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# SCANNED JUL 2 6 2010

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

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

Open to Public Inspection

A	or the	e 2009 cal	lendar year, or tax year beginning and ending		
B	Check if	le Please	C Name of organization	D Employer identific	ation number
Г	Addre		PISGAH WATER ASSOCIATION, INC.		
	Name	type	Doing Business As		774184
<u>_</u>	∏Initial _return ∏Termi		Number and street (or P 0 box if mail is not delivered to street address)		829-1551
┝	_ated"  Amen		P.O. BOX 144		269,514.
H	_Jretum ∏Applic		City or town, state or country, and ZIP + 4 SANDHILL, MS 39161	G Gross receipts \$ H(a) Is this a group re	
L	⊥tión pendi	ng F Nan	ne and address of principal officer:DAVID BOYD	for affiliates?	Yes X No
		P.0	. BOX 58, SANDHIL, MS 39161	H(b) Are all affiliates incl	
1	Гах-ех		us: X 501(c) (12 ) ◀ (insert no ) 4947(a)(1) or 527	If "No," attach a	list. (see instructions)
J	Vebsi	te: ► N /		H(c) Group exemption	
K	ָטוווו טָ	i viganizatio	IT I Corporation Trust Accountion Other Ly	ear of formation 1967	Ctate of legal domicile MS
P	art I	Summ			
Activities & Governance	1		scribe the organization's mission or most significant activities: OPERATION SYSTEM	N OF A PRIVATI	E RURAL
erna	2	Check this	s box Fig. 1 if the organization discontinued its operations or disposed of m	ore than 25% of its net as	
Š	3	Number o	of voting members of the governing body (Part VI, line 1a)	3	6
ತ	4		f independent voting members of the governing body (Part VI, line 1b)	4	6
ties	5		ber of employees (Part V, line 2a)	5	2 0
Ę	6		ber of volunteers (estimate if necessary)	6	0.
Ac		•	ss unrelated business revenue from Part VIII, column (C), line 12	7a   7b	0.
_	b	Net unreit	ated business taxable income from Form 990-T, line 34	Prior Year	Current Year
•	8	Contribut	ions and grants (Part VIII, line 1h)	1 1101 1001	Odirone rous
Revenue	9		service revenue (Part VIII, line 2g)	248,112.	249,484.
eve		•	nt income (Part VIII, column (A), lines 3, 4, and 7d)	8,757.	8,628.
Œ	11	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,080.	11,402.
	12	Total reve	enue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	266,949.	269,514.
	13	Grants an	d similar amounts paid (Part IX, column (A), lines 1·3)		
	14	Benefits p	paid to or for members (Part IX, column (A), line 4)	40 500	24 257
es	1		other compensation, employee benefits (Part IX, column (A), lines 5-10)	42,560.	34,257.
Expenses	1		nal fundraising fees (Part IX, column (A), line 11e)		·····
Ę	1		draising expenses (Part IX, column (D), line 25)	213,826.	211,351.
	17	Total exp	penses (Part IX, column (A), lines 11a-11d, 11f-24h) enses Add lines 13-17 (must equal Part IX column (A), line 25) VED	256,386.	245,608.
	19	Revenue	less expenses Subtract line 18 from line 12	10,563.	23,906.
Net Assets or Fund Balances	1.	, (0101)00	JUN 0 1 2010	Beginning of Current Year	End of Year
sets	20	Total asse	ets (Part X, line 16)	1,805,857.	1,813,617.
t Ass	21	Total liabi		1,059,608.	1,043,462.
影	22	Net asset	s or fund balances Subtract line 21 from line 20 OGDEN, UT	746,249.	770,155.
P	art II	Signa	ture Block	<del> </del>	
		under pena and comple	lities of penury, I declare that I have examined this return, including accompanying schedules and statemente te Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	nts, and to the best of my knowledg dge	e and belief, it is true, correct,
٠.		1.	Muil Board	15-71	4-20/0
Sig Hei		Sign	nature of officer	Date	, , ,
nei	e	1	VID BOYD, PRESIDENT		
			e or print name and title		
		Preparer's	Date		r's identifying number tructions)
Paid		signature	Charle & Barlow, 904 5-13-10	self- employed ►	00165285
,	parer's Only	Firm's name	DARLOW, WALKER & CONTANT, 1:A:	EIN ▶ 64.	0870042
J36	Jy	self-employ address, an			CO1.00E 1010
		ZiP + 4	BRANDON, MS 39042	Phone no 🕨 (	601)825-1310
Ma	y the I	RS discus	s this return with the preparer shown above? (see instructions)		X Yes No

	m 990 (2009) PISGAH WATER ASSOCIATION, INC.	64-0774184 Page <b>2</b>
Pa	art III Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission: RURAL WATER ASSOCIATION TO PROVIDE WATER TO MEMBE	RSHIP.
2	Did the organization undertake any significant program services during the year which were not list the prior Form 990 or 990-EZ?	ed on Yes X No
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any progra	m services? Yes X No
4	If "Yes," describe these changes on Schedule O.  Describe the exempt purpose achievements for each of the organization's three largest program se	ervices by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report th allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: )(Expenses \$ including grants of \$ THE ASSOCIATION CONSTRUCTS, MAINTAINS AND OPERATE WATER SYSTEM FOR A TOTAL OF 617 CUSTOMERS.	)(Revenue \$ ) C A PRIVATE RURAL
4b	(Code: ) (Expenses \$ including grants of \$	) (Revenue \$
4c	(Code: ) (Expenses \$ including grants of \$	) (Revenue \$
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses ►\$	

	990 (2009) PISGAH WATER ASSOCIATION, INC. 64-0774	184	<u> P</u>	age 3
Pa	rt IV 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	<u> </u>	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	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		X
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		
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		<u> </u>	
	Schedule D, Part III	8		X
ŝ	Did the organization report an amount in Part A, line 21, serve as a custodian for amounts not listed in Part X; or provide		<del> </del>	<del> </del>
	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?			
	If "Yes," complete Schedule D, Part V	10		X
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	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		1	<del> </del>
	Part VI			
•	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.			
•	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 statements for the tax year? If "Yes," complete			
12	Schedule D. Parts XI, XII, and XIII.	10	х	Ì
124	, , , , , , , , , , , , , , , , , , ,	12		
IZA	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  Yes No  12A X	1		
13	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	<u> </u>	
Ü		445		v
15	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	<del> </del>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	4=		v
4.0	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	4.	1	v
4-	located outside the United States? If "Yes," complete Schedule F, Part III	16	1	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		1	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	100		v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	<b></b>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	i	1	l

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complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Form 990 (2009) Part IV Checklist of Required Schedules (continued) Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the 21 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, 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete 23 Schedule J. 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 24a Schedule K If "No", go to line 25 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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? 240 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(0) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a 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 25b Schedule L. Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified 26 X person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 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 27 Х Schedule L. Part III Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions): Х 28a a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was X 28c an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? 31 Х 31

If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

Was the organization related to any tax-exempt or taxable entity? 34 If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 If "Yes," complete Schedule R, Part V, line 2

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, line 2

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

X

Х

X

X

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Pai	t V Statements Regarding Other IRS Filings and Tax Compliance				
	`	<del></del>		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
	U.S. Information Returns. Enter -0- if not applicable	1a 1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming			
	(gambling) winnings to prize winners?		1c		
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	2a 2	•		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3ь		
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		X
b	If "Yes," enter the name of the foreign country: ▶				
	See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign	Бапк апо			Ì
	Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b	_	Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard	arding Prohibited			
	Tax Shelter Transaction?		5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne organization solicit	İ		
	any contributions that were not tax deductible?		6a		X
Ь	If "Yes," did the organization include with every solicitation an express statement that such contribution	tions or gifts			
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods and services	_		v
	provided to the payor?		7a		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required	_		v
	to file Form 8282?	l <b></b> l	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a page transfer and transfer.	personal	7.		
	benefit contract?	<del></del>	7e 7f		<del>                                     </del>
'	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti- For all contributions of qualified intellectual property, did the organization file Form 8899 as required.				_
•	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		7g 7h		$\vdash$
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or	•			
Ŭ	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	_			
	at any time during the year?	cas business notalitys	8		1
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:		77-7		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
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:				
а	Gross income from members or shareholders	11a 249,484.			
ь	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)	11b 11,402.			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
			Form	990	(2009)

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

	tion A. Governing Body and Management			
_		<u></u>	Yes	No
	Enter the number of voting members of the governing body	6		
	Enter the number of voting members that are independent  Detailed from the state of	_9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			ł
_	officer, director, trustee, or key employee?	2	X	<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		v
_	of officers, directors or trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	37	Х
6	Does the organization have members or stockholders?	6	Х	-
7a	· · · · · · · · · · · · · · · · · · ·	1_	.,	
	governing body?	7a	X	
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х	
0	Did the organization contemporarieously document the meetings held or written actions undertaken during the year	j		ĺ
	by the following:			ĺ
	The governing body?	8a .	X	<u> </u>
	Each committee with authority to act on behalf of the governing body?	8b	Х	<u> </u>
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	9		X
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			1
	and branches to ensure their operations are consistent with those of the organization?	10b		L
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	İ
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c		İ
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent	********		İ
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			l
а		15a	1	X
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			<del></del>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	1	Х
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			<del>-</del>
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16ь	1	
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) availal	ole for		
-	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy	and fine	ncial	
	statements available to the public.	, and fina	iicidi	
	·			
20				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organ MARY BURGE $-(601)829-1551$	zation:		

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# 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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons.

(A)	(B)				C)	,		(D)	(E)	(F)
Name and Title	Avērāģē hours per	-		Pus	itioi	app	ly)	neportable compensation from	Reportable compensation from related	Esumated amount of other
	week	Individual trustee or director	Institutional trustæ	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
DAVID BOYD PRESIDENT	1.00	х		х	-			0.	0.	0.
TONY CHAFFIN VICE-PRESIDENT	1.00	Х		X				0.	0.	0.
SHERRI HOLLINGSWORTH SECRETARY/TREASURER	2.00	X		X				0.	0.	0.
JOEL TAYLOR BOARD MEMBER	_			^						
JACK HERRING	1.00	X						0.	0.	0.
BOARD MEMBER MATTIE WATSON	1.00	Х						0.	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
										-
										<u> </u>
								-		
								-		
									-	

Form **990** (2009)

	(A) Name and title	(B) Average			(C Posi	•	1		(D) Reportable	<b>(E)</b> Reportable			(F) Imate	ed .
	Maine and the	hours	-				app	ly)	compensation	compensation from related		ame	ount o	
		week	Individual frustee or director	Institutional frustee	Officer	Кеу етріоуев	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC		comp fro orga	ensa m the nızatı relat	e Ion ed
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			<u> </u>									•		
							ļ				-	<u></u>		
				<u> </u>					0.		0.			0.
1b 2	Total  Total number of individuals (including but r compensation from the organization	not limited to th	nose	liste	ed a	bov	e) wl	no r	<del></del>	L				(
3	Did the organization list any former officer			e, ke	y en	olqr	yee,	or I	nighest compensated e	mployee on	Γ	3	Yes	No X
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si and related organizations greater than \$15	um of reportab	ole c							the organization		4	<del>-</del>	Х
5	Did any person listed on line 1a receive or the organization? If "Yes," complete Schedation B. Independent Contractors				from	any	y uni	elat	ed organization for serv	rices rendered to		5		х
1	Complete this table for your five highest countries of the organization.	ompensated in	dep	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of comp	pensa	ition fr	om	
	(A) Name and business	address			_				(B) Description of	services	Co	(C omper	) isatic	<u>n</u>
													-	
							<u> </u>		-				_	
	Total number of independent contractors (	includina but i	not !	ımıte	ed to	the	se li	sted	d above) who received r	nore than	<del></del>			<del></del>
	\$100,000 in compensation from the organ				· · ·		0		,			Form 9	200	2000

b Less: direct expenses

and allowances

c Net income or (loss) from gaming activities

10 a Gross sales of inventory, less returns

Part IX Statement of Functional Expenses

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

	All other organizations must comp				
Do ( 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) 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		1.50	<u></u>	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4950(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	29,344.			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4,913.			
11	Fees for services (non-employees)				
а	Management		· · · · · · · · · · · · · · · · · · ·		
b	Legal				
C	Accounting	3,850.			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17		***************************************		
f	Investment management fees				
9	Other		J1011011111		
12	Advertising and promotion	4.550			
13	Office expenses	4,550.			
14	Information technology				<del></del>
15	Royalties				
16	Occupancy				
17	Travel				! 
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	F 2 . 2 . 2 . 7			
20	Interest	52,037.			
21	Payments to affiliates	70 050			u- <del>n</del>
22	Depreciation, depletion, and amortization	70,952. 4,091.			<del></del>
23	Insurance	4,091.			
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 )	25 705			
a	EQUIPMENT RENTAL & MAIN	25,795.	·		
Ь	UTILITIES CONTRACT LABOR	21,028. 12,814.	· · · · · · · · · · · · · · · · · · ·		
c			·		-
d	REPAIRS & MAINTENANCE	6,394. 4,233.	-		
e	MISCELLANEOUS	5,607.	· ·		
	All other expenses	245,608.			
25	Total functional expenses Add lines 1 through 24f	243,000.			
26	Joint costs. Check here Juf 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				

IT A	Bàlance Sheet		/A\		(B)
·			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		28,609.	1	67,033 335,948
2	Savings and temporary cash investments		467,341.	2	335,948
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net		23,554.	4	25,232
5	Receivables from current and former officers, di	rectors, trustees, key			
	employees, and highest compensated employe	es. Complete Part II			
	of Schedule L			5	
6	Receivables from other disqualified persons (as	defined under section			
	4958(f)(1)) and persons described in section 49	58(c)(3)(B). Complete			
	Part II of Schedule L			6	<del></del>
7	Notes and loans receivable, net			7	
8	Inventories for sale or use		8		
9	Prepaid expenses and deferred charges		4,863.	9	5,173
10=	Land, buildings, and equipment: cost or other		t		
	basis. Complete Part VI of Schedule D	10a 2,263,933. 10b 884,445.			
ь	Less: accumulated depreciation	10ы 884,445.	1,228,129.	10c	1,379,488
11	Investments · publicly traded securities		11		
12	Investments - other securities. See Part IV, line		12		
13	Investments · program-related. See Part IV, line		13		
14	Intangible assets		14		
15	Other assets See Part IV, line 11		53,361.	15	743
16	Total assets. Add lines 1 through 15 (must equ	1,805,857.	16	1,813,617 3,743	
17	Accounts payable and accrued expenses	3,561.	17	3,743	
18	Grants payable		18		
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
22	Payables to current and former officers, directo	rs, trustees, key employees,			
	highest compensated employees, and disqualif	ied persons. Complete Part II			
	of Schedule L			22	
23	Secured mortgages and notes payable to unrel	ated third parties	1,055,600.	23	1,039,142
24	Unsecured notes and loans payable to unrelate	d third parties		24	
25	Other liabilities. Complete Part X of Schedule D		447.	25	577
26	Total liabilities. Add lines 17 through 25		1,059,608.	26	1,043,462
	Organizations that follow SFAS 117, check h	ere  and complete			
	lines 27 through 29, and lines 33 and 34.				
27	Unrestricted net assets			27	
28	Temporarily restricted net assets			28	
29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, or	heck here 🕨 🗓 and			
	complete lines 30 through 34.				
30	Capital stock or trust principal, or current funds	746,249.	30	746,249	
31	Paid-in or capital surplus, or land, building, or e	quipment fund	0.	31	0
32	Retained earnings, endowment, accumulated in	ncome, or other funds	0.		23,906
33	Total net assets or fund balances	746,249.		770,155	
34	Total liabilities and net assets/fund balances		1,805,857.	34	1,813,617

Form **990** (2009)

Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  b Were the organization's financial statements audited by an independent accountant?  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?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis	2a		
<ul> <li>Were the organization's financial statements compiled or reviewed by an independent accountant?</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>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:</li> </ul>	2a		1
b Were the organization's financial statements audited by an independent accountant?  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?  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:	2a		í
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?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  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:			Х
review, or compilation of its financial statements and selection of an independent accountant?  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:	<u>2ь</u>	X	
review, or compilation of its financial statements and selection of an independent accountant?  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:			
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:	2c	X	ĺ
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:			
X Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	i		ĺ
Act and OMB Circular A-133?	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

#### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Name of the organization **Employer identification number** PISGAH WATER ASSOCIATION, INC. 64-0774184 Part I 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 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring mpermissible private benefit? Part II | Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a 2b Total acreage restricted by conservation easements c 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 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 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 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. 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 (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 of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

(a) Description of security or category (b) Book value  Cost or end-of-year market value  Cost or end-of-year market value  Cost or end-of-year market value  Cost or end-of-year market value  Total (Cot Ito) must equal Form 990, Part X, cot (B) line 12   ▶  Part Viiii investments - Fruge orn Related. Cost Form 990, Part X, et (B) line 13   ▶  Part IX   Other Assets. See Form 990, Part X, et (B) line 13   ▶  Part IX   Other Assets. See Form 990, Part X, cot (B) line 13   ▶  Total (Cot Ito) must equal Form 990, Part X, cot (B) line 13   ▶  Total (Cot Ito) must equal Form 990, Part X, cot (B) line 13   ▶  Total (Cot Ito) must equal Form 990, Part X, cot (B) line 15    Fert X   Other Liebilities. See Form 990, Part X, line 25.  I ederal income taxes  SALES TAX PAYABLE 577.  Total (Cotumn (b) must equal Form 990, Part X, cot (B) line 25)   ▶  Total (Cotumn (b) must equal Form 990, Part X, cot (B) line 25)   ▶  Total (Cotumn (b) must equal Form 990, Part X, cot (B) line 25)   ▶  Total (Cotumn (b) must equal Form 990, Part X, cot (B) line 25)   ▶  Total (Cotumn (b) must equal Form 990, Part X, cot (B) line 25)   ▶  Total (Cotumn (b) must equal Form 990, Part X, cot (B) line 25)   ▶  Total (Cotumn (b) must equal Form 990, Part X, cot (B) line 25)   ▶  Total (Cotumn (b) must equal Form 990, Part X, cot (B) line 25)   ▶  Total (Cotumn (b) must equal Form 990, Part X, cot (B) line 25)   ▶  Total (Cotumn (b) must equal Form 990, Part X, cot (B) line 25)   ▶  Total (Cotumn (b) must equal Form 990, Part X, cot (B) line 25)   ▶  Total (Cotumn (b) must equal Form 990, Part X, cot (B) line 25)   ▶  Total (Cotumn (b) must equal Form 990, Part X, cot (B) line 25)   ▶  Total (Cotumn (b) must equal Form 990, Part X, cot (B) line 25)   ▶	Part VII Investments - Other Securities. Se	e Form 990, Part X, Iir	ne 12.		
Closelyheld equity interests  Other  Total (Colifo) must squal form 990, Part X, colifo) line 12   >    Fart Viii   investments - Program Related, Co. Form 000, Part Y line 13    (a) Description of investment type  (b) Book value  Cost or end-of-year market value  Total, (Colifo) must equal form 990, Part X, colifo line 15    Part IX   Other Assets, See Form 990, Part X, colifo line 15    Part X   Other Liabilities, See Form 990, Part X, colifo line 15    Part X   Other Liabilities, See Form 990, Part X, colifo line 15    Federal income taxes  SALES TAX PAYABLE   577.		(b) Book value	Co		
Total (Col (b) must equal form 990, Part X, col (8) line 12 )   Fart Viiii investments - Pruys arm Related, Soc Farm 990, Part X, total (b) Book value  (a) Description of investment type  (b) Book value  Cost or end-of-year market value  Total. (Col (b) must equal form 990, Part X, col (8) line 13 )   Part IX   Other Assets. See Form 990, Part X, total (a) Description  (b) Book value  (c) Method of valuation: Cost or end-of-year market value  (b) Book value  (c) Method of valuation: Cost or end-of-year market value  (c) Method of valuation: Cost or end-of-year market value  (b) Book value  (c) Method of valuation: Cost or end-of-year market value  (c) Method of valuation: Cost or end-of-year market value  (b) Book value  (c) Method of valuation: Cost or end-of-year market value  (c) Method of valuation: Cost or end-of-year market value  (d) Description of investment type  (e) Method of valuation: Cost or end-of-year market value  (b) Book value  (b) Book value  (b) Book value  (c) Method of valuation: Cost or end-of-year market value  (c) Method of valuation: Cost or end-of-year market value  (c) Method of valuation: Cost or end-of-year market value  (d) Description of investment type  (e) Method of valuation: Cost or end-of-year market value  (e) Method of valuation: Cost or end-of-year market value  (e) Method of valuation: Cost or end-of-year market value  (e) Method of valuation: Cost or end-of-year market value  (e) Method of valuation: Cost or end-of-year market value  (e) Method of valuation: Cost or end-of-year market value  (e) Method of valuation: Cost or end-of-year market value  (e) Method of valuation: Cost or end-of-year market value  (e) Method of valuation: Cost or end-of-year market value  (e) Method of valuation: Cost or end-of-year market value  (e) Method of valuation: Cost or end-of-year market value  (e) Method of valuation: Cost or end-of-year market value  (e) Method of valuation: Cost or end-of-year market value  (e) Method of valuation: Cost or end-of-year market value  (e) Method of v	Financial derivatives				
Total (Col (b) must equal form 990, Part X, col (8) line 12 )   Fart Viiii investments - Pruys arm Related, Soc Farm 990, Part X, total (b) Book value  (a) Description of investment type  (b) Book value  Cost or end-of-year market value  Total. (Col (b) must equal form 990, Part X, col (8) line 13 )   Part IX   Other Assets. See Form 990, Part X, total (a) Description  (b) Book value  (c) Method of valuation: Cost or end-of-year market value  (b) Book value  (c) Method of valuation: Cost or end-of-year market value  (c) Method of valuation: Cost or end-of-year market value  (b) Book value  (c) Method of valuation: Cost or end-of-year market value  (c) Method of valuation: Cost or end-of-year market value  (b) Book value  (c) Method of valuation: Cost or end-of-year market value  (c) Method of valuation: Cost or end-of-year market value  (d) Description of investment type  (e) Method of valuation: Cost or end-of-year market value  (b) Book value  (b) Book value  (b) Book value  (c) Method of valuation: Cost or end-of-year market value  (c) Method of valuation: Cost or end-of-year market value  (c) Method of valuation: Cost or end-of-year market value  (d) Description of investment type  (e) Method of valuation: Cost or end-of-year market value  (e) Method of valuation: Cost or end-of-year market value  (e) Method of valuation: Cost or end-of-year market value  (e) Method of valuation: Cost or end-of-year market value  (e) Method of valuation: Cost or end-of-year market value  (e) Method of valuation: Cost or end-of-year market value  (e) Method of valuation: Cost or end-of-year market value  (e) Method of valuation: Cost or end-of-year market value  (e) Method of valuation: Cost or end-of-year market value  (e) Method of valuation: Cost or end-of-year market value  (e) Method of valuation: Cost or end-of-year market value  (e) Method of valuation: Cost or end-of-year market value  (e) Method of valuation: Cost or end-of-year market value  (e) Method of valuation: Cost or end-of-year market value  (e) Method of v	Closely-held equity interests				
Total (Col (b) must equal Form 990, Part X, col (B) line 12) Part Viiii investments - Program Related, Soc Farm 900, Part X, line 13  (a) Description of investment type  (b) Book value  Cost or end-of-year market value  Total, (Col (b) must equal Form 990, Part X, col (B) line 13) Part IX  Total, (Col (b) must equal Form 990, Part X, col (B) line 15)  Total, (Col (b) must equal Form 990, Part X, col (B) line 15)  Part X   Other Liabilities. See Form 990, Part X, col (B) line 15)  Part X   Other Liabilities. See Form 990, Part X, col (B) line 15)  Federal income taxes  SALES TAX PAYABLE  577.					
(a) Description of Investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value  Total. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) P  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description (b) Book value  (b) Book value  (c) Method of valuation: Cost or end-of-year market value  (d) Description (e) Part IX Other Assets. See Form 990, Part X, line 15.  Total. (Column (b) must equal Form 990, Part X, col. (8) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 25.  1 (a) Description of liability (b) Amount Federal income taxes SALES TAX PAYABLE  577.					
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(a) Description of Investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value  Total. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) P  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description (b) Book value  (b) Book value  (c) Method of valuation: Cost or end-of-year market value  (d) Description (e) Part IX Other Assets. See Form 990, Part X, line 15.  Total. (Column (b) must equal Form 990, Part X, col. (8) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 25.  1 (a) Description of liability (b) Amount Federal income taxes SALES TAX PAYABLE  577.					<del></del>
(a) Description of Investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value  Total. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) P  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description (b) Book value  (b) Book value  (c) Method of valuation: Cost or end-of-year market value  (d) Description (e) Part IX Other Assets. See Form 990, Part X, line 15.  Total. (Column (b) must equal Form 990, Part X, col. (8) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 25.  1 (a) Description of liability (b) Amount Federal income taxes SALES TAX PAYABLE  577.					
(a) Description of Investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value  Total. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) P  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description (b) Book value  (b) Book value  (c) Method of valuation: Cost or end-of-year market value  (d) Description (e) Part IX Other Assets. See Form 990, Part X, line 15.  Total. (Column (b) must equal Form 990, Part X, col. (8) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 25.  1 (a) Description of liability (b) Amount Federal income taxes SALES TAX PAYABLE  577.					
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(e) Description of investment type (b) Book value (c) Method of valuation: (c) Description of investment type (b) Book value (c) Method of valuation: (c) Cost or end-of-year market value  Total. (Col (b) must equal Form 990, Part X, col (8) line 13)  Part IX Other Assets. See Form 990, Part X, line 15. (e) Description (b) Book value  Total. (Column (b) must equal Form 990, Part X, col (8) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25.  1 (a) Description of liability (b) Amount Federal Income taxes  SALES TAX PAYABLE  577.	Total (Col (b) must equal Form 990, Part X, col (B) line 12 )				
(a) Description of Investment type (b) Book value Cost or end-of-year market value  Total. (Col.(b) must equal Form 990, Part X, col.(6) line 13.)   Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description (b) Book value  (b) Book value	Part VIII investments - Program Related. C	co Form 000, Part Y.	inė 13		
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1 (a) Description of liability (b) Amount Federal income taxes SALES TAX PAYABLE 577.					
SALES TAX PAYABLE 577.	1 (a) Description of liability		(b) Amount		······································
SALES TAX PAYABLE 577.	Federal income taxes				
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<del></del>	Total. (Column (b) must equal Form 990, Part X, col (B) line	e 25)	577.		

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.

02-01-10

#### SCHEDULE L (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

Complete if the organization answered "Yes" on Form 990, Part IV   Interested person and the organization answered   Yes" on Form 990, Part IV   Interested person and the organization   Interested person and the organization   Interested person and the organization   Interested person and the organization   Interested person and the organization   Interested person and the organization   Interested person   Interested   Inter	Name of the organization			_					E	mploye	identif	cation r	umber	
Complete if the organization enswered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.  1 (a) Name of disqualified person (b) Description of transaction Yes No Yes No Yes No Part III Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 25, or Form 990-EZ, Part V, line 38a.  Complete if the organization answered Yes" on Form 990, Part IV, line 25, or Form 990-EZ, Part V, line 38a.  To From (a) Name of interested Description (b) Loan to or from the organization answered Yes" on Form 990, Part IV, line 25, or Form 990-EZ, Part V, line 38a.  Complete if the organization answered Yes" on Form 990, Part IV, line 25, or Form 990-EZ, Part V, line 38a.  To From (b) Relationship between interested person and the organization answered Yes" on Form 990, Part IV, line 27.  (a) Name of interested person (b) Relationship between interested person and the organization answered Yes" on Form 990, Part IV, line 28a, 28b, or 28c.  Complete if the organization answered Yes" on Form 990, Part IV, line 28a, 28b, or 28c.  (a) Name of interested person (b) Relationship between interested (c) Amount of transaction framsaction framsaction organization organiz	PIS	GAH WA	TER A	SSOCI	ATION,	INC.				<u> </u>	7418	4		
(a) Name of disqualified person (b) Description of transaction (c) Corrected?  Yes No  2 Enter the amount of tax impused on the organization managers or insujusining persons during the year once section 4959 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II Loans to and/or From Interested Persons.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 28, or Form 990-EZ, Part V, line 38a.  (a) Name of interested person and purpose  (b) Loan to or from the organization answered 'Yes' on Form 990, Part IV, line 28, or Form 990-EZ, Part V, line 38a.  (a) Name of interested person (b) Loan to or from the organization answered 'Yes' on Form 990, Part IV, line 28, or Form 990-EZ, Part V, line 38a.  (b) Relationship between interested person and the organization answered 'Yes' on Form 990, Part IV, line 27.  (a) Name of interested person  (b) Relationship between interested person and the organization framsaction						-	• •				<del></del>			
(a) Name of disqualified person (b) Description of transaction  Yes No  Ves No  Ves No  Refer to a mount of tax imposed on the organization managers or disqualified persons during the year under section 4958  Settler the amount of tax, if any, on line 2, above, reimbursed by the organization  Part III Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.  Complete if the organization?  To From (d) Dignal principal (d) Balance due (e) In (e) In (f) by board or (g) Written (g) Writt	Complete if the orga	nization ansv	wered "Ye	on Form	990, Part IV,	line 25a or	25b, or For	m 990-E	Z, Part	V, line 40	)b			
2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year unider section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II Loans to and/or From interested Persons.  Complete of the organization answered 'Yes' on Form 990, Part IV, line 28, or Form 990-EZ, Part V, line 38a.  (d) Name of interested (b) Loan to or from (b) Loan to or from the organization?  To From (d) Organization answered 'Yes' on Form 990, Part IV, line 28, or Form 990-EZ, Part V, line 38a.  (e) Name of interested (b) Loan to or from the organization answered 'Yes' on Form 990, Part IV, line 28, or Form 990-EZ, Part V, line 38a.  (g) Name of interested person (e) Promise or From 990, Part IV, line 28, or Form 990-EZ, Part V, line 38a.  (g) Name of interested person (e) Promise or From 990, Part IV, line 28, abb, or 28c.  Complete of the organization answered 'Yes' on Form 990, Part IV, line 27.  (b) Relationship between interested person and the organization the organization of transaction (e) Sharing of organization answered 'Yes' on Form 990, Part IV, line 28a, abb, or 28c.  Complete of the organization answered 'Yes' on Form 990, Part IV, line 28a, abb, or 28c.  (a) Name of interested person (b) Relationship between interested person and the organization fransaction transaction organization  (a) Name of dis	qualified per	son			(b) D	escription (	of transa	ction						
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II   Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 25, or Form 990-EZ, Part V, line 38a.  (a) Name of interested person and purpose   (b) Loan to or from the organization?   To   From   (c) Organia principal amount   (d) Balance due   (e) In   (b) Doard or committee   (e) In   (b) Doard or committee   (e) In   (e) Organia principal amount   (e) Organization?   (f) Approved   (g) Written before a committee   (e) In   (e) In   (e) Doard or committee   (e) In   (e) Organia principal amount   (e) In		·					<del></del>					Yes	No	
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II   Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 25, or Form 990-EZ, Part V, line 38a.  (a) Name of interested person and purpose   (b) Loan to or from the organization?   To   From   (c) Organia principal amount   (d) Balance due   (e) In   (b) Doard or committee   (e) In   (b) Doard or committee   (e) In   (e) Organia principal amount   (e) Organization?   (f) Approved   (g) Written before a committee   (e) In   (e) In   (e) Doard or committee   (e) In   (e) Organia principal amount   (e) In														
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II   Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 25, or Form 990-EZ, Part V, line 38a.  (a) Name of interested person and purpose   (b) Loan to or from the organization?   To   From   (c) Organia principal amount   (d) Balance due   (e) In   (b) Doard or committee   (e) In   (b) Doard or committee   (e) In   (e) Organia principal amount   (e) Organization?   (f) Approved   (g) Written before a committee   (e) In   (e) In   (e) Doard or committee   (e) In   (e) Organia principal amount   (e) In				<del></del>				<del></del>						
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II   Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 25, or Form 990-EZ, Part V, line 38a.  (a) Name of interested person and purpose   (b) Loan to or from the organization?   To   From   (c) Organia principal amount   (d) Balance due   (e) In   (b) Doard or committee   (e) In   (b) Doard or committee   (e) In   (e) Organia principal amount   (e) Organization?   (f) Approved   (g) Written before a committee   (e) In   (e) In   (e) Doard or committee   (e) In   (e) Organia principal amount   (e) In						•						1		
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II   Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 25, or Form 990-EZ, Part V, line 38a.  (a) Name of interested person and purpose   (b) Loan to or from the organization?   To   From   (c) Organia principal amount   (d) Balance due   (e) In   (b) Doard or committee   (e) In   (b) Doard or committee   (e) In   (e) Organia principal amount   (e) Organization?   (f) Approved   (g) Written before a committee   (e) In   (e) In   (e) Doard or committee   (e) In   (e) Organia principal amount   (e) In							·							
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II   Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 25, or Form 990-EZ, Part V, line 38a.  (a) Name of interested person and purpose   (b) Loan to or from the organization?   To   From   (c) Organia principal amount   (d) Balance due   (e) In   (b) Doard or committee   (e) In   (b) Doard or committee   (e) In   (e) Organia principal amount   (e) Organization?   (f) Approved   (g) Written before a committee   (e) In   (e) In   (e) Doard or committee   (e) In   (e) Organia principal amount   (e) In														
Part II   Loans to and/or From Interested Persons.   Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.   Complete if the organization of the organization of the organization and purpose   (b) Loan to or from the organization   (c) Organi principal and purpose   (d) Balance due   (e) In   (f) Approved   (g) Written default?   (d) Balance due   (e) In   (f) Approved   (d) Written default?   (e) Organization   (e) In	2 Enter the amount of tax impo	2560 OH HIE (	organizado	ıı ınanay <del>e</del> ı	s or uisquaiiíi	eu persons	aunny me	y <del>e</del> ar un	u <del>u</del> ı					
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.   Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.   Complete if the organization of the organization of the organization and purpose   (b) Loan to or from the organization   (c) Original principal amount   (d) Balance due   (e) In default?   (f) Approved   (g) Written agreement?   (e) Original principal amount   (e) Part IV   (e) Pa										<b>▶</b> \$				
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-E2, Part V, line 38a.  (a) Name of interested person and purpose the organization?  To From   (a) Gill Balance due (b) In Gefault?   (b) Committee?   (c) Organization?   (d) Balance due (e) In Gefault?   (d) Gefault?	3 Enter the amount of tax, if ar	ıy, on line 2,	above, reii	nbursed by	y the organiza	ition				<b>►</b> \$				
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-E2, Part V, line 38a.  (a) Name of interested person and purpose the organization?  To From   (a) Gill Balance due (b) In Gefault?   (b) Committee?   (c) Organization?   (d) Balance due (e) In Gefault?   (d) Gefault?	Part II Loans to and/or	From Int	erested	Persons	 S.						<del> </del>			
(a) Name of interested person and purpose    (a) Name of interested person and purpose   (b) Loan to or from the organization?   (c) Onginal principal amount   (d) Balance due   (e) In default?   (f) Approved or committee?   (f) Approved or committ	***************************************					line 26. or l	Form 990-F	7. Part \	/. line 3i	Ba.				
person and purpose the organization? To From Psychological Persons.    Complete file organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c   Complete file organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c   Complete file organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c   Complete file organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c   Complete file organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c   Complete file organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c   Complete file organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c   Complete file organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c   Complete file organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c   Complete file organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c   Complete file organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c   Complete file organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c   Complete file organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c   Complete file organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c   Complete file organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c   Complete file organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c   Complete file organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c   Complete file organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c   Complete file organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c   Complete file organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c   Complete file organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c   Complete file organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c   Complete file organization answered "Ye		7						Γ'		In (f) Approve		(g) W	ritten	
Part IV   Business Transactions Involving Interested Persons.   Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.   (a) Name of interested person   (b) Relationship between interested person and the organization   (c) Amount and type of assistance	person and purpose	the orga	nization?	aı	mount			defa	ault?			agreer		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.		То	From				- <del></del>	Yes	No	Yes	No	Yes	No	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.	<del></del>						<del></del> -			1				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.		-		+						ļ	-	-		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.														
Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.										<u> </u>		<del> </del>		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.		<del> </del>		+		<del></del>								
Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.  (a) Name of interested person  (b) Relationship between interested person and the organization  (c) Amount and type of assistance  Part IV Business Transactions Involving Interested Persons.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c  (a) Name of interested person  (b) Relationship between interested person and the organization between interested person and the organization organization fransaction  SON OF THE PRESIDEN 37,728 ANDY BOYD I X	Total		<u> </u>		▶ \$						<del></del>			
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the organization  the organization  the organization  assistance  The organization assistance  Part IV Business Transactions Involving Interested Persons.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c  (a) Name of interested person  (b) Relationship between interested person and the organization transaction transaction  (c) Description of transaction organization's revenues?  Yes No  ANDY BOYD  SON OF THE PRESIDEN 37,728. ANDY BOYD I X	Complete if the orga	nization ansv	wered "Yes	on Form	990, Part IV,	line 27.								
Part IV Business Transactions Involving Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c  (a) Name of interested person  (b) Relationship between interested person and the organization transaction transaction transaction (d) Description of transaction organization's revenues?  Yes No  ANDY BOYD  SON OF THE PRESIDEN 37,728 ANDY BOYD I  X	(a) Name of interested p	person		(b) Relat			ted person	and					f	
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SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

Instructions for Form 990 or 990-EZ.

#### SCHEDULE O (Form 990)

## Supplemental Information to Form 990

Department of the Treasury

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

Attach to Form 990.

2009
Open to Public Inspection

Internal Revenue Service	► Attach to Form 990.	Inspection
Name of the organization	PISGAH WATER ASSOCIATION, INC.	Employer identification number 64-0774184
FORM 990, PA	ART VI, SECTION A, LINE 2: THE ASSOCIATION'S O	PERATOR IS THE
SON OF THE I	PRESIDENT OF THE BOARD OF DIRECTORS.	
	ART VI, SECTION A, LINE 6: EACH HOUSEHOLD REPR BEING A VOTING MEMBER OF THE ASSOCIATION.	ESENTS AND
FORM 990, PA	ART VI, SECTION A, LINE 7A: THE MEMBERS OF THE	
<del></del>	MEMBERS ON A STAGGERED TERM BASIS AT EACH ANN	UAL MEETING. TWO
BOARD MEMBEI	R POSITIONS ARE ELECTED EACH YEAR.	
	ART VI, SECTION A, LINE 7B: THE MEMBERS RATIFY	ACTIONS OF THE
	ART VI, SECTION B, LINE 11: THE 990 IS GIVEN T	O THE BOARD AND
FORM 990, PA	ART VI, SECTION C, LINE 19: THE ASSOCIATION PR	OVIDES THE
REQUIRED DO	CUMENTS UPON REQUEST TO ITS MEMBERS. A COPY O	F THE AUDIT REPOR
IS ALSO PLAC	CED AT THE PUBLIC LIBRARY IN THE COUNTY SEAT,	AS WELL AS ALSO
FURNISHED A	T THE ANNUAL MEETING.	
FORM 990, PA	ART XI, LINE 2C:	
THERE IS NO	CHANGE IN THE BOARD'S OVERSIGHT OF THE AUDIT	PROCESS OR
SELECTION OF	F THE INDEPENDENT ACCOUNTANT FROM THE PRIOR YE	AR.

# SCHEDULE O

### Supplemental Information to Form 990

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.

2009
Open to Public Inspection

Name of the organization Employer identification number 64-0774184 PISGAH WATER ASSOCIATION, INC. SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: ANDY BOYD RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: SON OF THE PRESIDENT OF THE BOARD AMOUNT OF TRANSACTION \$ 37728. DESCRIPTION OF TRANSACTION: ANDY BOYD IS THE OPERATOR OF THE PISCAH HE WAS PAID \$18,700 IN 2009 AS AN EMPLOYEE OF PISGAH WATER ASSOCIATION. HIS FATHER IS PRESIDENT OF THE BOARD OF DIRECTORS. WATER ASSOCIATION. ANDY ALSO RENTED EQUIPMENT TO PISGAH WATER ASSOCIATION FOR \$19,028 DURING 2009. (E) SHARING OF ORGANIZATION REVENUES? = NO