



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



**Short Form
Return of Organization Exempt From Income Tax**

2008

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)**

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

**Open to Public
Inspection**

A For the 2008 calendar year, or tax year beginning 10/01, **2008, and ending** 9/30, **2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C BAKER WATER SYSTEM, INC. P.O. BOX 98 BAKER, FL 32531	D Employer identification number 59-1264410
			E Telephone number (850) 537-5121
			F Group Exemption Number
			(blank)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method. Cash Accrual
Other (specify) ▶

I Website: ▶ N/A

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

J Organization type (check only one) — 501(c) (12) ◀ (insert no.) | 4947(a)(1) or | 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 269,583.

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

1	Contributions, gifts, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	247,721.
3	Membership dues and assessments	3	
4	Investment income	4	21,862.
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b	Less direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ▶ _____)	8	
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶	9	269,583.
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	80,565.
13	Professional fees and other payments to independent contractors	13	6,341.
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ▶ <u>SEE STATEMENT 1</u>)	16	137,689.
17	Total expenses (add lines 10 through 16) ▶	17	224,595.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	44,988.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	1,097,993.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	1,142,981.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

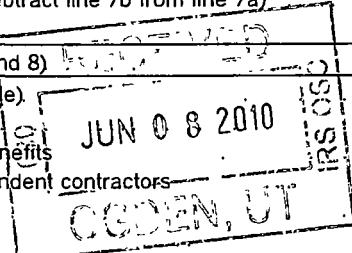
(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	372,814.	408,921.
23 Land and buildings	14,348.	13,990.
24 Other assets (describe ▶ <u>SEE STATEMENT 2</u>)	1,072,489.	1,072,309.
25 Total assets	1,459,651.	1,495,220.
26 Total liabilities (describe ▶ <u>SEE STATEMENT 3</u>)	361,657.	352,237.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,097,993.	1,142,981.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

SCANNED JUL 27 2010 12:27:43 PM



MP

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? SEE BELOW		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional program title)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	<u>TO PROVIDE POTABLE WATER SERVICE TO APPROXIMATELY 850 CUSTOMERS.</u> ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	224,595.
29	----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	224,595.

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
DUDLEY WALKER P.O. BOX 215 BAKER, FL 32531	CHAIRMAN 5.00	0.	0.	0.
FEAGIN HAYSLIP P.O. BOX 124 BAKER, FL 32531	DIRECTOR 2.00	0.	0.	0.
WAYMOND BARROW P.O. BOX 34 BAKER, FL 32531	DIRECTOR 2.00	0.	0.	0.
CHAD WILKINSON PO BOX 317 BAKER, FL 32531	DIRECTOR 2.00	0.	0.	0.
DALE WALKER P.O. BOX 215 BAKER, FL 32531	DIRECTOR 2.00	0.	0.	0.
ISAAC SIMON 1292 ROOSEVELT AVENUE BAKER, FL 32531	DIRECTOR 2.00	0.	0.	0.
MARK HOWZE 1750 W. FAULK FERRY ROAD BAKER, FL 32531	DIRECTOR 2.00	0.	0.	0.
DONALD GRIFFITH 1714 SHOCKLEY SPRINGS BAKER, FL 32531	DIRECTOR 2.00	0.	0.	0.
EMANUEL SIMON 5814 JACK STOKES ROAD BAKER, FL 32531	DIRECTOR 2.00	0.	0.	0.
WANDA PATTERSON 5123 GRIFFITH MILL ROAD BAKER, FL 32531	SECRETARY 40.00	39,726.	1,192.	0.
----- ----- -----				
----- ----- -----				

Part V Other Information (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved ▶ 38b N/A		
39	501(c)(7) organizations. Enter.		
39a	a Initiation fees and capital contributions included on line 9 ▶ 39a N/A		
39b	b Gross receipts, included on line 9, for public use of club facilities ▶ 39b N/A		
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> , section 4912 ▶ <u>N/A</u> , section 4955 ▶ <u>N/A</u>		
40b	b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
40d	d Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ <u>NONE</u>		

42a The books are in care of ▶ BAKER WATER SYSTEM, INC. Telephone no ▶ (850) 537-5121
 Located at ▶ BAKER, FLORIDA ZIP + 4 ▶ 32531

		Yes	No
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: ▶ _____		X
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ▶ _____		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**

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

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
b If 'Yes,' was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000 ▶		

Sign Here
 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.
 Signature of officer: Wanda S. Patterson Date: 5/31/10
 Type or print name and title: Wanda S. Patterson, Sect-Treas

Paid Preparer's Use Only
 Preparer's signature: Gina R. Holloway Date: 5-21-10 Check if self employed:
 Preparer's Identifying Number (See instructions): N/A
 Firm's name (or yours if self employed), address, and ZIP + 4: ALLEN, YAGOW & CARR
638 FERDON BLVD. SUITE 1 EIN: N/A
CRESTVIEW, FL 32536 Phone no: (850) 682-4033

May the IRS discuss this return with the preparer shown above? See instructions Yes No
 BAA Form 990-EZ (2008)

CLIENT BAKER

BAKER WATER SYSTEM, INC.

59-1264410

5/05/10

11.51AM

STATEMENT 1
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

BAD DEBTS	\$	-91.
CONTRACT LABOR		7,590.
DEPRECIATION		46,344.
INSURANCE		7,319.
INTEREST		17,236.
OFFICE SUPPLIES		7,587.
REPAIRS & MTC.		15,800.
SUPPLIES		8,169.
TELEPHONE		3,400.
UTILITIES		24,335.
TOTAL	\$	<u>137,689.</u>

STATEMENT 2
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE	\$ 23,894.	\$ 13,924.
FURNITURE AND FIXTURES	1,044.	854.
INTEREST RECEIVABLE	1,738.	430.
MACHINERY AND EQUIPMENT	970,018.	983,287.
MISCELLANEOUS	74,001.	71,066.
PREPAID EXPENSES AND DEFERRED CHARGES	1,534.	2,488.
UTILITY DEPOSITS	260.	260.
TOTAL	<u>\$ 1,072,489.</u>	<u>\$ 1,072,309.</u>

STATEMENT 3
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 9,669.	\$ 7,917.
CUSTOMER DEPOSITS	14,050.	13,730.
DEFERRED REVENUE	0.	3,200.
SECURED MORTGAGES AND NOTES PAYABLE	337,938.	327,390.
TOTAL	<u>\$ 361,657.</u>	<u>\$ 352,237.</u>

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization BAKER WATER SYSTEM, INC.	Employer identification number 59-1264410
	Number, street, and room or suite number. If a P.O. box, see instructions ALLEN, YAGOW & CARR 638 FERDON BLVD. SUITE 1	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions CRESTVIEW, FL 32536	

Check type of return to be filed (File a separate application for each return):

- | | | | |
|---|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of **BAKER WATER SYSTEM, INC.**
Telephone No **(850) 537-5121** FAX No **(850) 537-7466**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

- I request an additional 3-month extension of time until 8/15, 20 10.
- For calendar year _____, or other tax year beginning 10/01, 20 08, and ending 9/30, 20 09.
- If this tax year is for less than 12 months, check reason. Initial return Final return Change in accounting period
- State in detail why you need the extension: TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature *Travis W. Carr* Title **CPA** Date **5/13/10**