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DLN: 93493177002372

Department of the Treasury

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

Inspection

·The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011 A For the 2010 D Employer identification number B Check if applicable Modern Electric Water Company Address change 91-0323430 Doing Business As Name change E Telephone number Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite (509) 928-4540 Terminated G Gross receipts \$ 15,078,870 City or town, state or country, and ZIP + 4 Spokane, WA 99206 Amended return Application pending F Name and address of principal officer **H(a)** Is this a group return for affiliates? Yes H(b) Are all affiliates included? Γ Yes **Γ** No If "No," attach a list (see instructions) H(c) Group exemption number ► 「 501(c)(3) **▽ Website: ►** www mewco com L Year of formation M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities To provide electricity and water services at the lowest possible price Activities & Governance 2 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) . . Number of independent voting members of the governing body (Part VI, line 1b) . 4 5 5 29 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 7a **b** Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 0 Rayenue Program service revenue (Part VIII, line 2g) . 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 750,919 996,366 2,235,665 2,390,345 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 2,986,584 3,386,711 13 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines Expenses 983,572 1,023,789 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . 0 b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 1,094,907 913,933 2,078,479 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,937,722 19 Revenue less expenses Subtract line 18 from line 12 . 908,105 1,448,989 Net Assets or Fund Balances **Beginning of Current End of Year** Year 20 44,281,361 44,937,987 Total assets (Part X, line 16) . Total liabilities (Part X, line 26) . 3,137,460 3,328,397 22 41,143,901 41,609,590 Net assets or fund balances Subtract line 21 from line 20 Signature Block Part II 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. 2012-06-20 Signature of officer Sign Here Mike Baker General Manager Type or print name and title Check if self-Preparer's signature Date PTIN Robert L Zins employed ▶ [preparer's name Paid

Spokane, WA 992140139

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's name 🕨 Anderson Peretti & Co CPAs PS

Firm's address PO Box 14139

Preparer

Use Only

Fım's EIN

Yes Γ

Phone no 🕨 (509) 926-

Par	t III			Accomplishments se to any question in this Part II		୮
1	Briefl	y describe the orga	nızatıon's mıssıon			
Тор	rovide (electricity and water	r services at the lowe	st possible price		
2				program services during the year		┌ Yes ┌ No
	If "Ye	s," describe these n	ew services on Sche	dule O		
3				e significant changes in how it c		「Yes 「V No
	If "Ye	s," describe these c	hanges on Schedule	0		
4	Section	on 501(c)(3) and 50	1(c)(4) organization:	or each of the organization's thre s and section 4947(a)(1) trusts revenue, if any, for each progran	are required to report the ar	
4a	(Code	2) (Expenses \$	including grants of \$) (Revenue \$)
4b	(Code	e) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code	e) (Expenses \$	including grants of \$) (Revenue \$)
					_	
4d		er program services enses \$	(Describe in Schedu includii	ıle O) ng grants of \$) (Revenue \$)
4e	Tota	I program service ex	kpenses ⊩ \$			

Part 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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		No
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
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		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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.	11b		No
c	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.	11c		No
d	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.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
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? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
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 1^2 If "Yes," complete Schedule I, Parts I and II	21		No
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
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		No
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		No
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		No
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		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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</i> "Yes," complete Schedule R, Part I	33		Νo
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		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2 \cdot \cdot \cdot \cdot$ Yes \checkmark No			
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Form 990 (2010) Page **5** Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check in Schedule of Contains a response to any question in this rate v	_ `	''	
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable		Yes	No
	1a 17	.		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		Νo
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for 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		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Νo
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νο
h	organization solicit any contributions that were not tax deductible?			
	were not tax deductible?	6b	<u> </u>	Νo
7	Organizations that may receive deductible contributions under section 170(c).	7a		
	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?	/a		
	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 required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	_		
f	contract?	7e 7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
h	required?	7g		
	Form 1098-C?	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		No
9	Sponsoring organizations maintaining donor advised funds.			
_	Did the organization make any taxable distributions under section 4966?	9a		No
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	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)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		Νo
I-	Enter the amount of recognize the agreement is a second to account to the attention 1			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		Νo

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

itains a response to any question in					

Se	ction A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who 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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	9		No	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			
	venue couc.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		No
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11a	Yes	
b	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	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	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		No
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 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			
19	Own website Another's website V Upon request 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 See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 MODERN ELECTRIC WATER COMPANY 904 N Pines Rd

Spokane Valley, WA 99206 (509)928-4540

<u>Part VIII</u> 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

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any 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 neither the organi	•	lated o	rganı	zatio	n c	mpen	sate	d any current office	er, dırector, or trust	ee
(A) Name and Title	(B) Average hours per	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week (describe hours for related organizations in Schedule O)	escribe ours for lated ganizations in chedule O) escribe Or director Cofficer Compensated Compensated Cofficer Compensated Cofficer Compensated Cofficer Compensated Cofficer Compensated Cofficer Compensated Compensated Cofficer Compensated Compensat		organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations				
(1) Wai Landry Comptroller	40 00					х		114,373	0	0
(2) Sam Waldron Treas / Sect	1 00	Х						3,250	0	0
(3) Mike Baker General Manager	40 00					х		179,854	0	0
(4) Joe Morgan Operations Manager	40 00					Х		118,558	0	0
(5) David Jydstrup Line Foreman	40 00					х		108,416	0	0
(6) Dave Thompson Vice President	1 00	х						4,000	0	0
(7) Chuck Taes Director	1 00	х						5,255	0	0
(8) Cecil Cleveland President	1 00	х						5,750	0	0
(9) Barry Baker DIRECTOR	1 00	х						3,750	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per	ı	(tion that a			II		(D) Reportable compensation from the	(E) Reportable compensation from related	_ I -	(F) Estima amount o	ited f other	
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)		from the organization and related organizations		
					<u> </u>						+			
											\dagger			
											_			
											+			
											\dagger			
											_			
1b	Sub-Total	<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u></u>						
С	Total from continuation sheets						 -							
d	Total (add lines 1b and 1c) .							F	543,206					
2	Total number of individuals (inc \$100,000 in reportable compe	•				ted	above) who	received more tha	ın				
												Yes	No	
3	On line 1a? If "Yes," complete Sc						mploy •	ee,o	or highest compens	ated employee	3		No	
4	For any individual listed on line organization and related organiz													
	ındıvıdual			•	•	•		•			4	Yes		
5	Did any person listed on line 1a services rendered to the organi									or individual for •	5		No	
Se	ction B. Independent Cor	ntractors												
1	Complete this table for your five \$100,000 of compensation from	hıghest compei		ındep	end	ent o	contra	tors	that received mor	e than				
	Na	(A) me and business ad	dress						Desci	(B) ription of services		(C Comper		
											\perp			
											\downarrow			
	Total number of independent con \$100,000 in compensation from			ot lir	nıted	d to	those	liste	d above) who receiv	ved more than				

n 990 (2 rt VIII	Statement of	Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
හු 1a ⊑	Federated campai						
	Membership dues	1b					
਼ ਫ਼	Fundraising events	s 1 c					
te d	Related organizati	ons 1d					
Ē	Government grants (co	ontributions) 1e					
ਲ _ f	All other contributions,	gifts, grants, and 1f					İ
<u> </u>	similar amounts not in Noncash contributions	included in lines 1a-1f \$					
-							
and other similar amounts and other similar amounts he had been similar amounts.	Total. Add lines 1	a-1f	. ►	0			
			Business Code				
2a							
ь							
C							
d							
e							
f	All other program	Service revenue					-
2a b c d e	An other program:	Jai vice revenue					
9		a-2f		0			
3		e (ıncludıng dıvıdends, ınteı	rest				
		imounts)	.	680,795			680,795
4		ent of tax-exempt bond proceeds		0			
5	Royalties						
6.	Cross Bonts	(ı) Real 30,600	(II) Personal				
6a b	Gross Rents Less rental	1,720					
	expenses	ŕ					
C	Rental income or (loss)	28,880					
d	Net rental income	or(loss)		28,880		_	28,880
		(ı) Securities	(II) Other				
7a	Gross amount from sales of	307,394	8,177				
	assets other than inventory						
ь	Less cost or other basis and						
	sales expenses						
C	Gain or (loss)	307,394	8,177				
d			►	315,571	315,571		
8a	Gross income from (not including	n fundraising events					
	\$	_					
	of contributions re See Part IV, line 1						
	occ raitiv, ille 1	a					
ь	Less direct exper	nses b					
l l		s) from fundraising events	►	0			
	Gross income from	n gaming activities See					
.	Part IV, line 19	. a					
b	Less direct expenses						
		b	<u> </u>				
С		s) from gaming activities .		0			
10a	Gross sales of inverturns and allowa	5 T					
	. cca. 115 ana anowa	a a	14,051,904				
Ь	Less cost of good		11,690,439				
	_	s) from sales of inventory		2,361,465			2,361,465
	Miscellaneous F	Revenue	Business Code				
11a							
ь							
c							
d	All other revenue						
e	Total. Add lines 1:	la-11d					
			►	0			
12	Total revenue. See	e Instructions	►	3,386,711	315,571		3,071,140
1				J,JUU,/ 11	1 212,2/1		

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	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 no	other organizations must complete column (A) but are not required to cooperate amounts reported on lines 6b, p. 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	0									
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0									
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0									
4	Benefits paid to or for members	0									
5	Compensation of current officers, directors, trustees, and key employees	22,005		22,005							
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0									
7	Other salaries and wages	644,952		644,952	_						
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)	195,340		195,340							
9	Other employee benefits	100,531		100,531							
10	Payroll taxes	60,961		60,961							
а	Fees for services (non-employees) Management	0									
b	Legal	26,351		26,351							
c	Accounting	39,135		39,135							
d	Lobbying	0									
e	Professional fundraising services See Part IV, line 17	0									
f	Investment management fees	170,827		170,827							
g	Other	0									
12	Advertising and promotion	0									
13	Office expenses	199,168		199,168							
14	Information technology	0									
15	Royalties	0									
16	Occupancy	0									
17	Travel	0									
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0									
19	Conferences, conventions, and meetings	0									
20	Interest	0									
21	Payments to affiliates	0									
22	Depreciation, depletion, and amortization	134,548		134,548							
23 24	Insurance	47,582		47,582							
а	Public relations	42,874		42,874							
ь	Postage and Shipping	62,965		62,965	_						
c	Miscellaneous	100,258		100,258							
d	Dues and Subscriptions	69,197		69,197	_						
e	Company power usage	17,030		17,030							
f	All other expenses	3,998		3,998							
25	Total functional expenses. Add lines 1 through 24f	1,937,722	0	1,937,722	0						
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the										
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation										

Pa	ırt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			2,995,304	1	3,261,887
	2	Savings and temporary cash investments				2	0
	3	Pledges and grants receivable, net				3	0
	4	Accounts receivable, net			1,398,692	4	1,336,945
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	0
	6	Receivables from other disqualified persons (as defined under s persons described in section $4958(c)(3)(B)$, and contributing eigensoring organizations of section $501(c)(9)$ voluntary employ organizations (see instructions)	ers, and				
ste		Schedule L				6	0
Assets	7	Notes and loans receivable, net				7	0
⋖	8	Inventories for sale or use			340,180	8	361,819
	9	Prepaid expenses and deferred charges			94,073	9	92,442
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	41,471,888			
	b	Less accumulated depreciation	10b	22,300,637	19,913,418	10c	19,171,251
	11	Investments—publicly traded securities		19,429,512	11	20,604,961	
	12	Investments—other securities See Part IV, line 11		12	0		
	13	Investments—program-related See Part IV, line 11			13	0	
	14	Intangible assets				14	0
	15	Other assets See Part IV, line 11			110,182	15	108,682
	16	Total assets. Add lines 1 through 15 (must equal line 34)			44,281,361	16	44,937,987
	17	Accounts payable and accrued expenses .			3,137,460	17	3,328,397
	18	Grants payable				18	
	19	Deferred revenue				19	
_	20	Tax-exempt bond liabilities				20	_
<u>6</u>	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.	•		21	_
abilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					_
Lia		persons Complete Part II of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			3,137,460	26	3,328,397
Balances		Organizations that follow SFAS 117, check here ► and comp through 29, and lines 33 and 34.	lete li	ines 27			
an	27	Unrestricted net assets				27	
Ba	28	Temporarily restricted net assets				28	
Įμ	29	Permanently restricted net assets				29	
r Fund		Organizations that do not follow SFAS 117, check here ▶	d com	plete			
s or	30	Capital stock or trust principal, or current funds			2,786	30	2,785
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			2,158,328	31	2,158,327
AS	32	Retained earnings, endowment, accumulated income, or other fu	nds		38,982,787	32	39,448,478
Net	33	Total net assets or fund balances			41,143,901	33	41,609,590
2	34	Total liabilities and net assets/fund balances			44,281,361	34	44,937,987

Pai	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,3	386,71
2	Total expenses (must equal Part IX, column (A), line 25)	2			37,72
3	Revenue less expenses Subtract line 2 from line 1	3		1,4	148,98
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		41,1	143,90
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-9	983,30
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		41,6	509,59
Par	TEXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII		•	୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	ssued			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		No

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DLN: 93493177002372

OMB No 1545-0047

Open to Public Inspection

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.

Name of the organization **Employer identification number** Modern Electric Water Company 91-0323430 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) 3 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 funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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		Yes N
Pa	rt II Conservation Easements. Complete if the organization answer	ered "Yes" to Form	1 990, Part IV, line 7.
1		' ''	cally importantly land area I historic structure
2	Complete lines 2a-2d if the organization held a qualified conservation contribution easement on the last day of the tax year	on in the form of a co	nservation
а	Total number of conservation easements	2a	Held at the End of the Year

- Total number of conservation easements

-			
b	Total acreage restricted by conservation easements	2b	
C	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	
	Number of conservation easements modified, transferred, released, extinguished, or terminate	ed by th	e organization during

- 3 the taxable year ▶_____ Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?
- 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. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 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
- 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
 - (i) 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
- Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Cat No 52283D Schedule D (Form 990) 2010

▶\$_____

Part	Organizations Maintaining Co	HECHOIIS OF ALL	L, MIS	<u>itui i</u>	cai i	I Cust	<u> 00, 0. 0</u>		. •	7330	(00	ntinueu)
	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne fol	owing	that a	re a significa	nt u	se of its co	llection	1	
а	Public exhibition		d	Γ	Loar	orexc	:hange progr	ams				
b	Scholarly research		e	Γ	Oth	er						
С	Preservation for future generations											
	Provide a description of the organization's co	ollections and expla	ain hov	w the	y furth	ner the	organızatıon	's ex	empt purp	ose in		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	Г	Yes	┌ No
Part		ements. Comple	ete ıf	the	orga	nızatıo			es" to For	m 990),	
	Is the organization an agent, trustee, custoc included on Form 990, Part X?	lian or other interme	edıary	for c	ontrib	outions	or other ass	ets i	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	√ and complete the	follow	ving t	able		Г					
_							-			Amou	Int	
_	Beginning balance						-	1c				
	Additions during the year						-	1d				
	Distributions during the year						-	1e				
	Ending balance						L	1f				
	Did the organization include an amount on Fo		e 21?	•						ı	Yes	☐ No
	If "Yes," explain the arrangement in Part XI\				1 115		5 000			10		
Par	t V Endowment Funds. Complete	(a)Current Year)Prior			Form 990, wo Years Back		T IV, IINE Three Years E		\ Four Ye	ears Back
1a	Beginning of year balance	(a)current rear	(5	<i>)</i> 1 1101	icai	1 (6)11	WO TCGTS DGCK	(4)	Tillee Tears E	dek (C	ji odi 10	Lars Dack
	Contributions											
	Investment earnings or losses											
	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 yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
c	Term endowment ▶											
За	Are there endowment funds not in the posse organization by	ssion of the organiz	ation	that	are he	ld and	admınıstered	d for	the		Yes	No
	(i) unrelated organizations									3a(i)		
	(ii) related organizations									3a(ii)		
	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the	•				· .		٠		3b		
_	I)escribe in Part XIV the intended lises of th		dowm.									
						000 5)	10				
4 Part				See F	orm		l '					
				See F	orm Cost o	990, Por other stment)	(b)Cost or of basis (othe	her	(c) Accumu depreciat		(d) Bo	ok value
Part	VI Investments—Land, Building			See F	orm Cost o	r other	(b)Cost or ot basis (othe	her			(d) Bo	
Part	Description of investment			See F	orm Cost o	r other	(b)Cost or ot basis (othe	ther r) ,291	depreciat			739,291
1a La b B	Description of investment			See F	orm Cost o	r other	(b)Cost or of basis (othe	her r) ,291 ,432	depreciat	ion		739,291 2,481,254
1a L: b B c L:	Description of investment and			See F	orm Cost o	r other	(b)Cost or of basis (othe 739	her r) ,291 ,432	depreciat	lon 11,178		739,291 2,481,254
1a La b B c La d E e O	Description of investment and	s, and Equipme	ent. S	(a) basi	Cost o	or other stment)	(b)Cost or of basis (othe 739	:her r) ,291 ,432 ,955	1,2 ⁴	lon 11,178		

Pari VIII Investments—Other Securities. See	Form 990, Part X, line 1.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(5)200. Talab	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
		12
Part VIII Investments—Program Related. See	Porm 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	-	Cost or end-or-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	25.)	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
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Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	

	Teconciliation of Change in Net Assets from Form 990 to Financial Statement	IILS	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,386,711
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,937,722
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,448,989
4	Net unrealized gains (losses) on investments	4	-936,073
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-47,227
9	Total adjustments (net) Add lines 4 - 8	9	-983,300
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	465,689
Pari	XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	3,386,711
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,386,711
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
С	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	3,386,711
art	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	1,984,949
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	<u> </u>	
_ а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,984,949
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		, ,
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)	1	
С	Add lines 4a and 4b	4c	-47,227
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,937,722
Par	t XIV Supplemental Information	•	

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

	Identifier	Return Reference	Explanation
l	•	,	Book to tax depreciation adjustment \$ -47227
		Net Assets or Fund Balances	

DLN: 93493177002372

OMB No 1545-0047

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization Modern Electric Water Company

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Employer identification number

91-0323430

Pai	Tt I Questions Regarding Compensation	on				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the creimbursement orprovision of all the expenses des			1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv		· · · · · · · · · · · · · · · · · · ·	2		
3	Indicate which, if any, of the following the organization's CEO/Executive Director Check all its					
	Compensation committee		Written employment contract			
	Independent compensation consultant	<u>.</u>	Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization	, Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	l paymen	t from the organization or a related organization?	4a		No
b	Participate in, or receive payment from, a supplement	ental non	qualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-	based coi	mpensation arrangement?	4c		No
	If "Yes" to any of lines $4a-c$, list the persons and p	rovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	nust comp	olete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a,	did the organization pay or accrue any			
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of \ensuremath{N}	, line 1a,	did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section Apayments not described in lines 5 and 6? If "Yes,"			7		
8	Were any amounts reported in Form 990, Part VII,	paid or a	ccured pursuant to a contract that was			
	subject to the initial contract exception described					
	ın Part III			8		
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	he rebutta	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	20	(- /// (- /	Form 990 or Form 990-EZ	
(1) Mıke Baker	(I) (II)	179,854					179,854	179,215	
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
		1		<u> </u>					

Schedule J (Form 990) 2010 Page **3**

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

	Identifier	Return Reference	Explanation
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Schedule J (Form 990) 2010

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2010

Supplemental Information to Form 990 or 990-EZ

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization Modern Electric Water Company **Employer identification number**

91-0323430

ldentifier	Return Reference	Explanation				
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	The company's governing documents, conflict of interest policy and financial statements are available at 904 N. Pines, Spokane Valley, WA 99206, Monday through Friday, between the hours of 7 30 a m. and 4 30 p.m. upon request				

ldentifier	Return Reference	Explanation
VI, Line 15b		Each year, the board reviews the Northwest Utilities Salary, Wage & Benefit Survey to determine the salary of the general manager. The Board also reviews the salaries of other officers and key employees. Deliberations occur while the those whose salaries are being discussed are excused from the board meeting.

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	All board members, the general manager, the operations manager, and the comptroller are required to disclose annually, in writing, any conflicts of interest

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	The general manager and the comptroller review the 990 before filing, Each member of the board was provided a copy of Form 990 before filing

ldentifier	Return Reference	Explanation
'	•	The property owners within the service district of Modern Electric Water Company are the legal owners of the company. Ownership of the company is vested in the deeds to the property. These records are the basis for the Company's allocation of shares of common stock.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 4		The organization made modifications to its conflict of interest policy. Language was adopted stating that board members will disclose conflicts in writing annually in March