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## AFWATER 05/12/2010 9 46 AM

Department of the Treasury Internal Revenue Service

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

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

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

2009 Open to Public Inspection

OMB No 1545-0047

Α	For the 200	9 calendar y	ear, or tax year beg	ginning		, and endi	ng					
В	Check if applical		C Name of organization	on						D Employ	yer identi	ification number
[ ] .	Address change	use IRS		ASH FORK	WATE	R SERVIC	E					
<u> </u>	Name change	label or print or	Doing Business As							86-	0289 <sub>4</sub>	444
د يا	· ·	type.	Number and street	(or PO box if mail is not deli	vered to st	reet address)			Room/suite	E Telepho	one numb	er
<u> </u>	Initial return	See	P.O. BOX	436								
	Termination	Specific Instruc-		ite or country, and ZIP +	. 4					<b>G</b> Gross recei	ots \$	297,733
	Amended return		ASH FORK	(	2	Z 86320	-0514	_				
$\Box$	Analysistian non-	dina F Name	e and address of pnr	ncipal officer						H(a) Is this a	group retur	n for
<u> </u>	Application pend	oing								affiliates		Yes X No
										H(b) Are all a	ıffiliates	Yes No
										1		(see instructions)
$\overline{}$	Tax-exempt	status X	501(c) ( <b>12</b> )	) (insert no )	4947(	a)(1) or	527			1		(
<u>.</u>	Website: ▶		<u>, 661(6) ( == )</u>	4 (mocit no )		<u> </u>				H(c) Group e	exemption of	umber 🕨
	Type of organiz	100	rporation Trust	Association O	ther >			Ti	ear of formation			legal domicile
	art I	Summa		ASSOCIATION OF	ulci 🚩			1-	car or formation		oldic or	regar dominic
				miccion or most sig	nificant	activities				_	-	
		ATER UT	_	mission or most sign	milicant	activities			1			
<u> </u>	"4	AIER OI.	11111									
Jar												
le.												
Š	2 Chec	ck this box	▶ if the organi	ization discontinued	its opera	ations or disp	osed of more th	nan 25	5% of its net as	sets		
∞ ಕ	3 Num	ber of voting	g members of the	governing body (Par	rt VI, line	e 1a)				3		
Activities & Governance	4 Num	ber of indep	endent voting me	embers of the govern	ing bod	y (Part VI, lin	e 1b)			4		
Ž.	5 Total	I number of	employees (Part \	V, line 2a)						5		
ŧ			volunteers (estima							6		
⋖				venue from Part VIII,	column	(C). line 12				7a		
	1	_		come from Form 990						7b		0
_	2		CHICOC LUNGDIO HIC	20110 1101111 01111 000	,	<u> </u>			Prior Ye		Cı	urrent Year
$^{\rm 1}_{\rm Revenue}^{\rm 2010}$	8 Cont	ributions an	d grants (Part VIII	I, line 1h)								
	l		revenue (Part VII	•					<u> </u>			
Se S	·		•	ımn (A), lines 3, 4, aı	nd 7d)					4,848		2,219
⊣ જૂ			•	• • • • • • • • • • • • • • • • • • • •		nd 11eh e-	~=····			3,715		295,514
_	12 Total	l revenue	add lines 8 throug	th 11 (must squal Ps	or VIII d	olumn (A)		_		8,563		297,733
JL.										0,000		
	14 Ponc	efite poid to	or for mombors (E	Part IX, column (A), h	inics 1-			RS-OSC				
Ш		•				2 MAY	1, 9, 2010					<del></del>
Z se				ployee benefits (Parl				기뜨				
CANNED xpenses			<del>-</del> •	t IX, column (A), line	•	l ogi	DEN, UT	ŀ				-
SC/ Exp		_	, ,	X, column (D), line 2	,				20	0 404		357,208
<b>™</b>		•	, ,	(A), lines 11a–11d, 1	,			-		0,494		
		-		(must equal Part IX,	column	(A), line 25)		-		0,494		357,208
1- 10		enue less ex	penses Subtract	line 18 from line 12			,			1,931	<del></del>	-59,475
Net Assets or Fund Balances	00 7::	/ <del>-</del> -	- V (m- 40)					}	Beginning of Cu			nd of Year
isse 3afai	20 Total	•	rt X, line 16)					-		4,527	3	,162,078
et A	21 Total		Part X, line 26)					-		9,822		446,848
				tract line 21 from line	20		<del></del>		2,11	4,705		<u>,715,230</u>
_ <u>P</u>	art II		re Block				····					
		Under penal	ties of perjury, I decl	lare that I have examine complete Declaration of	d this ret	urn, including a	ccompanying sch	edules	and statements,	and to the bes	t of my kn	owledge
		and belief, if	13 lide, correct, and	//	o prepare	er (outer man c	moer) is based on	an mic	ATTICUTED OF WRICH	hiehaiei iigg :	- /	7.
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He	re	Signatu	re of officer	_		^				Date	' را <i>ر</i>	,
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		Type or	print hame and title		- τ						, -,	, 
		Preparer's		11177	1	00	) a Dat	e	Check	ıf		r's identifying number
Pai		signature	1 ohn	Del done	chi	T.U. (	1 /)  a		2/10 self- emplo	199		tructions) 6 077//3
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Us	e Only	Firm's name	(Orlyours				St., Ste	1	.00	EIN D		<u> </u>
	·	if self-emplor address, and	, , , ,				Ju., Ste		.00	Phone	028-	774-0617
	45 - 15 -			lagstaff, 1		86001				no	320-	
мау	tne IRS di	scuss this re	aturn with the prep	parer shown above?	(see ins	structions)						Yes No

(Expenses \$

4d Other program services (Describe in Schedule O)

4e Total program service expenses ▶

including grants of \$

) (Revenue \$

Pa	art 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_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	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,"	ļ		
	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 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		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	х	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
Ī	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			ŀ
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		<b>.</b>	
·	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
•	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	1		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		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		X
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		Х
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		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		Γ .	
	If "Yes," complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
		Forn	n <b>990</b>	(2009

#### **Checklist of Required Schedules (continued)** Part IV Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations X in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the 22 X 22 United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 employees? If "Yes," complete 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 X 24b through 24d and complete Schedule K If "No," go to line 25 24a 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 24c to defease any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 25b 990-EZ? If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? X 27 If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) 28a X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b Schedule L, Part IV 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, X Part IV 28c X 29 29 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 X conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 X 34 III, IV, and V, line 1 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete X 35 Schedule R. Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37 Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and X 19? Note. All Form 990 filers are required to complete Schedule O

Pa	irt V Statements Regarding Other IRS Fillings and Tax Compliance				
	Ed. III. January and E. D. O. (Ed. v. 1000 Apr. of Company and Ed. v. 1000 Apr. of Company and			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	4.			
	U.S Information Returns Enter -0- if not applicable	1a	-		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		$\{ \ \  $		
С	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	oortable			<b>.</b>
	gaming (gambling) winnings to prize winners?	Γ Ι	1c		X
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		ا ۱		
b	3	ns /	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d bv			
	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		3b		
	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 fin				
	account)?		4a		х
b	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank			
	and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega	arding			
	Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e			
	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 contribution	ns 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 g	joods		ĺ	
	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s			
	required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1 1		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersonal			
	benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as			
_	required?		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				
^	organization, have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		00		
a	Did the organization make any taxable distributions under section 4966?		9a 9b		
b	Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter		30		
10 a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	10a			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
1	Section 501(c)(12) organizations. Enter	140	1 l		
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		†		
~	amounts due or received from them )	11b			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Form 990 (2009) ASH FORK WATER SERVICE

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

	Schedule O. See instructions.		•••	
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		<u> </u>
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		X
6	Does the organization have members or stockholders?	6		_X_
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			37
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following	0.	x	
a	The governing body?	8a	X	
Ъ	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
900	tion B. Policies (This Section B requests information about policies not required by the Internal			
	renue Code.)			
1101	cride Code./		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	100	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	100		
-	affiliates, and branches to ensure their operations are consistent with those of the organization?	10ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
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		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		<u>X</u>
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			4.5
а	The organization's CEO, Executive Director, or top management official	15a		X
b		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	160		x
_	with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	16a		
U	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
<u>360</u> 17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization >			

DAA

Form 990 (2009)

Form 990 (2009) ASH FORK WATER SERVICE

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

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

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

|X| Check this box if the organization did not compensate any current officer, director, or trustee (C) (E) (F) Name and Title Average Position (check all that apply) Reportable Reportable Estimated hours per compensation compensation amount of Officer Highest compensated employee ndividual trustee nstitutional week from from related other compensation the organizations employee (W-2/1099-MISC) from the organization (W-2/1099-MISC) organization and related trustee organizations SPENCE ESTUS 0 0 0 X MEMBER LUCEY KREUTZER **MEMBER** 0 0 X ANN HATHAWAY 0 0 0 X MEMBER FAYRENE HUME 0 0 0 PRESIDENT X X FRANK **EDILLO** X 0 0 0 VICE PRESIDENT X CAROLE POPP 0 X X 0 0 SECRETARY DAVID COX 0 TREASURER X X 0 0

Form	990 (2009) ASH	FORK								86-028		Page <b>8</b>
<u>Pai</u>	t VII Section A	. Officers	(B)	Truste	es, K		mpic C)	oyee	s, ar	nd Highest Compensated (D)	(E)	(F)
	Name and Title		Average hours per week		individual trustee	Officer	Key employee	at Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		_										
		-	<u> </u>		-			<u>                                       </u>			-	
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	Total	•			<u> </u>	<u> </u>	<u> </u>		<u> </u>			
2	Total number of indi					thos	se lis	ted a		e) who received more than	\$100,000 in	
3	reportable compensation					ruste	ee. k	ev ei	mpla	oyee, or highest compensa	ted	Yes No
4	employee on line 1a For any individual lis the organization and individual	? If "Yes," ted on line related or	complete See 1a, is the seganizations	chedule um of r greater	J for eport than	suc able \$15	h ind com 0,00	dividu ipens 07 If	ial satio "Ye:	on and other compensation s," complete Schedule J fo	from or such	3 X
	services rendered to tion B. Independent	the organ	nization? If "								···	5 X
1		for your five	ve highest co zation		ated	inde	pend	lent o	contr	ractors that received more		
		Name and	(A) business address	3						Descrip	(B) otion of services	(C) Compensation
									_			
	<del></del>				<u>.</u>	<b>-</b> .			_			
2								ed to	tho	se listed above) who receiv	ved	
DAA	more than \$100,000	in compe	nsation from	the org	anıza	ation	<u> </u>					0 Form <b>990</b> (2009)

Pa	rt V	III Stater	nent of Reve	nue						
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
និង	1a	Federated car	mnaigns	1a				10701100		312, 010, 01 014
ant	h	Membership of	-	1b						
gE.	_	Fundraising e		1c						
jifts ar a	ď	Related organ		1d						
S, G	e	Government grants		1e					1	
ion	f	All other contribution	•	· · ·						
the the	•	and similar amounts	s not included above	1f						
a di	g	Noncash contributio	ons included in lines 1a-		\$					
Program Service Revenue   Contributions, gifts, grants and other similar amounts	h			"	•	▶ 1				
e			-			Busn. Code				
/en	2a									
Re	b									
ice	С									
Sen	d									
E	е						÷ • •			
oge	f	All other progr	ram service reve	nue						
4	g	Total. Add line	es 2a–2f			•				
	3	Investment in	come (including	dıvıder	nds, intere	est, and				
		other similar a	imounts)			•	2,219	2,219		
	4	Income from i	nvestment of tax	-exem	pt bond p	roceeds 🕨				
	5	Royalties				•				
			(ı) Real		(II) F	Personal				
	6a	Gross Rents								
	b	Less rental exps								
	С	Rental inc or (loss)								
	_d	Net rental inco	me or (loss)		<b>,</b>	<b>•</b>				
	/a	Gross amount from sales of assets	(i) Secunties	3	(11)	Other				
		other than inventory								
	b	Less cost or other								
		basis & sales exps								
	С	Gain or (loss)	•		L			;		
	d	Net gain or (lo	-			<b>•</b>				
e e	8a		om fundraising eve	nts		}				
en		(not including \$								
ģ			reported on line 1c)							
Other Reven		See Part IV, line		a						
5		Less direct ex	•	b						
			(loss) from fund		events	▶	<del></del>			
	Уa		om gaming activitie							
	L	See Part IV, line		a						
		Less direct ex		)d				-	<u> </u>	
			· (loss) from gam f inventory, less	ing ac	uviues		<del></del>			
	iva	returns and all		اء						
	h	Less cost of g		a b						
		-	(loss) from sale:	(	(onton)					
ŀ			ellaneous Revenue		rentory	Busn. Code				
ł	11a	Other Rev			<del></del>		295,514	295,514		
	b	Carer Ven					200,014	23,314		
	c					<del></del>				
ļ	-	All other reven	ue			<del> </del>	<u> </u>			
Ì		Total. Add line				<b>—</b>	295,514	·		
	12	Total Revenue	e. See instruction	าร		▶	297,733	297,733	0	0

#### ASH FORK WATER SERVICE Form 990 (2009)

**Statement of Functional Expenses** Part IX

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

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

Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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,	, ,		<u>-</u> -	
•	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members	<del></del>	<del></del>		
5	Compensation of current officers, directors,				
•	trustees, and key employees				
6	Compensation not included above, to disqualified			,	
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
ŭ	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				-
11	Fees for services (non-employees)				
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services See Part IV, line 17				
f	· · · · · · · · · · · · · · · · · · ·				-
	Other				
_	Advertising and promotion			·	
13	Office expenses				
14	Information technology				-
15	Royalties				
16	Occupancy				
17	Travel	<u> </u>			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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 )	00 437			
a	SALARIES & WAGES	98,437 86,809			
b	Investment Depreciation REPAIRS & MAINTENANCE	53,204			
Ç	PURCHASED POWER	35,204	<u> </u>		
d e	INTEREST EXPENSE	21,109			
_	All other expenses	62,646			
25	<b>-</b>				
<u>25</u> 26	Joint costs. Check here ▶ If following				<del> </del>
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation	•		<u> </u>	

	art X	Balance Sheet		0203111		rage II
	4167	Balance oneot		(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing		37,056	1	44,961
	2	Savings and temporary cash investments		159,929	2	147,502
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	Γ	15,863	4	10,134
	5	Receivables from current and former officers, directors,	trustees, key	-		
		employees, and highest compensated employees Com		İ		
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined	l under section			
	•	4958(f)(1)) and persons described in section 4958(c)(3)				
		Part II of Schedule L	(4, 55)		6	
ţ	7	Notes and loans receivable, net	F		7	
Assets	8	Inventories for sale or use			8	8,803
Ä	9	Prepaid expenses and deferred charges	<u> </u>	7,181	9	5,363
	1	Land, buildings, and equipment cost or	1 1	.,, -, -		
	100	other basis Complete Part VI of Schedule D	10a 3,997,261			
	١,	Less accumulated depreciation	10b 1,051,946	3,024,498	10c	2,945,315
	1	•	1,031,340	3,024,430	11	2/343/313
	11	Investments—publicly traded securities		12		
	12	Investments—other securities See Part IV, line 11		13		
	13	Investments—program-related See Part IV, line 11	_			
	14	Intangible assets	<u> </u>		14	
	15	Other assets See Part IV, line 11		2 244 527	15	2 162 070
_	16	Total assets. Add lines 1 through 15 (must equal line 3	4)	3,244,527 7,125	16	3,162,078
	17	Accounts payable and accrued expenses	7,125	17	2,860	
	18	Grants payable		18		
	19	Deferred revenue		19	<del></del>	
	20	Tax-exempt bond liabilities	<u>-</u>		20	
Liabilities	21	Escrow or custodial account liability Complete Part IV			21	
≝	22	Payables to current and former officers, directors, truste	- I			
ap		employees, highest compensated employees, and disq	ualified			
Ξ		persons Complete Part II of Schedule L	ļ.,		22	
	23	Secured mortgages and notes payable to unrelated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated third p	arties		24	
	25	Other liabilities Complete Part X of Schedule D		462,697	25	443,988
	26	Total liabilities. Add lines 17 through 25		469,822	26	446,848
Balances		Organizations that follow SFAS 117, check here ▶ 2	and			
2		complete lines 27 through 29, and lines 33 and 34.				
<u>=</u>	27	Unrestricted net assets		2,774,705	27	2,715,230
ä	28	Temporarily restricted net assets	L		28	
Б	29	Permanently restricted net assets	L		29	
Ξ.		Organizations that do not follow SFAS 117, check he	re 🕨			
5		and complete lines 30 through 34.			l	
Ś	30	Capital stock or trust principal, or current funds			30	
Sel	31	Paid-in or capital surplus, or land, building, or equipmen	nt fund		31	
Š	32	Retained earnings, endowment, accumulated income, of			32	
Net Assets or Fund	33	Total net assets or fund balances	Γ	2,774,705	33	2,715,230
ž	34	Total liabilities and net assets/fund balances	Γ	3,244,527	34	3,162,078

Form **990** (2009)

Form 99	0 (2009) ASH FORK WATER SERVICE	86-0289444		Pa	ge <b>12</b>
Part 2	XI Financial Statements and Reporting				
				Yes	No
1 Ac	counting method used to prepare the Form 990 Cash	Accrual Other			
lf 1	the organization changed its method of accounting from a prior year	or checked "Other," explain in			
Sc	chedule O.				
2a W	ere the organization's financial statements compiled or reviewed by	an independent accountant?	2a		_X_
b W	ere the organization's financial statements audited by an independe	nt accountant?	2b		X
c If	'Yes" to line 2a or 2b, does the organization have a committee that a	assumes responsibility for oversight of			
th	e audit, review, or compilation of its financial statements and selecti	on of an independent accountant?	2c	ļ	
lf :	the organization changed either its oversight process or selection pro	ocess during the tax year, explain in	İ		
Sc	chedule O				
d If	"Yes" to line 2a or 2b, check a box below to indicate whether the fina	ancial statements for the year were			l
ISS	sued on a consolidated basis, separate basis, or both			ļ	
	Separate basis Consolidated basis Both consolidated	d and separate basis		1	
3a As	s a result of a federal award, was the organization required to underg	o an audit or audits as set forth in			
the	e Single Audit Act and OMB Circular A-133?		3a		
b If	"Yes," did the organization undergo the required audit or audits? If the	ne organization did not undergo the			
re	quired audit or audits, explain why in Schedule O and describe any	steps taken to undergo such audits	3b		<u> </u>
			Forr	ո 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, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public

Inspection Employer identification number

Name	e of the organization		Employer identification number				
A	SH FORK WATER SERVICE	86-0289444					
Pa	the organizations Maintaining Donor Advised Further the organization answered "Yes" to Form 990,	nds or Other Similar Funds or A Part IV, line 6.	Accounts. Complete if				
		(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)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
4	Aggregate value at end of year		· ·				
5	Did the organization inform all donors and donor advisors in writing tha	t the assets held in donor advised					
	funds are the organization's property, subject to the organization's excl	usive legal control?	Yes No				
6	Did the organization inform all grantees, donors, and donor advisors in	•					
	used only for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other					
	purpose conferring impermissible private benefit?		Yes No				
<u>Pa</u>	art II Conservation Easements. Complete if the organization		m 990, Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organization (check						
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically im					
	Protection of natural habitat	Preservation of certified historic	structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conse	ervation				
	easement on the last day of the tax year						
			Held at the End of the Tax Year				
a	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
C .	Number of conservation easements on a certified historic structure incl		2c				
d	Number of conservation easements included in (c) acquired after 8/17/						
3	Number of conservation easements modified, transferred, released, ex	tinguisned, or terminated by the organiza	tion during				
	the taxable year						
4	Number of states where property subject to conservation easement is I						
5	Does the organization have a written policy regarding the periodic mon	itoring, inspection, nandling or	Yes No				
	violations, and enforcement of the conservation easements it holds?	and consequently and an arrange divine the visit					
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	cing conservation easements during the y	ear				
7	Amount of expenses incurred in monitoring, inspecting, and enforcing of	consequences accoments during the year					
7	S  Amount of expenses incurred in monitoring, inspecting, and emorcing to	conservation easements during the year					
Ω	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section					
•	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	the requirements of section	Yes No				
9	In Part XIV, describe how the organization reports conservation easem	ents in its revenue and expense stateme					
Ū	balance sheet, and include, if applicable, the text of the footnote to the	•					
	the organization's accounting for conservation easements	<b>3</b>					
Pa	rt III Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to		Similar Assets.				
1a	If the organization elected, as permitted under SFAS 116, not to report		eet works of				
	art, historical treasures, or other similar assets held for public exhibition						
	provide, in Part XIV, the text of the footnote to its financial statements t		·				
b	If the organization elected, as permitted under SFAS 116, to report in it		works of art,				
	historical treasures, or other similar assets held for public exhibition, ed						
	provide the following amounts relating to these items	· ·					
	(i) Revenues included in Form 990, Part VIII, line 1		- <b>&gt;</b> \$				
	(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, pro-					
_	following amounts required to be reported under SFAS 116 relating to t						
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$				
	Assets included in Form 990, Part X		▶ \$ ▶ \$				
			_				

18,997

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Schedule D (Form 990) 2009

2,945,315

18,994

e Other

Schedule D (Form 990) 2009 ASH FORK WATER SERVICE	E	86-0289444	Page <b>3</b>
Part VII Investments—Other Securities. See Form 990	), Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valu	
(including name of security)		Cost or end-of-year ma	rket value
Financial derivatives			
Closely-held equity interests			
Other			
			<u>-</u>
		<del> </del>	
	<del></del>		
	<del> </del>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	O Dort V line 12		
Part VIII Investments—Program Related. See Form 99		(a) Mathed of value	
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
<del></del>		Cost of end-of-year me	TREE VAIGE
<u> </u>		·	
		<del></del>	
		<del></del>	
		**************************************	
	<del>                                     </del>		
<del></del>			
			<del></del>
			<del></del>
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, line 15.			
Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description			(b) Book value
(a) Description			(b) Book value
	<del></del>		
		-	
	<del></del>		
		·	
	··-		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		<b>b</b>	<u></u>
Part X Other Liabilities. See Form 990, Part X, line 25	5		· · · · · · · · · · · · · · · · · · ·
1 (a) Description of liability	(b) Amount		
Federal income taxes			
LONG TERM DEBT	404,614		
NOTES PAYABLE CURRENT	19,612		
CUSTOMER DEPOSITS	14,080		
ACCRUED TAXES (PAYROLL & SALES)	3,794		
ACCRUED INTEREST	1,888		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	443,988		
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organ	<del></del>	nts that reports the	<del></del>
organization's liability for uncertain tax positions under FIN 48			

Sche	dule D (Form 990) 2009 ASH FORK WATER SERVICE		86-0289444		Page <b>4</b>
<u>Pa</u>	Int XI Reconciliation of Change in Net Assets from Form 990 to	o Audite	<u>d Financial Stateme</u>	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments		_	4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	<del></del>
8	Other (Describe in Part XIV)			8	<del></del>
9	Total adjustments (net) Add lines 4 through 8		<u> </u>	9	<del></del>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			10	
<u>Pa</u>	rt XII Reconciliation of Revenue per Audited Financial Statem	ents Wit	<u>h Revenue per Retu</u>		<del></del>
1	Total revenue, gains, and other support per audited financial statements		-	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		İ	
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	_2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d		<u> </u>	2e	
3	Subtract line 2e from line 1	f I	H	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
C	Add lines 4a and 4b		—	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		<del> </del>	5	
	art XIII Reconciliation of Expenses per Audited Financial Staten	nents wi	tn Expenses per Re	turn	
1	Total expenses and losses per audited financial statements		_	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1		- [	
<b>a</b>	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIV)	2d		.	
e	Add lines 2a through 2d		<u> </u>	2e	
3	Subtract line 2e from line 1	f I	-	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV )	4b		.	
	Add lines 4a and 4b			4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		<del> </del>	5	
	rt XIV Supplemental Information	1 4	-1 A D: 4 D 4 1		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,				
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII,	lines 2d and	d 4b Also complete		
this p	art to provide any additional information	1			
		. – – -			
		_			
	- <b></b> -				

Sche	dule	D (F	orm !	orm 990) 2009 Supplemer			A	SH	F	ORI	K 1	WA!	ref	S	ER	VIC	Œ	86-0289444 P											Pa	age 5						
Pa	rt X	(IV	Sι	ıpp	lem	en	tal	Info	orm	nati	on	(co	ntini	ued	)																					
																							_		_		_		_		_	_	_	_		_
			_	_	_	_	_	_	_	_	_	_	_				_	_	_	_	_	_	_		_		_	_	_	_		_			_	_
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			_	_	_	_	_	_	_	_	_	_	_				_	_	_	_	_		_	_	_	_	_	_	_		_	_	_	_	_	_
			_	_	_	_	_	_	_	_	_	_	_				_		_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_
			_	_	_	_			_	_	_	_	_				_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_
			_	_	_	_	_	_	_	_	_	_	_				_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		_	_
			_	_	_	_	_	_	_	_	_		_				_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_		_	_
			_	_	_	_			_	_	_	_	_				_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_
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**SCHEDULE O** 

(Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

OMB No 1545-0047
2009
Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ASH FORK WATER SERVICE

Employer identification number 86–0289444

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public