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990

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

benefit trust or private foundation)

Open to Public

OMB No 1545-0047

Department of the Treasury

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service 2009, and ending 20 09 For the 2009 calendar year, or tax year beginning 1/1 12/31 Employer identification number C Name of organization Westside Water Association Please B Check if applicable Doing Business As 91 6048498 Address change label or onnt o E Telephone number Number and street (or P.O. box if mail is not delivered to street address Room/suite ☐ Name change type. P O Box 267 206) 567-4568 ☐ Initial return Specific City or town, state or country, and ZIP + 4 ☐ Terminated Instruc VASHON WA 98070 tions G Gross receipts \$ Amended return Name and address of principal officer John Staczek Application pending H(a) Is this a group return for affiliates? Yes No 12505 SW 148th, Vashon WA 98070 Tax-exempt status If "No," attach a list (see instructions) Website: ▶ www.westsidewater.org H(c) Group exemption number ▶ Form of organization 
☐ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation 1928 M State of legal domicile WA Summary Briefly describe the organization's mission or most significant activities: To provide water to approximately 250 private households. Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . . Activities & 4 n/a Number of independent voting members of the governing body (Part VI, line 1b) 5 0 Total number of employees (Part V. line 2a) 6 Total number of volunteers (estimate if necessary) 6 5 7a 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. b Net unrelated business taxable income from Form 990-T, line 34, **Current Year** 3107 3008 Contributions and grants (Part VIII, line 1h) . 95804 96645 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines, 3,-4 3180 957 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 688 11516 Total revenue—add lines 8 through 11 (must equal Part VIII, column A), line 12) 102680 112225 13 Grants and similar amounts paid (Part IX, column (A), lines 1 3)

14 Benefits paid to or for members (Part IX, column (A), line 4) 3008 2261 15 Salaries, other compensation, employee benefits (Part.IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (Al-line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 114057 178034 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 181042 116318 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 <4093> <78,362> **Beginning of Current Year End of Year** Unknown 20 Total assets (Part X, line 16) . Unknown Unknown Unknown Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 22 See Stmnt 2 Attchd Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here STACLER. PREJIDENT Type or print name and title Check if Date Preparer's identifying number Preparer's self-(see instructions) signature employed 🕨 🗹 Paid 5-12-12 538-64-2398 Preparer's Sheila Blakely **Use Only** if self-employed). 19833 Vashon HWY SW, Vashon WA 98070 Phone no ► ( 206 ) 463-5615 May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Form 990 (2009)

Par	t IIIStatement of Program Service Accomplishments	
1	Briefly describe the organization's mission:  Obtain supply of water for distribution to members for domestic purposes and without profit	
	(Article III of acticles of Incorporation)	
	Did the constitution undertake any circulinant program convers during the year which were not letted an	<u> </u>
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	☐ Yes ☑ No
	If "Yes," describe these new services on Schedule O.	162 67 140
_		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	☐ Yes ☑ 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 to	ov expenses.
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$	)
	Delivered water tp approximately 240 member's properties	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	No other purpose	
40	(Code. ) (Expenses \$ including grants of \$ ) (Revenue \$	1
70	(Code) (Expenses & moduling grants of &) (November &)	/
4d	Other program services. (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
	<u></u>	

Pa	Checklist of Required Schedules			<del></del>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1		1
2	complete Schedule A	2		7
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	4		
5	Schedule C, Part II	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		<b>✓</b>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		1
•	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			
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		1
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		1
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		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		7

Pai	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		<b>√</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		<b>✓</b>
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):			اا
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>✓</b>
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<b>✓</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		✓
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		· 🗸
38 	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance		_
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		
	U.S. Information Returns. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1	
b	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2 1 2t	,	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	)	
	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)?		1
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	1	<b>✓</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	+-	<b>V</b>
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?.		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	4	1
	organization solicit any contributions that were not tax deductible?		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		
	and services provided to the payor?		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	+	
	required to file Form 8282?		ļ
	in res, indicate the number of restrict during the year		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	_	
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	+	<del> </del> -
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?.		
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?		
	Sponsoring organizations maintaining donor advised funds.		
	Did the organization make any taxable distributions under section 4966?		 
	bid the eigenization make a distribution to a donor, donor advisor, or related personn.		<del> </del>
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	Section 501(c)(12) organizations. Enter:		
	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against		
	amounts due or received from them.)		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   126   126   127   128   129	1	-

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	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	1		
	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	✓	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		1
6	Does the organization have members or stockholders?	6	1	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	✓	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		1
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte-			
	enue Code.)			
		_	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		1
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	100		
D	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	1	Ì
114	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		•	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		_	
	rise to conflicts?	12b		1
		12.5		- <u>*</u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12¢		1
13	Does the organization have a written whistleblower policy?	13		1
14	Does the organization have a written document retention and destruction policy?	14		7
15	Did the process for determining compensation of the following persons include a review and approval by			•
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	-	1
h		15b		1
D	Other officers or key employees of the organization	130		
160				
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		1
	with a taxable entity during the year?	iva		
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b	-	·
Sec	tion C. Disclosure	100		l
17	List the states with which a copy of this Form 990 is required to be filed ▶ Washington			
18	· · · · · · · · · · · · · · · · · · ·			
10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or 1024 if applicable), 990-T (501(or 1024 if applicable), 990-T (501(or 1024 if applicable)	)(3)S	oniy)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
40	Own website Another's website Upon request		-	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	ot inte	erest	
00	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 recoorganization: ► Sheila Blakely, 19833 Vashon HWY SW, Vashon WA 98070, 206-463-5615	rds o	the	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not contain the containing of the containi		any o	curr			cer, d	lirec			
(A)	(B)			(6	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	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
John Candy Trustee	2	1						0	0	0
John Staczek President	10			1			1	0	0	0
Denny Conner Vice President	2			1			1	0	0	0
Kate Thompson Secretary	2			1				0	0	0
Mary Margaret Briggs Treasurer	5			✓			1	0	0	0

	t VII Section_A_Officers, Directors,_Tru (A)	(B)				C)	<u> </u>		(D)	(E)		(F)
	Name and title	Average hours per week	Individual trustee Or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com f org ar	estimated mount of other npensation from the ganization of related ganizations
										i		
1b	Total					٠.		<b></b>	0	(	,	0
2	Total number of individuals (including but i reportable compensation from the organization)	not limited ation ► 0	to the	ose	list	ed a	above	e) wl	ho received mo	ore than \$100,0	)00 in	Yes No
3	Did the organization list any former office employee on line 1a? If "Yes," complete S								e, or highest o		3	1
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.										4	
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," comp	comp plete	pen S <i>ch</i>	sati edu	on i	from I for s	any such	unrelated org	anization for	5	1
Se	ction B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization.	ompensate	d ind	ере	ende	ent o	contra	acto	rs that receive	d more than \$1	00,00	0 of
	(A) Name and business add	iress							(B) Description of s	ervices		C) ensation
								1				
								$\vdash$	<u> </u>			
				-	•			1				
_												
2	Total number of independent contractors (i more than \$100,000 in compensation from					l to	those	liste	ed above) who	received		

Pari	•		-		· · - · · - · · ·	- "		T ago o
Fall	VII	Statement of Nevenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
gifts, grants ar amounts	b b	Federated campaigns	1b 1c				,,,	
Contributions, gifts, grants and other similar amounts	e f	Government grants (contributions).  All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines.	1e	3107				
	h	Total. Add lines 1a-1f			3107			
an an		Water Usage		900099	73462	73462		
eve	2a	Accomments		900099	23183	23183		
9	Ь			300000	20.00	20.00		
Ž	C							
ĭ,	a							-
Program Service Revenue	e f	All other program service rever						
Ę.		Total. Add lines 2a-2f		•	96645			
	3	Investment income (including d	ividends		957	957		
	4	Income from investment of tax-exe						
	5	Royalties		🕨				
	b	Gross Rents Less: rental expenses Rental income or (loss)  Net rental income or (loss)		(II) Personal		:	_	
	l a	` <del></del>						
	7a	Gross amount from sales of assets other than inventory (i) Sect.	rities	(ii) Other				į ,
		Less cost or other basis and sales expenses .						
		Gain or (loss)		▶		·		
evenue	8a	Gross income from fundra events (not including \$						
Œ		See Part IV, line 18	a					
Other		Less: direct expenses Net income or (loss) from fundi		vents ►		-		-
		Gross income from gaming activities See Part IV, line 19	. а					
	b	Less. direct expenses	. <b>b</b> ng activ	ıtıes ▶			<u> </u>	
		Gross sales of inventory,	_					
	١.	returns and allowances						
	þ	Less: cost of goods sold Net income or (loss) from sales of	. b	\	-			
	-	Miscellaneous Revenue	ii ii iveiiti	Business Code		· · · · · · · · · · · · · · · · · · ·	<del>,</del>	<del> </del>
	44-	Miscellanous Income		900099	348	348		1
	וום h	Insurance Claims		300033	11168	11168		
	"				55	50		
	بر 2	All other revenue						
		Total. Add lines 11a-11d		. >	11516			
		Total revenue. See instruction		<u> </u>	112225	112225		

	990 (2009)				Page 10				
Pai	t IX Statement_of_Functional_Expense								
	Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22								
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	2261							
<b>4</b> <b>5</b>	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								
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions).		· · · · · · · · · · · · · · · · · · ·						
9	Other employee benefits								
10	Payroll taxes								
11 a	Fees for services (non-employees):  Management	28350							
b									
	Accounting	8400		1	·				
d									
	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
-									
12	Advertising and promotion								
13	Office expenses	3362							
14	Information technology								
15	Royalties								
16	Occupancy								
17	Travel								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings .								
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization.								
23	Insurance	2560		ļ <del></del>					
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)								
а	Capital Improvements	43800							
b	Postage	994							
c	State/Federal Taxes	3967							
d	Phone	2202							
e	Bank Service Charges	42							
f	All other expenses Statemt I, Attached	20380							
25	Total functional expenses. Add lines 1 through 24f	116318							
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation								

Part X **Balance Sheet** (A) Beginning of year (B) End of year 5109.53 21928.28 1 Cash-non-interest-bearing . . . . . . . Savings and temporary cash investments . . . . 96097.54 2 75184.31 2 3 Pledges and grants receivable, net 3 2522.69 4 3485.24 4 Accounts receivable, net . Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 0 5 0 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 0 6 0 Notes and loans receivable, net . 0 7 0 Inventories for sale or use . . . . . Unknown 8 Unknown Prepaid expenses and deferred charges . 0 9 0 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D Less: accumulated depreciation . . . . 10b Unknown 10c Unknown 11 Investments-publicly traded securities 0 11 0 0 12 0 12 Investments-other securities. See Part IV, line 11 0 13 0 13 Investments-program-related. See Part IV, line 11 Unknown 14 Unknown 14 Other assets. See Part IV, line 11 Unknown 15 15 Unknown Total assets. Add lines 1 through 15 (must equal line 34) 16 Unknown 16 Unknown Unknown 17 Accounts payable and accrued expenses . Unknown 17 Grants payable . . . . . 0 18 18 0 19 0 19 Deferred revenue . . . Tax-exempt bond liabilities . . . . . . . . . 0 20 0 20 Escrow or custodial account liability. Complete Part IV of Schedule D Liabilities 0 21 0 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 22 0 23 Secured mortgages and notes payable to unrelated third parties . . . 0 23 0 Οĺ Unsecured notes and loans payable to unrelated third parties . . . 24 0 Other liabilities. Complete Part X of Schedule D . . . . . . 25 Unknown 25 Unknown Total liabilities. Add lines 17 through 25. 26 Unknown 26 Unknown Organizations that follow SFAS 117, check here ▶ □ and **Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 Temporarily restricted net assets . . . . . . . . . 28 28 29 Permanently restricted net assets . . . . . . . . . Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. Assets or 30 Capital stock or trust principal, or current funds . . . . . . . 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 32 Retained earnings, endowment, accumulated income, or other funds Net 33 33 Total liabilities and net assets/fund balances 34

Page	12

Par	t XI Financial Statements and Reporting				
			Yes	No	
1	Accounting method used to prepare the Form 990: 🗹 Cash 🗆 Accrual 🗆 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.	_		,	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<b>V</b>	
ь	Were the organization's financial statements audited by an independent accountant?	2b			
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
_	the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
	issued on a consolidated basis, separate basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?	3a		✓	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b			

Form **990** (2009)

#### SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

2009

OMB No 1545-0047

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

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Attach to Form 990.

91 6048498 **Westside Water Association** Part VI, Line 11a The form is filled out by the bookkeeper and reviewed by the President of the Association and the other board members. Part VI, Line 19 Information is provided at the Annual Meeting of Shareholders or upon request.

Schedule O (Form 990) 2009	Page 2
Name of the organization	- Employer identification number
	<u> </u>
	***************************************

, TAXPAYER NAME: Westside Water Association I D NUMBER: 91-6048498

FORM NO. 990 YEAR ENDED: December 31, 2009

**STATEMENT NO.** 1, 2

#### Statement 1

### Part II, Line 43, Other Expenses

1. Maintenance County Permits/Fees	\$ 2,410
2. Electricity	\$ 8,906
3. Water Monitoring & Treatment	\$ 4,252
4. Supplies	\$ 1,223
5. Facility Upkeep/Repair	\$ 3,589

**TOTAL** \$20,380

#### Statement 2

### Reason for non-preparation of Balance Sheet

For a number of years the association was not required to file Form-990 information returns, because gross receipts were below the filing minimum. During that period, records of fixed assets were not maintained. The cost, depreciated basis and value of those assets are now unknown. If required by the internal revenue code or regulations, the assets will be inventoried and appraised and balance sheet prepared.