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Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form 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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2011

Open to Public Inspection

Α	For the	2011 calenda	ar year, or tax year beginning , 2011, a	and ending			, 20		
В	Check if applicable C Name of organization		C Name of organization		D Empl	oyer ide	ntification number		
	Address c	hange	Water Service. Inc.			-0455969			
	Name cha	ınge	Number and street (or P O box, if mail is not delivered to street address) Room/suite		E Telep	hone nu	mber		
Ц	Initial retu	P.O. Box 1576							
\mathbb{H}		City or town, state or country, and ZIP + 4			F Grou	F Group Exemption			
H	Amended return Application pending Trout Creek, MT 59874-1576				Number ►				
G		ting Method	☐ Cash	1	H Check I	heck ▶ ☑ if the organization is not			
	Websit	•	Godon Entropedity)	 '		quired to attach Schedule B			
			eck only one) — ☐ 501(c)(3)	<u> 527</u>	•		-EZ, or 990-PF).		
_	Check •		e organization is not a section 509(a)(3) supporting organization or a section 5						
			organization is not a section 509(a)(3) supporting organization or a section 5 0. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-	_		_	-		
			oses to file a return, be sure to file a complete return	-postcaru) i	nay be rec	julieu (s	ee manuchona). Dut m		
			b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, o	or if total ass	ets (Part II				
			w) are \$500,000 or more, file Form 990 instead of Form 990-EZ .			▶ ☆			
_				·		*************	for Dort I \		
L	art I		e, Expenses, and Changes in Net Assets or Fund Balance	•			•		
	T 4		the organization used Schedule O to respond to any question in	n this Par	Π		🗸		
	1		ons, gifts, grants, and similar amounts received			1			
% 1 0 3 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2	_	ervice revenue including government fees and contracts			2	32,121.54		
3	3		ip dues and assessments			3			
4	4	Investment				4	1,302.45		
-4	5a		ount from sale of assets other than inventory						
2	b		or other basis and sales expenses						
2	C	•	ss) from sale of assets other than inventory (Subtract line 5b from li	ne 5a) .		5c			
	6		d fundraising events						
سے دہ آدا	а		ome from Gamme Mattach Schedule G if greater than						
2		\$15,000)	[]						
28	b	Gross inco	one from fundraising events (no including \$ of aising events reported on line () (attach Schedule G if the	contributi	ons				
₩,		from fundr	aising events reported of line (attach Schedule G if the						
C Revenue	.		ch gross income and contributions exceeds \$15,000) 6b						
W		Less: direc	et expense Gron Egaming and fundraising events 6c						
	d		e or (loss) from gaming and fundraising events (add lines 6a and	6b and	subtract				
		line 6c)				6d			
	7a		s of inventory, less returns and allowances						
	Ь		of goods sold						
	С		it or (loss) from sales of inventory (Subtract line 7b from line 7a) .			7c			
	8		nue (describe in Schedule O)			8	568.90		
_	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		<u> ▶</u>	9	33,992.89		
	10		d similar amounts paid (list in Schedule O)			10	-		
	11		aid to or for members			11			
U.	12		ther compensation, and employee benefits			12			
Expenses	13		al fees and other payments to independent contractors			13	3,960.00		
Š	14	Occupancy, rent, utilities, and maintenance					8,709.87		
ű	i 15		ublications, postage, and shipping			15	433.00		
	16		enses (describe in Schedule O)			16	12,039.44		
_	17	Total expe	enses. Add lines 10 through 16	<u> </u>	<u></u> ▶	17	25,141.31		
U	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)			18	8,851.58		
ď	19		s or fund balances at beginning of year (from line 27, column (A))						
Net Assets	<u> </u>	end-of-yea	ar figure reported on prior year's return)			19	244,330.45		
	20	Other chai	nges in net assets or fund balances (explain in Schedule O)			20	· · · · · · · · · · · · · · · · · · ·		
	21	Net assets	or fund balances at end of year. Combine lines 18 through 20			21	253 192 03		

For Paperwork Reduction Act Notice, see the separate instructions.

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Form **990-EZ** (2011)

Cat No 10642I

Pa	t II Balance Sheets. (see the instructions								
	Check if the organization used Schedule	O to respond to ar	ny question in this			<u> </u>			
			1	(A) Beginning of year		(B) End of year			
22	Cash, savings, and investments			115,693.75	=	130,095.93			
23	Land and buildings			129,029.64		123,337.04			
24	Other assets (describe in Schedule O)			5,346.06		5,568.06			
25	Total assets			250,089.45	-	259,001.03			
26 27	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column			5,759.00 244,330.45		5,819.00 253,182.03			
Par					21	253, 162.03			
rai	Check if the organization used Schedule	•				Expenses			
\Mha	is the organization's primary exempt purpose?					uired for section c)(3) and 501(c)(4)			
					organizations and section				
as m	ribe the organization's program service accompli- easured by expenses. In a clear and concise mons benefited, and other relevant information for each	nanner, describe the ach program title.	e services provide	d, the number of		(a)(1) trusts, optional thers)			
28	Pumping Storage, distribution of potable water to re								
	non-profit organization, also for fire protection. Incl		nance of well, tank,	water					
	distribution lines, testing of water per Water Quality		· ···						
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 📙	28a				
29									
20	(Grants \$) If this amount	t includes foreign gra	ints, check here .	▶ ⊔	29a	-			
30									
	(Grants \$) If this amount	t includes foreign gra	inte check here		30a				
31	Other program services (describe in Schedule O)	· · · · · · ·							
0.		t includes foreign gra		· · · · ·	31a				
32	Total program service expenses (add lines 28a				32				
Par					nstruc	ctions for Part IV.)			
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part IV		🗆			
			(d) Health benefits, contributions to employe	(co. (a) Estimated amount (
	(a) Name and address		(Forms W-2/1099-MISC	benefit plans, and	other compensation				
		201010210	(if not paid, enter -0-)	deferred compensation	Ц_	-			
	Harris	President 2.5 hrs			1				
	Box 1489 Trout Creek, MT 59874		!	0	0	0			
	Cooper	Director 2 hrs.				_			
	Box 1366 Trout Creek, MT 59874		'	0	0	0			
	es Stonehocker	Vice-President 1			ا	•			
	Box 1382 Trout Creek, MT 59874 R Cooper			0	<u> </u>	0			
	Box 1366 Trout Creek, MT 59874	Secretary Treasurer 4	3960.0		0	0			
1.0.	DOX 1300 Trout Creek, WT 33074	Treasurer 4	3300.0		_				
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	instructions for Fart v.) Offects if the organization asea schedule of to respond to any question in this	эган	Yes	_=
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	162	√
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35 _a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		√
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		√
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	37b 38a		1
ь 39 а	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b 40a	Gross receipts, included on line 9, for public use of club facilities			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		√
41	List the states with which a copy of this return is filed. ▶			
42a		406-82	7-429	5
b	Located at ▶ 2 Fir Street Trout Creek, MT ZIP + 4 ▶ 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)?	59874 42b	-1576 Yes	
	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.			V
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	► □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		✓
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b		✓ •

1	Page	. 4

									Yes	No
46	Did th	ne organization engage, directly or in ndidates for public office? If "Yes," of the control of	idirectly, in political c	ampaign activities	on behalf	f of or in op	positio			
Part \								46 All sec	tion	
rait	art VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b								2	
	and 52, and complete the tables for lines 50 and 51.									
		Check if the organization used Sch			n this Pa	rt VI				
- <u>-</u>					-		-		Yes	No
		ne organization engage in lobbying	activities or have a	section 501(h) elec	ction in e	ffect during	the ta	× [
	year? If "Yes," complete Schedule C, Part II								<u> </u>	✓
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							48	<u> </u>	√
		e organization make any transfers to	· ·	•				49a	ļ	✓
b If "Yes," was the related organization a section 527 organization?							49b		√	
50		Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and le employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."								
		your mile day received more than		1		Health benefits		071101		
	(a) Na	me and address of each employee paid more than \$100,000	(b) Title and average hours per week	(c) Reportable compensation	contrib	outions to emple plans, and def	s to employee (e) E		ed amoi	
		paid more triain \$100,000	devoted to position	(Forms W-2/1099-MIS		compensation	sireu	other con	iperisai	lion
	-									-
										
							-			
					ļ					
f	Total	number of other employees paid over	er \$100,000	. ▶						
51		plete this table for the organization			ent contra	actors who	each r	eceived	more	than
	\$100,	000 of compensation from the orga	nızation. İf there is no	one, enter "None."						
(a) t	Name ai	nd address of each independent contractor pa	id more than \$100,000	(b) Type of	service		(c) C	ompensat	on	
-										
				-						
_									 -	
				1						
				1						
•••••				1						
				<u> </u>						
		number of other independent contra		•	.▶					
52		ne organization complete Schedule A kempt charitable trusts must attach			ons and 4	1947(a)(1)		□ v	. [7]	N1_
l ladas a								Yes		
		of perjury, I declare that I have examined this and complete. Declaration of preparer (other than					ту кпоч	wiedge an	a belle	i, it is
	\top	Na. P				23-1	12			
Sign	Signature of officer Lori R. Cooper Secretary Treasurer				Date					
Here				March 23, 2012						
		Type or print name and title								
Paid		Print/Type preparer's name	Preparer's signature		Date	Che	sk 🔲 if	PTIN		
Prepa	arer				<u> </u>	self-	employe	d		
Use (Firm's name		_	Firm's EIN	<u> </u>				
May th	2 <u>91 a</u>	Firm's address ▶ discuss this return with the prepare	r shown above? See	instructions		Phone no				Na
ividy ti	,- 11 10	and a prepare						Yes	s	MO

Water Service, Inc. P.O. Box 1576 Trout Creek, MT 59874-1576 EIN 81-0455969

Form 990-EZ, Line 8	12/31/11	Totals
Other Revenue:		
Late Payment	358.90	
Delinquent Penalty	210.00	
, ,	568.90	568.90
Form 990-EZ, Line 16		
Operating Expenses:	40,543.00	Totals
Form 990-EZ, Line 16		
Collection Expense	16.38	
Depreciation	8,622.00	
Discounts Allowed	655.99	
Insurance	1,511.22	
Licenses & Fees	155.00	
Travel Expense	0.00	
Taxes	84.15	
Water Inspection Fees	993.70	
	12,038.44	12,038 44
Form 990-EZ, Line 24		
Easements:	5,568.06	5,568.06
Form 990-EZ, Line 26		
•		
Total Liabilities:		
Form 990-EZ, Line 26		
Prepaid Water Accounts	3,314.00	
Membership Deposits	2,505.00	
	5,819.00	5,819.00
	0,0.0.00	5,5.5.66