ing activit	ies.					
`		See Part IV, line 19					ing in the graph of a		
		Less: direct expenses,						151 / 459	
	С	Net income or (loss) fro	m gamin	g activ	rities 🕨		<u> </u>		
10		Gross sales of inve			400				
		returns and allowances			180 97				
		Less: cost of goods sol Net income or (loss) from			<u> </u>	83			0.
<u> </u>		Miscellaneous Reve		IIIV OH L	Business Code	03		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>8:</b>
	1 ~	Miscellaneous	,			273			27:
4 -				****		213			21.
1	b								
1	_						i		
1-	ч С	All other revenue							
1-		All other revenue Total. Add lines 11a-1	 1d			273			

### Part IX Statement of Functional Expenses

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

	All other organizations must complete co	lumn (A) but are no	ot required to com	plete columns (B),	(C), and (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	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, trustees, and key employees	171,483	124,648	46,835	
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 salaries and wages	20,702		20,702	
8	Pension plan contributions (include section 401(k)	00.450	40 477	7.070	
	and section 403(b) employer contributions)	20,453 33,711	12,477 11,782	7,976 21,929	
9	Other employee benefits , ,	18,384	9,993	8,391	
10	Payroll taxes , , , ,	10,364	3,333	0,331	
11	Fees for services (non-employees):				
a	Management	2,975		2,975	
b	Legal	,			
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other	46,940	43,000	3,940	
12	Advertising and promotion	3,000	,	3,000	
13	Office expenses	79,836	56,094	23,742	
14	Information technology	16,304		16,304	
15	Royalties ,				
16	Occupancy	2,000		2,000	
17	Travel	7,217	7,217		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	98,359	96,078	2,281	~= \\
20	Interest				
21	Payments to affiliates	20.040		00.040	
22	Depreciation, depletion, and amortization.	22,046 2,218		22,046	
23	Insurance	(10 کرے		2,218	TARRES INFERIORES INVESTO
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.)				
а	See Statement 1	491,261	449,891	41,370	
b					
c					
d	***************************************				
е					
	All other expenses		:		
25	Total functional expenses. Add lines 1 through 24f	1,036,889	811,180	225,709	
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 fundraising solicitation				

Pa	ırt X	Balance Sheet			
		,	(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	590,189	1	538,314
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	4,354	3	3,850
	4	Accounts receivable, net	90,180	4	84,197
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
S	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	2,808	8	2,611
Ä	9	Prepaid expenses and deferred charges	13,310	9	14,781
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation	86,741	10c	97,450
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	**/************************************	12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	787,582	16	741,203
	17	Accounts payable and accrued expenses	90,284	17	85,956
	18	Grants payable	79,238	18	36,826
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
		persons. Complete Part II of Schedule L	······································	22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
S	26	Total liabilities. Add lines 17 through 25	169,522	26	122,782
Ş		complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	495,760	27	487,121
Ba	28	Temporarily restricted net assets	122,300	28	131,300
p	29	Permanently restricted net assets		29	
Net Assets or Fund Balance		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne	33	Total net assets or fund balances	618,060	33	618,421
	34	Total liabilities and net assets/fund balances	787,582	34	741,203

Pa	rt XI Financial Statements and Reporting								
			Yes	No					
1	Accounting method used to prepare the Form 990:   Cash   Accrual   Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in								
	Schedule O.			,					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?   2a								
b	Were the organization's financial statements audited by an independent accountant?	2b		_✓_					
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								
	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	11 N		Y					
	issued on a consolidated basis, separate basis, or both:								
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	-1							
За	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?	За		✓					
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	N/	A_					
		Forn	990	(2009)					

### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

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

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Inspection ▶ Attach to Form 990. ▶ See separate instructions. Internal Revenue Service Employer identification number Name of the organization 0621075 91 : Washington Association of Wheat Growers Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . Aggregate contributions to (during year) 2 Aggregate grants from (during year) . 3 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? . . . . . ∐ Yes ☐ No 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 Yes Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 a 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 2a 2c Number of conservation easements on a certified historic structure included in (a) . . . 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 tax year ▶ ..... Number of states where property subject to conservation easement is located ▶ ...... 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 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 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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: 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:

\$ .....

Pa	rt III Organizations Maintain	ing Collections	of Art, H	listori	cal Treasures,	or O	ther Similar	Assets	(contir	nued)
3	Using the organization's acquisition collection items (check all that app		other reco	ords, c	heck any of the	follow	ing that are a	signific	ant use	of its
а	Public exhibition		d		Loan or exchar					
b	Scholarly research		е		Other					
c	Preservation for future genera									
4	Provide a description of the organize Part XIV.	zation's collection	s and exp	olain h	ow they further t	he or	ganization's e	exempt p	ourpose	in
5	During the year, did the organization assets to be sold to raise funds rathe	r than to be maint	ained as p	part of	the organization's	colle	ction?		Yes [	No
Pa	Escrow and Custodial A IV, line 9, or reported an					swer	ed "Yes" to F	Form 99	0, Part 	
									Yes [	No
b	If "Yes," explain the arrangement in	Part XIV and cor	nplete the	e follov	ving table:	[	T	A =======		
	B					10		Amount		
C						1c				
a	Additions during the year					1d				
e	Distributions during the year					1e			,	~~~~~~
f 2a	Ending balance					L			¥ [	
b	If "Yes," explain the arrangement in	Part XIV.						. <u> </u>	Yes L	⊔ No 
FG	<b>TV</b> Endowment Funds. Co	(a) Current year		on ans	(c) Two years b		m 990, Part (d) Three years ba		10. our years	. in a a l
		(a) Current year	(b) P10	or year	(c) Two years b	ack	(a) Inree years ba	ick (e) f	our years	Dack
1a	Beginning of year balance									
b	Contributions , , , ,		<u> </u>							
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f g	Administrative expenses End of year balance									
2	Provide the estimated percentage of	of the year end ba	lance hel	d as:						
а	Board designated or quasi-endown	nent 🕨	%							
b	Permanent endowment ▶	%								
С	Term endowment ▶%	ó								
3a	Are there endowment funds not in th organization by:	e possession of th	ne organiz	ation t	hat are held and	admii	nistered for th	e	Yes	No
	(i) unrelated organizations , ,							. 3a	(i)	
	(ii) related organizations , , ,		. , .					3a	(ii)	
	If "Yes" to 3a(ii), are the related orga	anizations listed a	is required	d on S	chedule R? .			. 31	)	
4	Describe in Part XIV the intended us									
Par	t VI Investments—Land, Bu	illdings, and Eq	uipment	t. See	Form 990, Par	t X, li	ne 10.			
	Description of investment	(a) Cost or ot (investm			Cost or other usis (other)		ocumulated preciation	(d) E	Book value	9
1a	Land	* 1								
b	Buildings		207,708				150,194		57	,514
c	Leasehold improvements			***************************************						
d	Equipment		182,824				144,186		38	,638
е	Other	<u>  </u>	4,584				3,286		1	,298
Tota	. Add lines 1a through 1e. (Column (d)	must equal Form 9	90, Part X,	colum	n (B), line 10(c).)	<u></u>	<u></u> . ▶		97	,450

Schedule D (Form 330) 2003			· · · · · · · · · · · · · · · · · · ·
Part VII Investments—Other Securities	. See Form 990, Part	X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year mark	on: et value
Financial derivatives			
Other			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	<u></u>		
Part VIII Investments—Program Relate	d. See Form 990, Part	X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuati Cost or end-of-year mark	on: et value
		Cook of one of year man	V. 14100
the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			
, , , , , , , , , , , , , , , , , , , ,			
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Pa	t X. line 15.		
	(a) Description		(b) Book value
			***************************************
47.000			
	,		
	**************************************		
<b>「otal.</b> (Column (b) must equal Form 990, Part X, col. (	B) line 15.)		
Part X Other Liabilities. See Form 990,	······································		
(a) Description of liability	(b) Amount		
Federal income taxes			
	<del></del>		
	**** * *******************************		
fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			

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.

Landau Parking Sandara	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	tatements
		1
1	Total revenue (Form 990, Part VIII, column (A), line 12)	2
2		3
3	Excess or (deficit) for the year. Subtract line 2 from line 1	4
4	3 ,	5
5	Donated services and use of facilities	6
6	Investment expenses	7
7	Other (Describe in Part XIV.)	8
8 9	Total adjustments (net). Add lines 4 through 8	9
10	Fxcess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10
	Reconciliation of Revenue per Audited Financial Statements With Revenue	e 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:	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIV.)	
е	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.)	<u></u>
C	Add lines <b>4a</b> and <b>4b</b>	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Pa	t XIII Reconciliation of Expenses per Audited Financial Statements With Expense	
1	Total expenses and losses per audited financial statements	<b>1</b> s/A 1 (2.1)
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	<del>-</del> 43.2
С	Other losses	
d	Other (Describe in Part XIV.)	30
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	— ` . · ·
b	Other (Describe in Part XIV.)	
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	3
Com and	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d a part to provide any additional information.	nd 4; Part IV, lines 1b nd 4b. Also complete
	· · · · · · · · · · · · · · · · · · ·	

### SCHEDULE O (Form 990)

### Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide Open to Public Inspection

Internal Revenue Service

Washington Association of Wheat Growers

additional information for responses to specific questions for the Department of the Treasury Form 990 or to provide any additional information. Name of the organization

Employer identification number

OMB No. 1545-0047

0621075

Part IV, Line 11A: Our Director of Finance prepares the Form 990 and once during a 3 - 5 year period we have a CPA complete the return. We provide a final copy of the Form 990 to each board member before we filed it with the IRS. However, the board will not review the Form 990 before or after it is filed as part of its board activities. Part VI, Line 6: The association has two classes of members, Regular members who is any owner or operator of wheat lands who produces at least five hundred bushels of wheat for sale and Associate members are any person who is interested in the welfare of the wheat growing industry. Part VI, Line 7: The officers and governing body of the this Association shall be known as the Board of Directors and shall consist of the President, Vice President, the Secretary/Treasurer, the immediate Past President, and one member of each county association having a charter granted to it by this Association. The President, Vice President, and Secretary/Treasurer shall be elected by the members of the Association. All actions of the Board of Directors are subject to review by the members of the Association at annual convention. Part VI, Line 9: Brit Ausman, 28566 Highway 129, Asotin WA 99402; Brett Blankenship, 801 S Benge-Washtucna Rd, Washtucna WA 99371; Randy Uhrich, 1630 Overlook Dr, Wenatchee WA 98801; Brad Isaak, 37441 Rd J NE, Coulee City WA 99115; Eric Maier, 1037 E Tokio Rd, Ritzville WA 99169; Anne Legg, 28501 Bert James Rd, Prosser WA 99350; Ben Adams, PO Box 715, Coulee City WA 99115; Lynn Blair, 3470 Moulton Rd, Pasco WA 99301; Keith Berglund, 641 Pomeroy Hill Rd, Pomeroy WA 99347; Kevin Klein, 51499 Rockdale Rd E, Edwall WA 99008; Marci Green, 12111 E Rattlers Run, Fairfield WA 99012; Larry Bishop, 84205 Hood Rd, Milton-Freewater OR 97862; Ben Barstow, 13201 SR 272, Palouse WA 99161; Neal Brown, 355 Matsen Rd, Bickelton WA 99322 Part VI, Line 10: Fifteen or more regular members of this Association resident in any of the counties of the state of Washington may petition the Board of Directors for a County Association charter. Upon the grandint of a charter by the Board of Directors all supplies necessary for immediate funtioning of the County Association shall be supplied. All charters shall forever be the property of the Washington Association of Wheat Growers. The Association currently has 13. Part VI, Line 19: We have available per request our governing documents, Forms 990 and 990-T's, and yearly financial statements. We also post our articles of incorporation, bylaws, and resolutions to our website. We currently do not have a conflict of interest policy available for the public.

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Attach to Form 990.

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Open to Public Inspection 2009

OMB No. 1545-0047

Schedule R (Form 990) 2009 Employer identification number (f)
Direct controlling entity (f)
Direct controlling entity 0621075 Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Type 1 N/A 91 Public charity status (if section 501(c)(3)) (e) End-of-year assets Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Exempt Code section 501(c)(3) (d) Total income Cat. No. 50135Y Legal domicile (state or foreign country) Legal domicile (state or foreign country) U.S. (b) Primary activity Public Education Primary activity For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, Washington Wheat Foundation, PO Box 252, Ritzville WA 99169 EIN: 94-3085423 (a) Name, address, and EIN of related organization (a) Name, address, and EIN of disregarded entity Washington Association of Wheat Growers Name of the organization PartII Z Z

Schedule R (Form 990) 2009

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

		)				,				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total income		(g) Share of end-of-year assets	(h) Disproportionate allocations?	(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(I) General or managing partner?
N S				512-514)				Yes No	0	Yes No
N/A										,
							,			
						,				
				er med frem er merkt virk er er er er er er er er er er er er er						
Part IV Identification of line 34 because	of Related Organic had one or n	anization:	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization are line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	Corporation or treated as a co	Trust (Comple	ate if the organst	unization answee tax year.)	ered "Ye	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	rt IV,
(a) Name, address, and EIN of related organization	of related organizatior	٦	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	соте	(g) Share of end-of-year assets	(h) Percentage ownership
N/A										
		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2								The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
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		1								
									Schedule R (Form 990) 2009	990) 2009

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	arts II–IV?	Yes No
<ul> <li>a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity.</li> <li>b Giff. grant. or capital contribution to other organization(s)</li> </ul>		1b
		1c
		1d
e Loans or loan guarantees by other organization(s)		Je 🗼
f Sale of assets to other organization(s)		<b>+</b>
g Purchase of assets from other organization(s)		19 🗸
h Exchange of assets ,		1h *
i Lease of facilities, equipment, or other assets to other organization(s)		11 /
		· · ·
		×
<ul> <li>K Performance of services or membership or fundraising solicitations for other organization(s)</li> <li></li></ul>	•	F
m Sharing of facilities, equipment, mailing lists, or other assets		1m 🗸
n Sharing of paid employees		1n 💉
Oninch international to the color and an international and account		70
b Reimbursement paid by other organization for expenses		1p <
	•	
		19 ~
r Other transfer of cash or property from other organization(s)	covered relationships and transaction thresholds.	tion thresholds.
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1) N/A		
(2)		
(4)		
(5)		
(9)		
	Schedule	Schedule R (Form 990) 2009

# Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

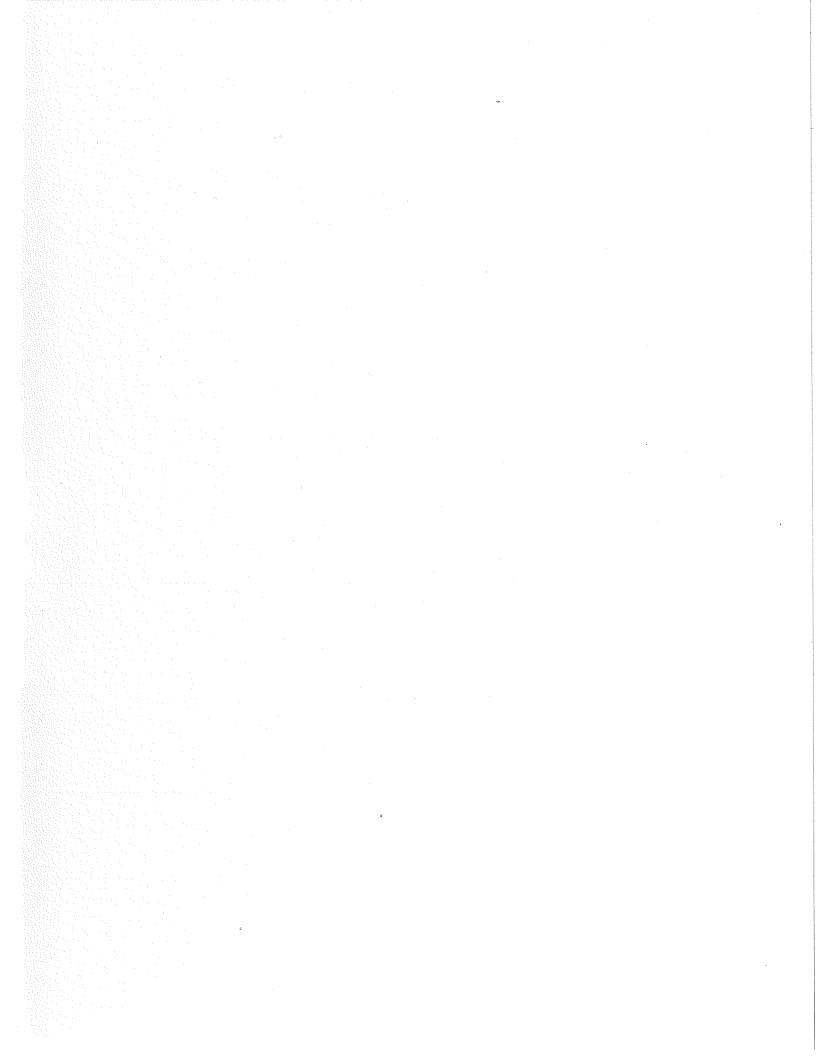
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Care of the county   Care of the county   Care of the county   Care of the county   Care of the county   Care of the county   Care of the county   Care of the county   Care of the county   Care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of the care of	(a)	(H)	(2)		-	(0)	ġ.		(2)	17
Yes No   Yes No   Porm Ness    Name, address, and EIN of entity	Primary activity		Are all p sec 501(	oartners tion c)(3)	Share of end-of-year assets	Disproportic allocation			General or managing partner?	
				organiz Voc	allons?		200			IN VI
	N/A			Sp -			S C C	9		res no
			7,74							
			The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			100 TO TO TO TO TO TO TO TO TO TO TO TO TO				
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			PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTIT			Parama parama parama parama parama parama parama parama parama parama parama parama parama parama parama parama				
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Schedule R (Form 990) 2009

### Washington Association of Wheat Growers 91-0621075 Statement 1 Form 990, Part IX, Line 24 Other Expenses

	(A)	(B)		(C)	(D)	
		Program	Mai	nagement		
	Total	Services	&	General	Fundrais	sing
Wheat Life & Green Sheet Production	\$ 158,224	\$ 158,224				
WGA Contract	\$ 60,000	\$ 30,000	\$	30,000		
WWC Contract	14,408	14,408				
Wheat Life Ad Building	32,050	32,050				
NAWG Dues	44,500	44,500				
Legislative Action	36,088	36,088				
County Member Funds	27,027	27,027				
WWF Contract	14,957	14,957				
Utilities	7,585			7,585		
State Legislation	11,054	11,054				
National Legislation	27,176	27,176				
Taxes	2,265			2,265		
Membership	13,159	13,159				
USDA Undercutter Project	41,248	41,248				
Subscription	463			463		
Miscellaneous	1,057			1,057		
Total	\$ 491,261	\$ 449,891	\$	41,370	\$	-



	OON_T	Ex	empt Ora	ganization Busi	ness	s Income	Tax	Retur	n	Or	MB NO. 1545-068	
Form	990-T			d proxy tax under							$\mathcal{D} \cap \mathbf{U}$	
	tment of the Treasury al Revenue Service	F	or calendar ye	ar 2009 or other tax year ne 30     , 20  09   .	begin		,	200 <b>8</b> , and uctions.		Oper for 501	to Public Inspect (c)(3) Organization	ction is Only
$\overline{A}$	Check box if address changed		· ·	zation (			ctions.)				r identification nu	
B Exe	empt under section	1		Association of Wheat						in page 9.)	trust, see instructions to	
	501( C ) ( 5 )	Print		and room or suite no. If a P.C	D. box, s	see page 8 of ins	tructions	3,		91	062107	<b></b>
	408(e) 220(e)	or	109 E 1st Av	/e					1		d business activity ctions for Block E on p	
	408A 🔲 530(a)	Type	1	ate, and ZIP code								
	529(a)		Ritzville, WA							5111	1 20	
C Bo	ok value of all assets	F Gr		on number (See instruct								
- at	end of year 765,678	<b>G</b> Ch	eck organiza	tion type ► 🗹 501(c)	corpoi		01(c) t			(a) trus		trust
H	Describe the orga	nizatior	n's primary ur	related business activit	y. 🕨 🌶	Advertising a	ın exei	mpt organ	iizat	ion pu	iblication	
				subsidiary in an affiliated imber of the parent corpor			sidiary	controlled (	group	? .	► ☐ Yes	<b>☑</b> No
	The books are in				ationi		Telenho	one numbe	ar 🕨	( 50	9 \ 659-06	10
Pa				ess Income		(A) Incom		(B) Exp		<del></del>	(C) Net	
				ess income	<u> </u>	(A) INCOM	T	(10) 12/1	,,,,,,		(5),101	<u> </u>
1a	Gross receipts				4.							
b	Less returns and				1c 2				1.15.			
2	•			e 7)	3			of the second			<u> </u>	
3	Gross profit, Su	btract l	ine 2 from lin	e 1c	• ——			2007/44/03/03/03 2007/44/03/03/03	100 PM	7 01 3		-
4a	Capital gain net	incom	e (attach Sch	edule D)	. 4a				40094 1000	1 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (		-
b	Net gain (loss) (F	orm 47	97, Part II, line	e 17) (attach Form 4797)	4b			4. 24. 1. 248 2. 24. 1. 24. 24.				<del> </del>
C	Capital loss dec				. 4c				1244 ) 1477 Y			<b> </b>
5	Income (loss) from	partners	hips and S corp	orations (attach statement)	5				<u> </u>	<u> </u>		
6	Rent income (Se	chedule	e C)		. 6	L						
7	Unrelated debt-	finance	d income (Sc	hedule E)	. 7							
8	Interest, annuit organizations (S		•	rents from controlled	8							
9		ome o	f a section	50 (c)(7), (9), or (17)	9							
10	Exploited exemp			chedule 1)	10							<u></u>
11	Advertising inco		-	onodonyky, i	11	339,80	0 00	32,	050	00	307,750	00
12				ictions; attach schedule.)	12					20 10 1 1 1 21 1 1 1 1		
13	Total. Combine	lines 3	through 12.		. 13	339,80			050	00	307,750	00
Pal				ewhere (See page 11 eductions must be dire								
14	Compensation of	of office	ers. directors.	and trustees (Schedule	: K)					14		
15	Salaries and wa		,,							15	124,648	00
16		-	ce							16		
17										17		
18										18	, , , , , , , , , , , , , , , , , , , ,	
19										19	14,943	00
20				3 of the instructions fo						20		
21									00			
22	Les depreciation (at	n clair	and on School		n retur	n 22a				22b	1,469	00
23				· · · · · · · ·						23		
24				tion plans , , , ,						24	12,477	00
2 <del>4</del> 25	Employee benef	i delelli	eu compensa					• • •	•	25	11,782	
26 26	Employee bellet	avpana	ans , , ,	1)					• •	26		1
										27	182,131	00
27		-		(لا						28	2,367	00
28										29	349,817	
29				ugh 28 , , , , , ,						30	-42,067	00
30				efore net operating loss						31	-72,007	
31	, -			to the amount on line						32	-42,067	00
32				pefore specific deduction						33	-42,007	- 00
33				), but see line 33 instruc						33	·	ļ
34				i <b>e.</b> Subtract line 33 fror 32						34	-42,067	00

35 Organizations Tarable as Corporations. See Instructions for tax computation on page 15. Controlled group members (sections 156) and 15(3) check fore ▶	Par		Tax Computation				
Controlled group members (sections 1561 and 1563) check here ► See instructions and a Enter your share of the \$50,000, \$25,000, a83,000,	35	Organi	zations Taxable as Corporations. See instructions for tax computation on page 15				
ty   S		Control	led group members (sections 1561 and 1563) check here   Geographic See instructions and:				
b Enter organization's share of. (i) Additional 5% tax (not more than \$11,750) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	а						
22] Additional 3% tax (not more than \$100,000)   9   35c   1   35c   1   35c   1   36c   1   36c	_	(1) 🕸	(2) \$ (3) \$				
C Income tax on the amount on line 34  8 Trusts Taxable at Trust Rates, See instructions for tax computation on page 16, Income tax on the amount on line 34 from:	b	Enter o	rganization's snare of: (1) Additional 5% tax (not more than \$1,750)			ļ	
186 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)  ☐ 37 ☐ 38   ☐ 38 Alternative minimum tax  ☐ 38 ☐ 39 ☐ 39 ☐ 39 ☐ 39 ☐ 39 ☐ 39 ☐ 3	•	Incomo	tay on the amount on line 34	. 35c			
The amount on line 34 from:				1			
37 Proxy tax. See page 16 of the instructions 38 Alternative minimum tax 38 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 39 Part IV Tax and Payments 38 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 39 39 Part IV Tax and Payments 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 39 39 Part IV Tax and Payments 39 400 400 400 400 400 400 400 400 400 40	50	the am	ount on line 34 from:   Tax rate schedule or   Schedule D (Form 1041)	. 36			
Tax and Payments  40a Foreign tax and Payments  40b Other credits (see page 16 of the instructions)  6 General business credit. Attach Form 3800  6 Credit for prior year minimum tax (attach Form 8801 or 8827)  7 Total credits. Add lines 40 attrough 400  8 Subtract line 40e from line 39  12 Other taxs. Check if from: □com 425 □ Form 8811 □ Form 8897 □ Form 8886 □ Other (stach schedule)  13 Total tax. Add lines 41 and 42  14 Payments: A 2008 overpayment credited to 2009  15 Total payments: A 2008 overpayment credited to 2009  16 Total tax. Add lines 41 and 42  17 Tax due, 17 In 18 See that the total of lines 43 and 46, enter amount overpaid  18 Estimated tax payments: □ Form 2439 □ Total ■ Form 4136  19 Form 4136  10 Other credits and payments: □ Form 2439 □ Total ■ Form 4136  10 Total payments. Add lines 44a through 44f  18 Estimated tax payments and the instructions of the lines 43 and 46, enter amount overpaid ■ 448  19 Estimated tax payments and to flines 43 and 46, enter amount overpaid ■ 488  10 Foreign organization in the total of lines 43 and 46, enter amount overpaid ■ 489  10 Total payments. Regarding Certain Activities and Other Information (see instructions on page 17)  1 At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank) securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 99-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ \$  2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.  2 Purchases □ 7 Cost of Goods Sold. Enter method of inventory valuation ▶ \$  2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other f	37	Proxy	tax. See page 16 of the instructions	37			
Part IV   Tax and Payments   40a   Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)   40a   40b   40b   40b   40b   40c		Alterna	tive minimum tax	•			
40a Foreign tax credit (corporations attach Form 1116) trusts attach Form 1116) dob bother credits (see page 16 of the instructions) dob bother credits (see page 16 of the instructions) dob dob dob dob dob dob dob dob dob dob				.   39			······································
b Other credits (see page 16 of the instructions)  c General business credit. Attach Form 3800 .  d Credit for prior year minimum tax (attach Form 8801 or 8827) .  d Verball for prior year minimum tax (attach Form 8801 or 8827) .  e Total credits. Add lines 40 through 40d .  13 Subtract line 40e from line 39 .  141 .  20 Other taxs. Check If from .  142	Towns, such spirits and a			1.08			
or General business credit. Attach Form 3800.  d Credit for prior year minimum tax (attach Form 8801 or 8827)  d Total tredits. Add lines 40a through 40d  1 Subtract line 40e from line 39  40 Other taxes. Cheek Il from:   Form 4255   Form 8611   Form 8897   Form 8866   Other (attach schedule)   42  43 Total tax. Add lines 41 and 42  44a Payments: A 2008 overpayment credited to 2009   44d   44b   44			tax credit (corporations attach Form 1116, trusts attach Form 1116)			İ	
d Credit for prior year minimum tax (attach Form 8801 or 8827)			redits (see page 10 of the instructions)				
total credits. Add lines 40a through 40d  1 Subtract line 40e from line 39  2 Other taxes. Check if from:	-						
Subtract line 40e from line 39  42 Other taxes. Check if fron:				40e			
A2   Other taxes. Check If from:   Form 4255   Form 8611   Form 8897   Form 8866   Other (attach schedule)   43	_	Subtrac	ct line 40e from line 39	,			
Total tax A 2008 overpayments: A 2008 overpayment credited to 2009   448   44b   44b   44b   44b   44b   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c   44c	42	Other tax	es. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	•			
b 2009 estimated tax payments c Tax deposited with Form 8888 d Foreign organizations: Tax paid or withheld at source (see instructions)	43			43			
Tax deposited with Form 8888 descriptions of the profile of the profile of the profile of the profile of the profile of the profile of the profile of the profile of the profile of the profile of the profile of the profile of the profile of the profile of preparer's land of profile of the profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile of profile	44a		itis. A 2000 overpayment disalted to 2000	-			
d Foreign organizations: Tax paid or withheld at source (see instructions).  d Foreign organizations: Tax paid or withheld at source (see instructions).  d Foreign organizations: Tax paid or withheld at source (see instructions).  d Form 4136  Total payments. Add lines 44a through 44f  5 Total payments. Add lines 44a through 44f  5 Total payments. Add lines 44a through 44f  5 Total payments. Add lines 44a through 44f  5 Total payments. Add lines 44a through 44f  6 Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached	b		sumated tax payments	1			
Backup withholding (see instructions)  f Other credits and payments:	_		posited with Form 6666				
Total payments.   Gother credits and payments:   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gother   Gothe			rorganizations, rax paid or withheld at source (see instructions).				
Total payments. Add lines 44a through 44f  15 total payments. Add lines 44a through 44f  16 Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached   17 ax due, If line 45 is less than the total of lines 43 and 46, enter amount owed   18 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid   19 Enter the amount of line 48 you want: Credited to 2010 estimated tax ▶ Refunded ▶ 49    10 Enter the amount of line 48 you want: Credited to 2010 estimated tax ▶ Refunded ▶ 49    11 At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶   10 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.  12 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.  18 Schedule A—Cost of Goods Sold. Enter method of inventory valuation ▶   19 Inventory at beginning of year		Other o	redits and payments: Form 2439				
Total payments. Add lines 44a through 44f  Total value, If line 45 is less than the total of lines 43 and 46, enter amount owed	•	For	m 4136 ☐ Other Total ▶ 44f				
Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	45	Total p	payments. Add lines 44a through 44f				
Part V   Statements Regarding Certain Activities and Other Information (see instructions on page 17)	46						
Part V Statements Regarding Certain Activities and Other Information (see instructions on page 17)  1 At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶  2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$  Schedule A—Cost of Goods Sold. Enter method of inventory valuation ▶  1 Inventory at beginning of year 2  Purchases 2  Purchases 2  7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2  8 Do the rules of section 263A (with respect to year line 2. (attach schedule) 4a  Additional section 263A costs (attach schedule) 4a  Bo the rules of section 263A (with respect to year line or resaile) apply to the organization?  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 taxpayer) Is based on all information of which preparer has any knowledge and belief, it is true, signature of officer  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's SSN or PTIN							
Statements Regarding Certain Activities and Other Information (see instructions on page 17)   At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶		Overpa	ayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid • Refunded • Refunded •				<del></del>
At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶  2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.  3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$  Schedule A—Cost of Goods Sold. Enter method of inventory valuation ▶  1 Inventory at beginning of year 2	Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Compan		Statements Regarding Certain Activities and Other Information (see instruction		age 17)		
or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here   2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  1 If YES, see page 5 of the instructions for other forms the organization may have to file.  3 Enter the amount of tax-exempt interest received or accrued during the tax year \$  Schedule A—Cost of Goods Sold. Enter method of inventory valuation \$  1 Inventory at beginning of year 2	Management					Yes	No
If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶	'	or oth	her authority over a financial account (bank, securities, or other) in a for	eign c	ountry?		
During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If YES, see page 5 of the instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received or accrued during the tax year ▶  Schedule A—Cost of Goods Sold. Enter method of inventory valuation ▶  I Inventory at beginning of year  Purchases  Cost of labor  Additional section 263A costs (attach schedule)  Dother costs (attach schedule)  Total. Add lines 1 through 4b  Total. Add lines 1 through 4b  Signature of officer  Preparer's  Signature of officer  Preparer's  Signature of officer  Date  Check if self-employed  Preparer's Signature of Only  Preparer's Firm's name (or  Preparer's Signature of Only  Preparer's Signature of Only  Preparer's Firm's name (or  Preparer's Signature of Only  Preparer's Signature of Only  Preparer's  Firm's name (or  Preparer's Signature of Only  Preparer's Signature of Only  Preparer's Signature of Only  Preparer's Signature of Only  Preparer's Signature of Only  Preparer's Signature of Only  Preparer's Signature of Only  Preparer's Signature of Only  Preparer's Signature of Only  Preparer's Signature of Only  Preparer's Signature of Only  Preparer's Signature of Only  Preparer's Signature of Only  Preparer's Signature of Only  Preparer's Signature of Only  Preparer's Signature of Only  Preparer's Signature of Only  Preparer's Signature of Only  Preparer's Signature of Only  Preparer's Signature of Only  Preparer's Signature of Only  Preparer's Signature of Only  Preparer's Signature of Only  Preparer's Signature of Only  Preparer's Signature of Only  Preparer's Signature of Only  Preparer's Signature of Only  Preparer's Signature of Only  Preparer's Signature of Only  Preparer's Signature of Only  Preparer's Signature of Only  Preparer's Signature of Only  Preparer's Signature of Only  Preparer's Signature of Only  Preparer's Signature of Only  Preparer's Signature of Only  Preparer's Signature of Only		If YES	5, the organization may have to file Form TD F 90-22.1, Report of Foreig	ın Bar	nk and		1
If YES, see page 5 of the instructions for other forms the organization may have to file.  3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$  Schedule A—Cost of Goods Sold. Enter method of inventory valuation ▶  1 Inventory at beginning of year 2 Purchases							
Schedule A—Cost of Goods Sold. Enter method of inventory valuation  1 Inventory at beginning of year 2 Purchases	2	During t	he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to,	a foreigi	n trust? .	22347	<u> </u>
Schedule A—Cost of Goods Sold. Enter method of inventory valuation  1 Inventory at beginning of year 2 Purchases	2	If YES,	see page 5 of the instructions for other forms the organization may have to file.				
1 Inventory at beginning of year 2 Purchases		edule 4	A—Cost of Goods Sold. Enter method of inventory valuation			انسنا	<u>-iii</u>
2 Purchases				6			
3 Cost of labor				a			
(attach schedule)			! <b>a</b>       "	1 .	:		
b Other costs (attach schedule) 5 Total. Add lines 1 through 4b 5 to the organization?  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 taxpayer) is based on all information of which preparer has any knowledge.  Preparer's Signature of officer  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature	4a	Additio		,	<u> </u>		
Total. Add lines 1 through 4b 5 to the organization?  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 taxpayer) is based on all information of which preparer has any knowledge.    May the IRS discuss this return with the preparer shown below (see instructions)?   Yes   No		•				Yes	No
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 taxpayer) is based on all information of which preparer has any knowledge.  May the IRS discuss this return with the preparer shown below (see instructions)? Yes No  Preparer's  Signature of officer  Preparer's  Signature  Preparer's  Signature  Preparer's son or PTIN  EIN  Preparer's self-employed.			obto (attack)			AN (P)	
Sign Here    Correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.   May the IRS discuss this return with the preparer shown below (see instructions)?   Yes   No						belief, it	is true,
Here   Director of Finance   Signature of officer   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date	Sia		ct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	and the second			
Paid Preparer's signature of Firm's name (or yours if self-employed).  Signature of officer Date Title  Date Check if self-employed Preparer's SSN or PTIN  EIN END PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE SIGNATURE OF THE PRODUCT SIGNATURE OF THE PRODUCT SIGNATURE OF T	-	B. /	Machilla Filling in 14/6/10 Director of Finance				
Preparer's signature  Preparer's Firm's name (or vours if self-employed.)  EIN  EIN			V V V V V V V V V V V V V V V V V V V	<u> </u>		-	No
Preparer's Firm's name (or Vours if self-employed)  Lise Only Vours if self-employed)	Paic	1	Preparer's Check if	Prep	arer's SSN o	r PTIN	
Lea Only Virini state (or in the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of t			signature self-employed	<u> </u>			
address, and ZIP code Phone no. ( )	•		yours if self-employed),	<u> </u>	1		*******

Schedule C—Rent Incor	ne (From Re	al Pro	perty	and Persor	nal Proper	rty L	eased With Real	Pro	pperty)
(see instructions on page									
1. Description of property									
(1)			-na						
(2)									
(3)	464-400-40-40-40-40-40-40-40-40-40-40-40-4						,		
(4)									
	2. Rent receiv	ved or acc	crued						
(a) From personal property (if the for personal property is more the more than 50%)	an 10% but not	percen	tage of r	al and personal pent for personal rent is based on	property exce	eds			nnected with the income b) (attach schedule)
(1)									
(2)									
(3)			,						
(4)									
Total		Total							
(c) Total income. Add totals of there and on page 1, Part I, line	columns 2(a) and : 6, column (A) ,	2(b). Ent	er ▶				(b) Total deduce Enter here and on p Part I, line 6, column	age	1,
Schedule E-Unrelated	Debt-Finance	ed Inc	ome (	see instructio	ons on pag	e 19)			
COLICION CINCION						3	. Deductions directly cor		
1, Description of de	ebt-financed proper	ty		2. Gross inco allocable to de prope	ebt-financed	(a) S	debt-finand traight line depreciation (attach schedule)	ed p	roperty (b) Other deductions (attach schedule)
(1)						ļ			
(2)									
(3)									
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average ac of or allo debt-financ (attach s	cable to ed prope		6. Col 4 divi by colu	ded		ross income reportable olumn 2 × column 6)		8. Allocable deductions fumn 6 × total of columns 3(a) and 3(b))
(1)					%				
(2)					%				
(3)					%				
(4)					%				
Totals					•	Enter Part	here and on page 1, I, line 7, column (A).		ter here and on page 1, t I, line 7, column (B).
Total dividends-received ded	uctions included	in colur	nn 8						
Schedule F-Interest, A	nnuities Roy	alties	and B	ents From	Controlle	d Or	ganizations (see i	nstr	uctions on page 20)
	initialities, rioye						9		
Name of controlled organization	2. Employer identification num	nber 3	3. Net un		4. Total of sp	ecifled	5. Part of column 4 that included in the control organization's gross inc	ling	6. Deductions directly connected with income in column 5
(1)	<del> </del>				<del> </del>				
(1)					<u> </u>			**********	
(2)									
(3)	-		<del></del> .						
(4) Nonexempt Controlled Orga	nizations				<u> </u>		1		1
Nonexempt Controlled Orga	TIIZALIONS			1			I		
7. Taxable Income	8. Net unrela (loss) (see i				of specified ents made		Part of column 9 th included in the control organization's gross included.	ling	11. Deductions directly connected with income in column 10
(1)									
(2)									
(3)									
(4)									
<u> </u>	1		. , ,	da de de de de de de de de de de de de de			Add columns 5 and 10 Enter here and on pag Part I, line 8, column (/	e 1,	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals	. , ,					. 🕨			

1. Description of income	2. Amount of inc	ome di	3. Deductions rectly connected	4. Set-aside	and s	otal deductions set-asides (col. 3
(4)		(ē	ttach schedule)	(attach solied)	,	plus col. 4)
(1)						
(3)						
(4)						
<u>CV</u>	Enter here and an	nogo 1			Enter he	ro and an acco 1
Totals ▶	Enter here and on Part I, line 9, colun	nn (A).			Part I, lir	re and on page 1, ne 9, column (B).
Schedule I—Exploited Exer	npt Activity Inc	ome, Other	Than Advertisir	n <b>g Income</b> (see	instructions on	n page 21)
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)			}			
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and or page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	<u> </u>	<u> </u>			<u> </u>	L
Schedule J-Advertising In				•		·
Part I Income From Pe	riodicais Repor	ted on a Col	1	IS		T
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) Wheat Life	339,800	32,05	0	67,960	250,091	
(2)	1				,	
(3)					****	
(4)			1			
Totals (carry to Part II, line (5)) . 🕨	339,800	32,05	307,750	67,960	250,091	182,131
Part II Income From Pe columns 2 through	riodicals Repo		eparate Basis	(For each peri-		
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	339,800 Enter here and on page 1, Part I.	32,050 Enter here and or page 1, Part I.	→ 2-2-2-26-26-25 → 12-2-26			182,131 Enter here and on page 1,
Totals, Part II (lines 1-5)		line 11, col. (B). 32,056				Part II, line 27. 182,131
Schedule K—Compensation	of Ufficers, Di	rectors, and	Irustees (see i	<del></del>	age 21)	
1. Name	· · · · · · · · · · · · · · · · · · ·		2. Title	3. Percent of time devoted to business		on attributable to d business
1)				%	•	
2)	-1			%		
3)				%		***************************************
4)				%		
<b>Total.</b> Enter here and on page 1, Pa	rt II, line 14		<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	•	

Department of the Treasury Internal Revenue Service (99)

### **Depreciation and Amortization** (Including Information on Listed Property)

► Attach to your tax return.

OMB No. 1545-0172

Attachment Sequence No. **67** 

► See separate instructions. Business or activity to which this form relates Name(s) shown on return Identifying number **Washington Association of Wheat Growers** Non-Profit Organization 91-0621075 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. \$250,000 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions). 3 \$800,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . . . 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . . . . . . . . . . . . . . . . (a) Description of property 6 (b) Cost (business use only) (c) Elected cost 7 Listed property. Enter the amount from line 29 . . . . . . . . . . . . . . 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 **10** Carryover of disallowed deduction from line 13 of your 2008 Form 4562 . . . 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 ▶ Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 Other depreciation (including ACRS) 16 2.688 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2009 . . . . . . . 12,359 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (f) Method (e) Convention (g) Depreciation deduction period only-see instructions) service 19a 3-year property **b** 5-year property 31,718 5.0 HY 200DB 6,344 c 7-year property d 10-year property e 15-year property **f** 20-year property g 25-year property 25 yrs. S/L h Residential rental 27.5 yrs. ММ S/L property 27.5 yrs. ММ S/L Nonresidential real 39 yrs. ММ S/L property ММ 9/1 Section C-Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year S/L 12 yrs. ММ 40 yrs. S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions . . . . . 21,391 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . . . . . 23

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A. all of Section B, and Section C if applicable.

	······································	Julins (a) uno	<del></del>		<del> </del>		<del>-</del>				···							
		-Depreciation		-												_		
24	a Do you have evid	ence to support t	he business/i	nvestmer	nt use cla	imed?		es 🗌 N	lo	24b	) If "Ye	es," is the	evide	nce \	written?	Ц	Yes	No_
Ту	(a) pe of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cost or	(d) other bas		asis for de asis for de ousiness/i use de	preciati nvestme			f) overy riod	(g) Metho Conver	od/		(h) epreciati deductio		ected	(i) d section cost
25		ciation allowan used more thar											25					
26	Property used	more than 509	% in a qual	lified bu	siness	use:		***************************************					.4.,	•				, , , , , , , , , , , , , , , , , , ,
			%															
			%															
			%															
27	Property used	50% or less in	a qualified	d busine	ess use	:												
			%								6	5/L -						
			%								9	5/L –				].		
			%								e	5/L –					- 111	
28	Add amounts	in column (h), l	ines 25 thr	ough 27	'. Enter	here a	and on I	ine 21,	, pa	ge 1			28					
29	Add amounts	in column (i), lir	ne 26. Ente	er here a	and on I	line 7,	page 1									29		
				Section														
	nplete this sectior our employees, fi																	ehicles
30	Total business/	investment mile	es driven	(a	)		(b)		(c)			(d)		(e)	)		(f)	
00	during the y	ear (do not		Vehic			icle 2		hicle	3		nicle 4	<u> </u>	/ehic			Vehicl	e 6
	commuting mile	•						ļ			i		ļ					
31 32	Total commuting Total other pomiles driven .	ersonal (nonco	mmuting)												<del></del>			
33	Total miles driv																	
34	Was the vehicluse during off-c		personal	Yes	No	Yes	No	Yes	I	No	Yes	No	Yes	3	No	Ye	s	No
35	Was the vehice more than 5% of	•																
36	Is another vehicuse?																	
		Section C-C	Questions	for Emp	oloyers	Who	Provide	e Vehi	cles	for	Use by	y Their	Empl	oye	es			
	wer these quest e than 5% owne	ions to determi	ine if you n	neet an	except											s wh	o are	not
37	Do you mainta	in a written po	<del></del>			its all	person	al use o	of ve	ehicle	es, inc	luding o	omm	utin	g, by	Ye	s	No
38	Do you mainta employees? Se	in a written po	•		•	•							-		your			
39	Do you treat al				-	•		5, a 00		, 0	, , , , , ,	1010 0111	10.0		•			
40	Do you provide use of the vehi	e more than fiv	e vehicles	to your	emplo	yees, o		 nforma	ition	fron	n your	employ	ees a	 bou	t the			
41	Do you meet the Note: If your ar	ne requirement	s concerni	ng qual	ified au	tomob												· Carrie
Par	t VI Amort	<del></del>	20, 10, 01		,	.0.001	,5,5,6									1,519, ₁₄ , 11 13	aliend.	<u> </u>
2.M.i.L	ALTO ALTO L	Lucion	Ι "		T								(e)					
	(a) Description o	of costs	Date amo	ortization	Aı		c) ole amour	nt	c	(d Code s	l) ection	pe	ortizatio eriod or centag		Amorti	(f zation		s year
42	Amortization of	costs that begin	ns during y	our 2009	tax yea	ar (see	instruct	ions):										
		ce Upgrade - 4		10/30/08				1,248			Va	ır.		3				278
43	Amortization of	f costs that beg	gan before	your 20	009 tax	year							<u> </u>	43				377
44	Total. Add am	ounts in colum	nn (f). See t	the instr	uctions	for w	here to	report						44				655

### Washington Association of Wheat Growers 91-0621075 Statement 1 Form 990-T, Part II, Line 28 Other Deductions

Amortization		\$ 147
Insurance		444
Telephone		1,776
	Total	\$ 2,367

Washington Association of Wheat Growers 91-0621075 Statement 2 Form 990-T, Part II, Line 31 Net Operating Loss Deduction

		Loss	
Loss Year	Original	Previously	Loss
Ending	Loss	Used	Available
6/30/1996	37	0	37
6/30/1997	40,931	0	40,931
6/30/1998	45,019	0	45,019
6/30/1999	46,168	0	46,168
6/30/2000	86,329	0	86,329
6/30/2001	81,353	0	81,353
6/30/2002	51,161	0	51,161
6/30/2003	31,680	0	31,680
6/30/2004	37,194	0	37,194
6/30/2005	48,103	0	48,103
6/30/2006	37,690	0	37,690
6/30/2007	43,587	0	43,587
6/30/2008	62,301	0	62,301
Net Operating Loss Available			611,553
Taxable Income			(42,067)
Net Operating Loss Deduction (Limited to taxable income)			) O