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Form 990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

B	For the	e 2009 calend	far year, (or tax year begi	nning		, 2009, and	<u>d endin</u>	g		,	
ייט		applicable		C Name of organ						Employe	r Identifica	ntion Number
		fress change	Please use IRS label	MARSHALL	COUNTY WA	TER ASSO	CIATION,	INC.			78507	1
	\vdash	ne change	or print or type.		reet (or P O box if			Room/st		Telephon	e number	
	nıtı	al return	See specific	512 WINGO	ROAD					(662	<u>) 89</u> 0	-7415
	 	mination	Instruc- tions.	City, town or co			State ZIP	code + 4				-
	Am	ended return		BYHALIA			MS 38	<u>611</u>	G	Gross rec	ceipts \$	608,656.
	App	dication pending	F Name a	and address of princi	pal officer			Ī	H(a) Is this a gr			Yes X No
_	_		BETTY	WIGGS 216 W	SWEETWATER	BYHALIA	_ MS 38	3611	H(b) Are all affi If 'No,' atta			tions) Yes No
	Tax-	exempt statu	s X 501	(c) (12)	(insert no)	4947(a)(1) or 5	27	11 140, alla	icii a iist (see 11130 ac	alons)
	Web	site: ► N/	A_						H(c) Group exe	mption nun	nber 🟲	
<u> </u>	Form o	of organization	X Corpora	ation Trust	Association	Other ►	L Year o	of Formati	ion 1991	M Sta	ate of lega	domicile MS
² a	rt I	Summa				<u> </u>						
	1 E	Briefly descril	oe the org	janization's miss	sion or most sig	inificant activit	ties. <u>SUP</u> P	TĀ M	ATER TO	RURAI	<u> RES</u>	IDENTS
3	_									-		
	-					-	-			- -		-
Ver	2 -			f the organizati								
ទី				bers of the gove			s or disposed	OI ITIOTE	e (nan 25% () IIS ass	3 5	
5 0				t voting member			VI, line 1b)			-	4 5	
1	5 T	Total number	of employ	yees (Part V, Im	e 2a)	- • ·	•				5	
Activities & Governance				eers (estimate if							6 0	
4				usiness revenue			ine 12			-	7a	0.
-+	ÞΝ	vet unrelated	Dusiness	taxable income	rrom Form 990	1-1, line 34			-		7Ь	
١	•	S b. d		- No OF	TIMED	1			Prio	r Year		Current Year
3	8 (9 F	Contributions	and gram	is (Part VIII) Inte	- 1/2 - 1	ادِ				36,82) A	567,718.
	10 li	nvestment in	rome (Pa	rاالانا, column (ا	e 29) Δ: linea & Λ k	8124) (1)				8,19		6,253.
}	11 (Other revenue	Part VI	1, Feblum MAR II	nes + 6d 8c	#2 10c. and 1	1e)			<u> </u>	, , , , , , , , , , , , , , , , , , , 	34,685.
١				nes-8 through 11)	5	45,02	20.	608,656.
1				unts paid (Par								
1				nembers Care								
	15 S	Salaries, othe	r compen	sation, employe	e benefits (Par	t IX, column (A), lines 5-10))		57,86	57.	61,288.
Expenses	16a F	Professional f	undraisin	g fees (Part IX,	column (A), lin	e 11e)				_		
<u> </u>	ЬΤ	Total fundrais	ına exper	ses (Part IX, co	lumn (D), line :	25) ►						
ן נו				X, column (A), I			- -		4	76,76	53.	487,694.
				nes 13-17 (must			ne 25)			34,63		548,982.
				Subtract line			,			10,39	$\overline{}$	59,674.
8									Beginnii			End of Year
Balancos	20 T	otal assets (Part X. Iır	ne 16)						92,60		3,747,134.
P P		otal liabilities								98,27		3,593,122.
ã	22 N	let assets or	fund bala	nces Subtract I	ine 21 from line	20				94,33		154,012.
	1	Signatu			110 ET 110111 1111					<u> </u>		
					examine i 5 eturi	n. including accom	panvino schedules	and stat	tements, and to	the best of	mv knowle	edge and belief, it is
		true, correct, a	nd complete	I declare that I have Declaration of prepare	arer (oth : _nan offic	er) is based on all	information of wh	ich prepa	irer has any kno			
igi	n		SIFFE	, They	%					3-/	18-1	0
er	e	Signature	of officer				10	<u> </u>	Date			
		1 3/2	Hes	201495	MCV	W Bo	and	us.				
		Type or pri	nt nane and	title /								
				1	//	/	Date		Check	ıf	Prepar (see in	er's identifying number istructions)
aid		Preparer's	. /	//	1///	100			self- emplo	yed 🟲 🛭		•
re-	- er's	signature	- 6,	lanus (VYou	(4)	03/	03/10	0			
		Firm's name (o		ES H HOWEL	L CPA							
		yours if self- employed),	▶ <u>∕</u> P.0	BOX 356					EIN	•	. ,	
se	_	address, and ZIP + 4	OLIV	VE BRANCH		MS	38654		Phone	no ► (662)	895-6452
se				uth the propercy	shown above?	(see instruction	ons)				Σ	Yes No
se nl	the IR:	S discuss this	s return w	nur ule preparer	SHOWIT GOOVE							
lse Inl Iay				work Reduction					TE	EA0101	07/20/09	Form 990 (2009)
se nl:								•	TE	EA0101	07/20/09	Form 990 (2009)

	1 590 (2009) MARSHALL COUNTY WATER ASSOCIATION, INC.	64-078507	<u> </u>	Page 2
<u>Par</u>	rt III Statement of Program Service Accomplishments			
1	Briefly describe the organization's mission.			
	SUPPLY WATER TO RURAL RESIDENTS			
	Double and the second of the s			
2	Did the organization undertake any significant program services during the year which were not listed on the		=	n
	Form 990 or 990-EZ?		Yes X	. No
	If 'Yes,' describe these new services on Schedule O.			_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	?	Yes X	No
	If 'Yes,' describe these changes on Schedule O	_		-
4	Describe the exempt purpose achievements for each of the organization's three largest program services by e	vnenses Section	on 501/c	1(3)
•	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allo	cations to other	s, the to	tal
	expenses, and revenue, if any, for each program service reported.			
4 a	(Code) (Expenses \$) (Rev	enue Ş)
	TO INSTALL, MAINTAIN, AND OPERATE WELLS AND A MAIN DIS-	 _		
	TRIBUTION PIPELINE FROM THE SOURCE OF THE WATER SUPPLY			
		· -		
		- 		
		- -		
	~	- -		
		. -	- :	
			·	
				
4h	(Code.) (Expenses \$ including grants of \$) (Rev	anua S		١.
70	(Code) (Expenses 4) (New	ue		
			- -	
		- 	. .	
		. - _		
		·		
			. _	
4c	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$)
	~		_ _	
		 _		
		-		
		. 		
4 d	Other program services. (Describe in Schedule O)			
	· · · · · · · · · · · · · · · · · · ·			
A -				
4 e	_Total program service expenses ►			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3	_	_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		<u>x</u>
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 Schedule D, Part III	8		_x_
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, 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, 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 			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	х	
12/	A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	$\neg \uparrow$	X
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		х_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		<u>x</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		<u>X</u>
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u>

Form 990 (2009). MARSHALL COUNTY WATER ASSOCIATION, INC. 64-0785071 Page 4 Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete* 23 Х 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and 24a X complete 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 24c any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a 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 person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete 27 Х Schedule L, Part III 28 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). Х 28a a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28b Х c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c Х 29 Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I 33 33 X Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 34 Х line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, 35 35 Х Part V. line 2

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI

Note. All Form 990 filers are required to complete Schedule O

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is

Pa	art V . Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1	la 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 0			
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			ŀ
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
2	2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
2	2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3	3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		х
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3ь		
4	la 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.			ĺ
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	\longrightarrow	_X_
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>X</u>
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		<u></u>
6	ia Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	\neg	
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	1	х
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business			
_	holdings at any time during the year?	8	-+	
	Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966?	9a		·
	b Did the organization make any distribution to a donor, donor advisor, or related person?	9b	-+	
	Section 501(c)(7) organizations. Enter:	90		
	a Initiation fees and capital contributions included on Part VIII, line 12			
	b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		1	
11				
	a Gross income from other members or shareholders 11a 0.			
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 608,656.		ĺ	
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		

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b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

Page 6 Part VI. Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	ction A.	Governing Body and Management				
-					Yes	No
1:	a Enter the	number of voting members of the governing body	1a 5			. "
		number of voting members that are independent	1b 5			
		officer, director, trustee, or key employee have a family relationship or a business rel	ationship with any other	<u> </u>		
2	officer, di	rector, trustee or key employee?	ationship with any other	2		Х
3	Did the o	rganization delegate control over management duties customarily performed by or ur	nder the direct supervision			
	of officers	s, directors or trustees, or key employees to a management company or other person	٦?	3		<u>X</u>
4	Did the o	rganization make any significant changes to its organizational documents		4		<u>X</u> _
		prior Form 990 was filed?				
		rganization become aware during the year of a material diversion of the organization	's assets?	5		<u>X</u>
6	Does the	organization have members or stockholders?		_6		<u>X</u>
7	a Does the	organization have members, stockholders, or other persons who may elect one or m g body?	ore members of the	7a		x
	b Are any o	decisions of the governing body subject to approval by members, stockholders, or oth	ner persons?	7Ь		X
8	Did the o	rganization contemporaneously document the meetings held or written actions under	taken during the year by			
		rning body?		8a	Х	
	•	nmittee with authority to act on behalf of the governing body?		8b	x	
		invittee with authority to act on behalf of the governing body? Invite officer, director or trustee, or key employee listed in Part VII, Section A, who can	not he reached at the	[]		
	organızat	ion's mailing address? If 'Yes,' provide the names and addresses in Schedule O		9		Х
	ction B.	·	required by the interna-	,		
Rev	enue Code	.)			V	Al a
				10-	Yes	No
		organization have local chapters, branches, or affiliates?		10a		X
	and bran	loes the organization have written policies and procedures governing the activities of ches to ensure their operations are consistent with those of the organization?		10Ь		
11	Has the c	organization provided a copy of this Form 990 to all members of its governing body b	efore filing the form?	11	Х	
11.	A Describe	in Schedule O the process, if any, used by the organization to review this Form 990				
12	a Does the	organization have a written conflict of interest policy? If 'No,' go to line 13		12a		X
1	b Are office to conflic	ers, directors or trustees, and key employees required to disclose annually interests t	hat could give rise	12Ь		
•	c Does the Schedule	organization regularly and consistently monitor and enforce compliance with the polity O how this is done	cy? If 'Yes,' describe in	12c		
		organization have a written whistleblower policy?		13		Х
_		organization have a written document retention and destruction policy?		14	х	
		rocess for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and deci	pproval by independent			
		· · · · · · · · · · · · · · · · · · ·	21011,	15a		X
		nization's CEO, Executive Director, or top management official		1		
		cers of key employees of the organization		15b		X
		line 15a or 15b, describe the process in Schedule O (See instructions)				
16		rganization invest in, contribute assets to, or participate in a joint venture or similar a ring the year?	arrangement with a taxable	16a		X
ı	b If 'Yes,' h	as the organization adopted a written policy or procedure requiring the organization tenture arrangements under applicable federal tax law, and taken steps to safeguard t	to evaluate its participation			
	status with	enture arrangements under applicable federal tax law, and taken steps to saleguard the	the organization's exempt	16b		
Sec	ction C.	Disclosures				
17	List the s	tates with which a copy of this Form 990 is required to be filed Mississipp	<u>i</u>			
18	Section 6	i104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an n. Indicate how you make these available. Check all that apply.	d 990-T (501(c)(3)s only) ava	ılable	for pu	blic
		website Another's website X Upon request				
19	Describe statemen	in Schedule O whether (and if so, how) the organization makes its governing docume ts available to the public	ents, conflict of interest policy	, and t	inanc	ıal
20		name, physical address, and telephone number of the person who possesses the bo	oks and records of the organ	zation		
	► CASEY	JONES 512 WINGO RD BYHALIA M	<u> 18 _ 38611 (6</u>	62)_8	90-7	7415

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

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

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

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

Check this box if the organization did no	t compens	ate ar	ту сі	urre	nt of	fficer,	dire	ctor, or trustee		
(A)	(B) Average hours	(c)						(D)	(E)	(F)
Name and Title		Position (check all that apply)						Reportable compensation from	Reportable compensation from	Estimated amount of other
·	per week	adividi el trustee or director	anshiphonal toustee	Officer	Key emphyee	Highest connaerisated employee	FUITE	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount or other compensation from the organization and related organizations
BETTY WIGGS										
BOARD PRES.	10.00	_X_						0.	0.	0.
DON DOWNING										
BOARD TREAS.	10.00	X					<u> </u>	0.	0.	0.
ANN KRIEGER BOARD SECT.	2.00	X		ı				0.	0.	0.
RICHARD SIMMONS										
BOARD V.P.	1.00	Х						0.	0.	0.
CHARLES ODUM										
ASST. V.P.	1.00	Х						0.	0.	0.
	· i									
										<u> </u>
						· _				
							-			

(A) Name and Title	(B) Average	(c) Position (check all that apply)					(vlaar	(D) Reportable	(E) Reportable		(F) stimated	_
	hours per week	,	Institutional trustee	Officer		Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amo cor ore	sunt of of npensati from the ganization nd relate janization	ther ion on ed
										_		_
										<u> </u>		
										ļ		
1 b Total							•	0.	0			0
2 Total number of individuals (including but not limited from the organization ►	to those	e list	ed a	abov	e) v	vho	rece	eived more than \$1	00,000 in reporta	ole comp	ensati	on
moin the organization											Yes	No
3 Did the organization list any former officer, director o	r truste	e ke	V P	mnle)Ve	- Or	hial	hest compensated	employee			
on line 1a? If 'Yes,' complete Schedule J for such ind	lividual								-	3		X
4 For any individual listed on line 1a, is the sum of report the organization and related organizations greater that	ortable o	comi	pens	satio	n a	nd o	ther	compensation fro	m ·h			
individual	•	,							•••	4		X
5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete Sche	mpensa edule J f	tion or si	fron uch	n an <i>pers</i>	y ui son	nrela	ated	organization for s	ervices	5		X
Section B. Independent Contractors												
 Complete this table for your five highest compensated compensation from the organization. 	d indepe	ende	nt c	ontr	acto	ors t	hat i	received more thai	n \$100,000 of 			
, (A)								(B) Description o		(C) ,	
Name and business address	<u> </u>							Description o	T Services	Compe	nsatio	n
							\dashv		- -			

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Page 8

Pa	rt VIII Statement of Revenue	(4)	(B)	(C)	(0)
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Z S	1a Federated campaigns 1a				
RAN UNI	b Membership dues 1 b	_			
S, G	c Fundraising events 1c	-			
줆	d Related organizations 1d	_			
SIMI SIMI	e Government grants (contributions)	-			
PROGRAM SERVICE REVENUE OONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above				
NDON	g Noncash contribns included in lns 1a-1f \$				
용	h Total. Add lines 1a-1f				
N	Business Code				
EVE	2a WATER SALES 221000	564,551.	564,551.	0.	0.
Ä	b MISCELLANEOUS 221000	3,167.	3,167.	0.	0.
P.	c		-		
A SE	a				
3RAI	f All other program service revenue	 - - - - - - - - -			
S.	a Total. Add lines 2a-2f	567,718.	-		
۳		3077710.			
1	3 Investment income (including dividends, interest and other similar amounts)	6,253.	6,253.	0.	0.
	4 Income from investment of tax-exempt bond proceeds	·			
l	5 Royalties	·			
	(i) Real (ii) Personal				
	6a Gross Rents				
- 1	b Less: rental expenses	_[
	c Rental Income or (loss)				
	d Net rental income or (loss)	<u> </u>			
	7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other	_			
	b Less cost or other basis and sales expenses	-			
	c Gain or (loss)	ll			
	d Net gain or (loss)				
필	8a Gross income from fundraising events (not including \$				•
OTHER REVEN	of contributions reported on line 1c)				
2	See Part IV, line 18 a				
표	b Less: direct expenses b		**		
0	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19				
ļ	b Less. direct expenses b				
-	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances				
ŀ	b Less: cost of goods sold] [
	c Net income or (loss) from sales of inventory	· · · · · · · · · · · · · · · · · · ·		_	· · · · · · · · ·
]	Miscellaneous Revenue Business Code				
	11a				
	b				
- 1	С				
	d All other revenue	34,685.	34,685.	0.	0.
	e Total. Add lines 11a-11d	34,685.			
	12 Total revenue. See instructions	608,656.	608.656.	0.	<u> </u>

Page 10

Part IX | Statement of Functional Expenses

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

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

Do .	not include amounts reported on lines	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
<i>60,</i> 1	7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		expenses	general expenses	expenses
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	61,288.		61,288.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
ā	ı Management				
t	Legal	2,793.	2,793.		
•	: Accounting	4,675.	4,675.		
c	Lobbying				
•	Prof fundraising svcs. See Part IV, In 17				
f	Investment management fees				
g	Other	10,409.	10,409.		
12	Advertising and promotion		-		
13	Office expenses	4,785.		4,785.	
14	Information technology				<u> </u>
15	Royalties				
16	Occupancy				
17	Travel	1,842.	1,842.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest .	126,209.	126,209.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	124,776.			-
	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25	7,247.	7,247.		
-	below.) REPAIRS & MAINTENANCE	149,171.	149,171.		
			149,1/1.	5 000	
	SUPPLIES	5,989. 27,805.	27,805.	5,989.	
	UTILITIES		27,803.	5 000	
· ·	DUES & PERMITS	5,889.		5,889.	<u> </u>
e		16 104	_	16 104	
	All other expenses	16,104.	220 151	16,104.	
	Total functional expenses. Add lines 1 through 24f	548,982.	330,151.	94,055.	
<i>2</i> 6	Joint costs. Check here ► if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA			•		Form 990 (2009)

Part X . Balance Sheet **(B)** End of year (A) Beginning of year 352,205 1 449,928. Cash - non-interest-bearing 2 115,586 2 Savings and temporary cash investments 119,041. 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 36,470 4 33,660. Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a 10a Land, buildings, and equipment cost or other basis 4,514,865 Complete Part VI of Schedule D 2,154,033. **b** Less¹ accumulated depreciation 10b 1,448,080 10 c 3,066,785. 11 11 Investments - publicly-traded securities 12 Investments - other securities See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 77,720. Other assets See Part IV, line 11 34,314 15 15 3,747,134. Total assets. Add lines 1 through 15 (must equal line 34) 2,692,608. 16 16 6,338. 17 6,359. 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II 22 Secured mortgages and notes payable to unrelated third parties 2,580,681. 23 3,51<u>1,2</u>83. 24 Unsecured notes and loans payable to unrelated third parties 24 75,480. 25 Other liabilities Complete Part X of Schedule D 11,251. 25 2,598,270. 26 Total liabilities. Add lines 17 through 25 26 3,593,122. Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29 and lines 33 and 34. -43,435 27 -10,088. 27 Unrestricted net assets 137,773. Temporarily restricted net assets 28 164,100. Permanently restricted net assets 29 R Organizations that do not follow SFAS 117, check here and complete FUND lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, and equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 154,012. 33 Total net assets or fund balances 94,338 33 34 Total liabilities and net assets/fund balances 2,692,608. 34 3,747,134. BAA Form 990 (2009)

Form 990 (2009) MARSHALL COUNTY WATER ASSOCIATION, INC. 64-078	35071	Pá	age 12
Part XI Financial Statements and Reporting			
		Yes	No
1 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			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	_ 2a		X
b Were the organization's financial statements audited by an independent accountant?	2b	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the autreview, or compilation of its financial statements and selection of an independent accountant?	dit, 2c	х	
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 consolidated basis, separate basis, or both	a		
X Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a	nudit 3h		

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Form **990** (2009)

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, lines 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization Employer Identification number MARSHALL COUNTY WATER ASSOCIATION, INC. 64-0785071 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 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised No funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? Part II | Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV 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 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 Year 2a a Total number of conservation easements 2b b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 2d 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 easement it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Schedule D (Form 990) 2009 MARSHALL COU					64-07			Page 2			
Part III Organizations Maintaining Colle	ections	of Art, Histo	orical Ti	reasures, o	r Other Similar As	sets (d	ontini	ıed)			
3 Using the organization's acquisition accession items (check all that apply).	and other	er records, check	k any of ti	he following th	nat are a significant use	of its co	llection	l			
a Public exhibition		d Loan		ige programs							
b Scholarly research		e 🗌 Other									
c Preservation for future generations											
4 Provide a description of the organization's coll Part XIV		·	-	_		e in					
5 During the year, did the organization solicit or assets to be sold to raise funds rather than to	receive of	donations of art,	historical	l treasures, or	other similar	☐ Yes	. [No			
Part IV Escrow and Custodial Arranger	nents (Complete if o	organiza								
9, or reported an amount on For											
1 a Is the organization an agent, trustee, custodia included on Form 990, Part X?				outions or othe	r assets not	Yes	[No			
b If 'Yes,' explain the arrangement in Part XIV a	nd comp	lete the following	g table:								
Amount											
c Beginning balance											
d Additions during the year 1d											
e Distributions during the year											
f Ending balance											
2a Did the organization include an amount on Form 990, Part X, line 21?											
b If 'Yes,' explain the arrangement in Part XIV Part V Endowment Funds Complete if of	raaniza	ation answer	ad 'Vas'	to Form 9	00 Part IV line 10						
(a) Curren		(b) Prior year		c) Two years bac			Four year	s hack			
1 a Beginning of year balance	t year	(b) Filor year	<u>'</u>	c) Iwo years bac	k (u) Tillee years back	(6)	i our year	3 Dack			
b Contributions						+					
b Contributions						+					
c Net Investment earnings, gains, and losses											
d Grants or scholarships				,, 				[
e Other expenditures for facilities and programs							-				
f Administrative expenses											
g End of year balance											
2 Provide the estimated percentage of the year	end balar	nce held as:									
a Board designated or quasi-endowment		—₩									
b Permanent endowment ►	Ī										
c Term endowment ► %											
3a Are there endowment funds not in the possess organization by	sion of the	e organization th	hat are he	ld and admini	stered for the		Yes	No			
(i) unrelated organizations						3a(i)					
(ii) related organizations						3a(ii)					
b If 'Yes' to 3a(II), are the related organizations	listed as	required on Sch	nedule R?			Зь					
4 Describe in Part XIV the intended uses of the											
Part VI Investments—Land, Buildings, a	1										
Description of investment		t or other basis vestment)		st or other s (other)	(c) Accumulated Depreciation	(d)	Book Va				
1 a Land				7,233.				,233.			
b Buildings				113,558.	37,566.		75,	992.			
c Leasehold improvements				201	1 . 2						
d Equipment				281,446.	1,410,514.			932.			
e Other	L			112,628.	0.			628.			
Total. Add lines 1a through 1e (Column (d) must eq.	ual Form	990, Part X, co.	lumn (B),	line 10(c).)		dulo D (_	785.			

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Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 MARSHALL COUNTY W	ATER ASSOCIATION	ON, INC.	64-078	15071 Page 3
Part VII Investments-Other Securities See F		ne 12.		
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua Cost or end-of-year mark	
Financial derivatives				
Closely-held equity interests .				
Other				
	· 			
	 			
		<u> </u>		
				
Table (Only 10) word and Francisco October V and (D) for 12)				
Total. (Column (b) must equal Form 990 Part X, col (B) line 12.) Part VIII Investments—Program Related (See	Form 990 Part Y I	ine 13)		
(a) Description of investment type	(b) Book value	13)	(c) Method of valuat	hon
(a) Description of investment type	(b) Book value		Cost or end-of-year mark	ket value
			· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13)				<u>.</u>
Part IX Other Assets (See Form 990, Part X,				
	scription			(b) Book value
OTHER RECEIVABLES				77,720.
				
				
				
				_
				
Total. (Column (b) must equal Form 990, Part X, col (B), lir	ne 15)		→	77,720.
Part X Other Liabilities (See Form 990, Part				.,,.201
(a) Description of Liability	(b) Amount			
Federal Income Taxes	(-)			
DEPOSITS	2,83	4.		1
ACCRUED INTEREST	6,92			
ACCRUED EXPENSES	65,72			
		_		
		<u> </u>		İ
				Ì
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	75,48	0.		

^{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.

	dule D (Form 990) 2009 MARSHALL COUNTY WATER ASSOCIATION,		64-0785071	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to F	<u>inancial Statements</u>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			608,656.
2	Total expenses (Form 990, Part IX, column (A), line 25)			548,982.
3	Excess or (deficit) for the year Subtract line 2 from line 1			59,674.
4	Net unrealized gains (losses) on investments			<u> </u>
5	Donated services and use of facilities			
_				
6	Investment expenses			-
7	Prior period adjustments			
8	Other (Describe in Part XIV)			
9	Total adjustments (net) Add lines 4 through 8		<u> </u>	50 674
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a			59 <u>,</u> 674.
Par	t XII Reconciliation of Revenue per Audited Financial Statement	s With Revenue per	Return	 ,
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	í		
a	Net unrealized gains on investments	2 <u>a</u>		
	Donated services and use of facilities	2b		
	Recoveries of prior year grants	2c	-	
	Other (Describe in Part XIV)	2d		
	Add lines 2a through 2d		2e	
_	Subtract line 2e from line 1		3	 -
3		1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	40		
	Investments expenses not included on Form 990, Part VIII, line 7b	4a	 	
	Other (Describe in Part XIV)	4b		
	Add lines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	_
	t XIII Reconciliation of Expenses per Audited Financial Statement	nts With Expenses p		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1		
a	Donated services and use of facilities	2a		
Ł	Prior year adjustments	2b		
•	Other losses	2c		
c	Other (Describe in Part XIV)	2d		
	Add lines 2a through 2d		2 e	
	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investments expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV)	4b	<u> </u>	
		40		
	Add lines 4a and 4b		4c	
_	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)		5	
Par	t XIV Supplemental Information			
line 4	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and nation	11, lines to allo 4, Fart No. 14b. Also complete this p	art to provide any	additional
BAA	TEEA3304 02/02/10		Schedule D (F	form 990) 2009

Schedule D (Form 990) 2009 MARSHALL COUNTY WATER ASSOCIATION,	INC.	64-0785071	Page 5
Schedule D (Form 990) 2009 MARSHALL COUNTY WATER ASSOCIATION, Part XIV Supplemental Information (continued)			
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			. _

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

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

Attach to Form 990. Department of the Treasury Internal Revenue Service Employer identification number Name of the organization 64-0785071 MARSHALL COUNTY WATER ASSOCIATION, INC. Pt VI-B, Line 11A Reviewed by management.

Depreciation and Amortization (Including Information on Listed Property)

2009

OMB No 1545-0172

Attachment Sequence No 67 ► See separate instructions. ► Attach to your tax return.

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Identifying number

MARSHALL COUNTY WATER ASSOCIATION, INC. 64-0785071 Business or activity to which this form relates / Form Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I \$250,000 1 Maximum amount. See the instructions for a higher limit for certain businesses 2 2 Total cost of section 179 property placed in service (see instructions) 3 \$800,000. Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation. Subtract line 3 from line 2 If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 6 (b) Cost (business use only) (C) Elected cost (a) Description of property 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions) Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 117,220 MACRS Depreciation (Do not include listed property) (See instructions) Section A MACRS deductions for assets placed in service in tax years beginning before 2009 17 7,556. If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (g) Depreciation (c) Basis for depreciation (f) Method (a) (b) Month and (e) Convention Classification of property year placed in service (business/investment use Recovery period deduction see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs h Residential rental 27.5 yrs S/L MM property 27.5 yrs S/L MM i Nonresidential real 39 yrs MM S/L property MM S/L Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20 a Class life S/L 12 yrs S/L b 12-year c 40-year 40 yrs MM S/L Part IV | Summary (See instructions) Listed property Enter amount from line 28 21 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on

the appropriate lines of your return. Partnerships and S corporations — see instructions

For assets shown above and placed in service during the current year, enter

23

124,776.

22

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

Note: For any vehicle for	r which you are using	the standard mileage rate	e or deducting lea.	se expense, comple	te only 24a, 24b,
columns (a) through (a)	of Soction A all of S.	action R and Section C if	annlicable		

	columns	(a) through (c)	of Section A,	all of Se	ction B, a	and Sec	tion C ii	f app	licable							
	Sectio	n A – Deprecia	ation and Othe	er Informa	ation (Ca	ution: S	See the	ınstru	uctions f	<u>or limi</u>	its for	passen	ger auto	mobiles	<u>)</u>	
24	a Do you have eviden	ce to support the bi	usiness/investme	nt use claim	red?		Yes		No 24b	If 'Yes	,' is the	evidence	written?		Yes	No.
Ту	(a) (b) (c) Business/ investment use percentage		Cost	d) (e) st or Basis for depreciation (business/investment use only)				(g) Method/ Convention		(h) Depreciation deduction		(i) Elected section 179 cost				
25	Special depreciation allowance for qualified lisused more than 50% in a qualified business us			listed pro use (see	sted property placed in service during the tax year and se (see instructions)					and	25					
26	Property used r	more than 50%	in a qualified	business	use											
															_	
			 													
		<u> </u>	1						<u> </u>			_	<u></u>			
27	Property used 5	60% or less in a	qualified bus	iness use	•				F						- 	
			-			 	-			-					-	
			 												-	
28	Add amounts in	Column (h) lin	les 25 through	27 Ente	r here an	d on lin	ne 21 n:	ane 1	l			28			_	
	Add amounts in		_				ic 21, p.	age .		_			<u>'</u>	29	,	
	Add difficults in	, column (1), mix	D EO EMO NO		B – Info		on Use	e of V	/ehicles	<u></u>						
	nplete this section our employees, fi														cles.	
30	Total business/ during the year commuting mile	(do not include		(a) Vehicle 1		(b) Vehicle 2		,	(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31	Total commuting m	•	he vear							\pm						
	Total other pers	· ·	•													
33																
				Yes	No	Yes	No	Υe	s No	,	Yes	No	Yes	No	Yes	No
34	Was the vehicle during off-duty		ersonal use													
35	Was the vehicle than 5% owner	e used primarily or related pers	by a more													
36	Is another vehic personal use?															ļ
		Section	C - Question	s for Emp	oloyers V	Vho Pro	ovide Ve	hicle	s for Us	e by 1	Their I	Employ	ees			
Ansv 5%	wer these question owners or related	ns to determine persons (see i	e if you meet a nstructions)	an except	ion to co	mpletin	g Sectio	n B f	for vehic	les us	ed by	employ	ees who	are no		nan
37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?									•		Yes	No			
38	B Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners															
39	Do you treat all						•	ĺ								
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?															
41	Do you meet the Note: If your an	e requirements	concerning qu	alified au								es.				
Pai	rt VI Amorti															
		(a)			(b)	T-	(c)			(d)		\top	(e)		(f)	
	Description of costs			Date ar	nortization egins	Amortizable amount		Code section		n	Amortization period or percentage			Amortization for this year		
42	Amortization of	costs that begin	ns during youi	2009 tax	year (se	e instru	ıctıons):									
43	Amortization of	-	-		•								43			
44	Total. Add amo	ounts in column	(f). See the in	struction	s for whe	ere to re	port						44			