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DLN: 93493107000283

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

Open to Public Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012 Name of organization WEB Water Development Association Inc D Employer identification number B Check if applicable Address change 46-0352027 Doing Business As E Telephone number Name change (605) 229-4749 Initial return Number and street (or P O box if mail is not delivered to street address) G Gross receipts \$ 9,403,981 PO BOX 51 Terminated Amended return City or town, state or country, and ZIP + 4 Aberdeen, SD 574020051 Application pending Name and address of principal officer **H(a)** Is this a group return for Steve Harper Yes 🔽 No affiliates? PO BOX 51 Aberdeen,SD 574020051 H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status 「 501(c)(3) **▼** Group exemption number 🕨 H(c) Website: ► www webwater org K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► M State of legal domicile SD L Year of formation 1979 Summary Part I Briefly describe the organization's mission or most significant activities The organization was incorporated for the purpose of operating a system for the distribution of water to its members for domestic 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) . . . 4 9 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2011 (Part V, line 2a) . 5 44 6 0 **6** Total number of volunteers (estimate if necessary) 3,510 7a Total unrelated business revenue from Part VIII, column (C), line 12. 7a **b** Net unrelated business taxable income from Form 990-T, line 34 **7**b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 0 0 8 Rayenue 8,487,626 Program service revenue (Part VIII, line 2g) 9,309,266 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 13,460 91,199 10 740 3,516 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 8,501,826 9,403,981 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 2,910 2,856 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 Expenses 2,081,383 2,007,034 Professional fundraising fees (Part IX, column (A), line 11e) 0 16a b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 0$ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 5,993,257 6,104,735 **17** Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 8,077,550 8,114,625 Revenue less expenses Subtract line 18 from line 12 . 424,276 1,289,356 Assets or d Balances **Beginning of Current End of Year** Year 126,647,289 128,143,481 20 Total assets (Part X, line 16) . . 32,845,618 21 Total liabilities (Part X, line 26) 33,613,940 94,529,541 93,801,671 22 Net assets or fund balances Subtract line 21 from line 20 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.

| | ***** | | 201 | 3-04-08 |
|---------------------|---|----------------------------------|--|------------|
| Sign Here | Signature of officer | | ate | |
| | Steve Harper General Manager Type or print name and title | | | |
| Paid | Preparer's signature Melissa White CPA | Check if self-employed | Preparer's taxpayer identification number (see instructions) P00851284 | |
| Preparer's Use Only | Firm's name (or yours if self-employed), address, and ZIP + 4 | EIN ▶ 45-0250958 | | |
| | ABERDEEN, SD 5740 | Phone no 🕨 (605) 225-8783 | | |
| May the IR | S discuss this return with the preparer sh | nown above? (see instructions) . | | 🔽 Yes 🗆 No |

| Par | t III | | rvice Accomplishments esponse to any question in this Part III | | ୮ |
|-----|---------------------|--|---|------------------------------------|--------------|
| 1 | Brief | y describe the organization's missi | on | | |
| | O rganı: mercıal | | pose of operating a system for the distribu | ution of water to its members for | domestic and |
| | | | | | |
| | | | | | |
| 2 | | | ficant program services during the year w | which were not listed on | es 🔽 No |
| | If "Ye | s," describe these new services on | Schedule O | | |
| 3 | | ne organization cease conducting, ces? | r make significant changes in how it cond | | es 🗸 No |
| | If "Ye | s," describe these changes on Sch | edule O | | |
| 4 | exper | ises Section 501(c)(3) and 501(c | vice accomplishments for each of its thre ()(4) organizations and section 4947(a)(1 al expenses, and revenue, if any, for each |) trusts are required to report th | |
| 4a | (Code | e) (Expenses \$ | ıncludıng grants of \$ |) (Revenue \$ |) |
| | comn | | tes a high quality water treatment and distribution of water in fiscal year 2012 As of September 30, 2 counties and 3 North Dakota counties | | |
| | - (0.1 | | | | |
| 4b | (Cod | e) (Expenses \$ | including grants of \$ |) (Revenue \$ | , |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| _ | (Cad |) (Funances t | maludus amata af t |) (Devenue d | ``` |
| 4c | (Cod | e) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Othe | er program services (Describe in S | chedule O) | | |
| | | | ncluding grants of \$ |) (Revenue \$ |) |
| 4e | Tota | l program service expenses►\$ | | | |

| Part IV | Checklist | of R | eauired | 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 instructions)? | 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 | | |
| 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 for which 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 1 | 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V^{\bullet} | 10 | | No |
| 11 | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, 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 | Yes | |
| 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 | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "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 |
| 14a | 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I | 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, Part 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, Part 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? If "Yes," complete Schedule G, Part I | 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? If "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. All Form 990 filers that operated one or more hospitals must attach audited financial statements | 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 | | No | | |
| 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 questions 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 | | | | |
| 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 | | | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete 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 | | | | | |
| 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 | | | | | |
| 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 | | Νo | | |
| 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 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 | | Νo | | |
| 30 | 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 | | No | | |
| 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 | | |
| 35a | Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)? | 35a | | No | | |
| b | 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 | 35b | | 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 | | | | |
| 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? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | | | |

| • | · |
|--------|---|
| Part V | Statements Regarding Other IRS Filings and Tax Compliance |

| | Check if Schedule O contains a response to any question in this Part V | • | . [| |
|------------|--|-----------|-----|-----|
| | | | Yes | No |
| а | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | | | |
| | 1a 25 | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | |
| а | 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 | | | |
| h | return | | | |
| _ | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | |
| a | Did the organization have unrelated business gross income of \$1,000 or more during the | | | |
| | year? | За | Yes | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | Yes | |
| а | 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 or securities 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 | | | |
| a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| 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 | | |
| а | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 6a | | No |
| h | organization solicit any contributions that were not tax deductible? | | | |
| U | were not tax deductible? | 6b | | |
| | 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? | 7a | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 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 contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | |
| | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 0 | Section 501(c)(7) organizations. Enter Instruction foce and capital contributions included on Bart VIII. June 12 | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b | | | |
| | facilities | | | |
| | Section 501(c)(12) organizations. Enter | | | |
| | Gross income from members or shareholders | | | |
| _ | sources against amounts due or received from them) | | | |
| 2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state | 13a | | |
| b | Enter the aggregate 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 aggregate amount of reserves on hand | | | |
| 4 > | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | 110 |
| | | | | |

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.

| 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 | | | | | |
| Ia | 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 | | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No | | |
| 6 | Did the organization have members or stockholders? | 6 | Yes | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | Yes | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | Yes | | | |
| 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 | | | |
| ь | Each committee with authority to act on behalf of the governing body? | 8b | | No | | |
| 9 | 9 | | No | | | |
| Se | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | | | |
| Re | venue Code.) | | | | | |
| | | | Yes | No | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | No | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | | | |
| 11a | Has the organization provided a complete 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 the Form 990 | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | | | |
| b | Were officers, directors or trustees, and key employees required to disclose annually interests that could give | | | | | |
| | rise to conflicts? | 12b | | No | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | | No | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | No | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | No | | |
| 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? | | | 1 | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | | | |
| b | Other officers or key employees of the organization | 15b | | No | | |
| | If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No | | |
| ь | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | | | |
| Se | ection 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) | | | | | |

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 made these available. Check all that apply

Own website Another's website V Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization Angie Hammrich 38462 US Highway 12 PO Box 51

Aberdeen, SD 574020051

<u>Part VII</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, or 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 organiz | • | lated o | rganı | zatı | ons | compe | nsat | ed any current or fo | ormer officer, direct | or, or trustee |
|---|--|-----------------------------------|---|---------|--------------|------------------------------|--------|--|--|--|
| (A) Name and Title | (B) Average hours per week (describe | more unles: an | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the organization and |
| | hours for related organizations in Schedule O) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | | MISC) | related organizations |
| (1) Greg Rahm Chairman | 2 00 | х | | х | | | | 5,400 | 0 | 0 |
| (2) Mike Neuharth Vice Chairman | 2 00 | Х | | х | | | | 4,200 | 0 | 0 |
| (3) Jerry Pulling Treasurer | 2 00 | Х | | Х | | | | 6,680 | 0 | 0 |
| (4) Scott Campbell Secretary | 2 00 | Х | | х | | | | 3,150 | 0 | 0 |
| (5) David Sigdestad Director | 2 00 | Х | | | | | | 3,000 | 0 | 0 |
| (6) Daryl Thompson Director | 2 00 | Х | | | | | | 4,000 | 0 | 0 |
| (7) Gordon Quaschnick Director | 2 00 | Х | | | | | | 4,000 | 0 | 0 |
| (8) Arnie Goldade Director | 2 00 | Х | | | | | | 4,900 | 0 | 0 |
| (9) Evan Haar Director | 2 00 | Х | | | | | | 4,000 | 0 | 0 |
| (10) Steve Harper General Manager | 40 00 | | | х | | | | 66,437 | 0 | 11,537 |
| (11) Angie Hammrich Business Manager | 40 00 | | | х | | | | 59,325 | 0 | 8,948 |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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

| | (A) Name and Title | (B) Average hours per week (describe hours | unles an | on (d e tha | n one son er ai | e bo ıs bo nd a | x, oth | | (C Repor comper from organiza 2/1099 | table sation the tion (W- | (E) Reportable compensation from related organizations (W- 2/1099- | amou comp fro organi | ensa om the zatior | ther ion |
|--------|---|--|-----------------------------------|-----------------------|-----------------------|-----------------------|------------------------------|-------------|---|------------------------------------|--|-------------------------------|--------------------------|-------------|
| | | for related organizations in Schedule O) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | | | MISC) | | elated nizatio | ons |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 1b | Sub-Total | | | <u> </u> | | <u> </u> | | <u> </u> | | | | | | |
| c d | Total from continuation sheets: Total (add lines 1b and 1c) . | | | | • | • | | > | | 165,092 | | 0 | | 20,485 |
| 2 | Total number of individuals (incli \$100,000 of reportable compens | udıng but not lın | nited to | thos | | ted | above |) who | o received | | ın | | | |
| 3 | Did the organization list any forr | ner officer, direc | tor or t | ruste | e, k | ey e | mploy | ee, o | or highest (| compens | ated employee | Ye | es | No |
| 4 | on line 1a? If "Yes," complete Sch For any individual listed on line 1 | | | | | nens | • ation | • and | other com | nensatio | • • • • • • • • • • • • • • • • • • • | 3 | | N o |
| • | organization and related organization | | | | | | | | | | | 4 | | No |
| 5 | Did any person listed on line 1a services rendered to the organiz | | | | | | | | | nızatıon d | or individual for | 5 | | No |
| Se | ction B. Independent Con | tractors | | | | | | | | | | | | |
| 1 | Complete this table for your five \$100,000 of compensation from or within the organization's tax y | the organizatio | | | | | | | | | | | | |
| | Nan | (A) ne and business add | dress | | | | | | | Desci | (B) ription of services | Cor | (C) npensa | tion |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Fotal number of independent conti \$100,000 of compensation from t | | | ot lin | nited | d to | those | liste | d above) w | ho receiv | ved more than | | | |

| Part V | 444 | 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 |
| ## | 1a | Federated campaigns 1a | | | | | |
| Contributions, gifts, grants and other similar amounts | ь | Membership dues 1b | | | | | |
| ಕ್ಷ | l c | Fundraising events 1c | | | | | |
| <u>ت</u> تو | | | | | | | |
| ಕ್ಷಕ್ಷ | d | Related organizations 1d | | | | | |
| é,E | e | Government grants (contributions) 1e | | | | | |
| ⊊ິ | f | All other contributions, gifts, grants, and 1f | | | | | |
| <u>₹</u> 2 | g | similar amounts not included above Noncash contributions included in | | | | | |
| <u>=</u> = | 9 | | | | | | |
| ŽΕ̈́ | h | Innes 1a-1f \$ Total. Add lines 1a-1f | ▶ | | | | |
| Ų 16 | ļ | | | | | | |
| <u>a</u> | | | Business Code | | | | |
| Eμ | 2a | Water Sales to Members | 221310 | 9,068,124 | 9,068,124 | | |
| Program Service Revenue | ь | Other Operating Revenu | 221310 | 219,562 | 219,562 | | |
| a T | l c | Miscellaneous | 900099 | 21,580 | 21,580 | | |
| Š | l . | | 300033 | 21,300 | 21,300 | | |
| À | d | | | | | | |
| Ξ | e | | | | | | |
| <u> </u> | f | All other program service revenue | | | | | |
| နို | | Tabal Addison 25 26 | | 0.200.266 | | | |
| | g | Total. Add lines 2a-2f | | 9,309,266 | | | |
| | 3 | Investment income (including dividend | | 04.400 | | | 01.100 |
| | | and other similar amounts) | | 91,199 | | | 91,199 |
| | 4 | Income from investment of tax-exempt bond | proceeds 🕒 | | | | |
| | 5 | Royalties | • | | | | |
| | | (ı) Real | (II) Personal | | | | |
| | 6a | Gross rents | | | | | |
| | ь | Less rental | | | | | |
| | l c | expenses Rental income | | | | | |
| | | or (loss) | | | | | |
| | d | Net rental income or (loss) | * | | | | |
| | | (ı) Securities | (II) Other | | | | |
| | 7a | Gross amount from sales of | | | | | |
| | | assets other | | | | | |
| | | than inventory Less cost or | | | | | |
| | Ь | other basis and | | | | | |
| | l _ | sales expenses Gain or (loss) | | | | | |
| | c | | | | | | |
| | d | Net gain or (loss) | | | | | |
| | 8a | Gross income from fundraising events (not including | | | | | |
| Other Revenue | | \$ | | | | | |
| <u>₹</u> | | of contributions reported on line 1c) | | | | | |
| é | | See Part IV, line 18 | | | | | |
| <u> </u> | | a | | | | | |
| ë | b | Less direct expenses b | | | | | |
| ō | c | Net income or (loss) from fundraising | events 🕨 | | | | |
| | 9a | Gross income from gaming activities | ľ | | | | |
| | | See Part IV, line 19 | | | | | |
| | | а | | | | | |
| | Ь | Less direct expenses b | | | | | |
| | C | Net income or (loss) from gaming activ | vities | | | | |
| | 10a | Gross sales of inventory, less | | | | | |
| | | returns and allowances . | | | | | |
| | | а | | | | | |
| | b | Less cost of goods sold b | | | | | |
| | С | Net income or (loss) from sales of inve | entory 🟲 | | | | |
| | | Miscellaneous Revenue | Business Code | | | | |
| | 11a | Advanced Bioenergy,LLC | 325193 | 3,516 | | 3,510 | 6 |
| | ь | | | | | | |
| | _c | | | | | | |
| | | All other revenue | | | | | |
| | d | All other revenue | | | | | |
| | е | Total. Add lines 11a-11d | · · · · • | 3,516 | | | |
| | , , | Tabal management Case Treatment | <u>.</u> | | | | |
| | 12 | Total revenue. See Instructions . | • | 9,403,981 | 9,309,266 | 3,510 | 91,205 |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

| | ot include amounts reported on lines 6b, o, 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 United States See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | 2,856 | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 212,807 | | | |
| 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 | 1,298,517 | | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 84,346 | | | |
| 9 | Other employee benefits | 292,614 | | | |
| 10 | Payroll taxes | 118,750 | | | |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| ь | Legal | 14,630 | | | |
| С | Accounting | 19,849 | | | |
| d | Lobbying | , | | | |
| e | Professional fundraising See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | 39,731 | | | |
| 12 | Advertising and promotion | 8,064 | | | _ |
| 13 | Office expenses | 176,657 | | | |
| 14 | Information technology | 20,107 | | | _ |
| 15 | Royalties | | | | |
| 16 | Occupancy | 105,862 | | | _ |
| 17 | Travel | 167,814 | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 68,409 | | | |
| 20 | Interest | 1,442,879 | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 1,526,135 | | | |
| 23 | Insurance | | | | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) | | | | |
| а | Intake/Transmission/Dis | 1,795,838 | | | |
| b | Chemicals | 718,760 | | | |
| c | | | | | _ |
| d | | | | | |
| е | | | | | |
| f | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 8,114,625 | | | |
| 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 | | | | orm 990 (2011) |

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 1 3.317.800 2 1.944.913 2 Savings and temporary cash investments 3 3 777.892 4 899.003 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 1.222.665 8 1.345.066 9 9 Prepaid expenses and deferred charges 180,098,208 Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10a 10b 60,538,259 b Less accumulated depreciation 122,707,780 10c 119,559,949 1,382,098 11 1,398,943 11 80,441 12 12 89,694 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 27,692 15 15 36,834 128, 143, 481 16 16 126,647,289 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 445, 198 17 422,868 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 33.026.535 23 32,208,288 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 142,207 25 214,462 D 26 33,613,940 26 32,845,618 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶

and complete lines 27 Balances through 29, and lines 33 and 34. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶

 and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 82, 155, 135 80.132.172 31 31 Paid-in or capital surplus, or land, building or equipment fund 12,374,406 13,669,499 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 94.529.541 33 93.801.671 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 128.143.481 34 126.647.289

| Ра | 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 | | 9,4 | 103,98 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 14,62 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | 1,2 | 289,35 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 94,5 | 529,54 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | -2,0 | 17,22 |
| 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 | | 93,8 | 301,67 |
| Pai | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | ୮ | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 | | | | |
| 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 i | cenad | ZC | 165 | |
| u | on a separate basis, consolidated basis, or both | ssueu | | | |
| | ▼ Separate basis | | | | |
| 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 | 3a | | 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 | equired | 3b | | |

DLN: 93493107000283

OMB No 1545-0047

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** WEB Water Development Association Inc 46-0352027 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 2 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? ☐ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ✓ Yes conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d

| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year - | | |
|---|--|------------|------|
| 4 | Number of states where property subject to conservation easement is located ▶ | | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? | 2 S | ┌ No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🛌 | | |
| 7 | A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year | | |
| | ▶ \$ | | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? | 25 | ┌ No |
| 9 | In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements | | |

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 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

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Schedule D (Form 990) 2011 Cat No 52283D

| Part | •••• Organizations Maintaining Co | llections of Art | <u>, His</u> | tori | <u>cal Tre</u> | eası | ıres, or O | <u>the</u> | <u>r Similar Ass</u> | ets (co | ontinued) |
|------|---|------------------------|--------------|----------|-------------------------|---------|-------------------------------|------------|---------------------------------|------------------|------------|
| 3 | Using the organization's accession and othe items (check all that apply) | r records, check an | y of th | ne foll | lowing th | iat ai | re a significa | nt u | se of its collection | on | |
| а | Public exhibition | | d | Γ | Loan or | rexc | :hange progr | ams | | | |
| b | Scholarly research | | e | Γ | Other | | | | | | |
| C | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and expla | ın hov | w the | y further | the | organızatıon | 's ex | empt purpose in | | |
| 5 | During the year, did the organization solicit of assets to be sold to raise funds rather than t | | | | | | | | | Yes | ┌ No |
| Par | Escrow and Custodial Arrang Part IV, line 9, or reported an an | | | | | | n answered | d "Y | es" to Form 99 | 90, | |
| 1a | Is the organization an agent, trustee, custod included on Form 990, Part X? | ian or other interme | ediary | forc | ontributi | ions | or other ass | ets i | | Yes | ┌ No |
| b | If "Yes," explain the arrangement in Part XIV | / and complete the | follow | ving t | able | | Г | | Amo | ount | |
| c | Beginning balance | | | | | | | 1c | Aille | , unc | |
| d | Additions during the year | | | | | | - | 1d | | | |
| e | Distributions during the year | | | | | | <u> </u> | 1e | | | |
| f | Ending balance | | | | | | - | 1f | | | |
| 2a | Did the organization include an amount on Fo | orm 990 Part X lin | e 212 | , | | | L | | | Yes | □ No |
| | If "Yes," explain the arrangement in Part XIV | • | C 21 | | | | | | , | 103 | , 110 |
| | rt V Endowment Funds. Complete | | n ans | were | ed "Yes" | " to | Form 990 | Par | t IV line 10 | | |
| | Endownient i anabi complete | (a)Current Year | |)Prior ` | | | wo Years Back | | | e) Four Y | ears Back |
| 1a | Beginning of year balance | | | - | | | | | | | |
| b | Contributions | | | | | | | | | | |
| С | Investment earnings or losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| e | Other expenditures for facilities and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the yea | r end balance held a | as | | • | | | • | - | | |
| а | Board designated or quasi-endowment 🕨 | | | | | | | | | | |
| b | Permanent endowment 🕨 | | | | | | | | | | |
| С | Term endowment ▶ | | | | | | | | | | |
| 3a | Are there endowment funds not in the posses organization by | ssion of the organiz | ation | that a | are held | and a | admınıstered | for | the | Yes | No |
| | (i) unrelated organizations | | | | | | | | 3a(i) |) | |
| | (ii) related organizations | | | | | | | | 3a(ii |) | |
| | If "Yes" to 3a(II), are the related organizatio | • | | | | | | | 3b | | |
| 4 | Describe in Part XIV the intended uses of th | | | | | | | | | | |
| Par | t VI Land, Buildings, and Equipme | ent. See Form 99 | 10, Pa | art X | , line 10 |). T | | | | | |
| | Description of property | | | | Cost or ot (Investme | | (b)Cost or ot basis (other | | (c) Accumulated depreciation | (d) Bo | ok value |
| 1a | Land | | | | | | 258, | ,048 | | | 258,048 |
| b | Buildings | | | | | | 2,729 | ,750 | 328,941 | | 2,400,809 |
| c | Leasehold improvements | | | | | | | | | | |
| d I | Equipment | | | | | | 177,110 | ,410 | 60,209,318 | 11 | 6,901,092 |
| | Other | | | | | | | | | | |
| Tota | I. Add lines 1a-1e <i>(Column (d) should equal Fo</i> | orm 990, Part X, colui | nn (B) |), line | 10(c).) | | | | ▶ | 11 | .9,559,949 |
| | | | | | | | | | Schedule D | (Form 9 | 90) 201 |

| Investments—Other Securities. See | orm 990, Part X, line 12 | |
|---|--------------------------|----------------------------------|
| (a) Description of security or category | (b)Book value | (c) Method of valuation |
| (including name of security) | (2)2001111111 | Cost or end-of-year market value |
| (1)Financial derivatives | | |
| (2)Closely-held equity interests | | |
| Other | | |
| o ther | | |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 12) | | |
| Part VIII Investments—Program Related. See | Form 990, Part X, line | 13. |
| | | (c) Method of valuation |
| (a) Description of investment type | (b) Book value | Cost or end-of-year market value |
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| Total (Column (h) should equal Form 990, Part X, col.(R) line 13.) | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) | 0.15 | |
| Part IX Other Assets. See Form 990, Part X, lin | | |
| | | (b) Book value |
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| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X | 5.) | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability | 5.) | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X | 5.) | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | 5.) | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability | 5.) | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | 5.) | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | 5.) | |
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| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | 5.) | |

| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 9,403,981 |
|-----|--|------------|------------|
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 8,114,625 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 1,289,356 |
| 4 | Net unrealized gains (losses) on investments | 4 | 9,253 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | -2,026,479 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | -2,017,226 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | -727,870 |
| Par | Reconciliation of Revenue per Audited Financial Statements With Revenue | er Re | turn |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 9,409,718 |
| 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) 2d | | |
| е | Add lines 2a through 2d | 2e | 9,253 |
| 3 | Subtract line 2e from line 1 | 3 | 9,400,465 |
| 4 | A mounts 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 3,516 | | |
| C | Add lines 4a and 4b | 4 c | 3,516 |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 9,403,981 |
| | Reconciliation of Expenses per Audited Financial Statements With Expenses | per | |
| 1 | Total expenses and losses per audited financial statements | 1 1 | 8,114,625 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| c | Other losses | | |
| d | Other (Describe in Part XIV) 2d | | |
| e | Add lines 2a through 2d | 2e | 0 |
| 3 | Subtract line 2e from line 1 | 3 | 8,114,625 |
| 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) 4b | | |
| C | Add lines 4a and 4b | 4c | 0 |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 8,114,625 |
| Da | rt XIV Supplemental Information | | |

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Part V, line 4, Part X, 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 |

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,

| Description of Uncertain Tax Positions Under FIN 48 | Part X | The Association is a nonprofit organization as described in Section 501(c)(12) of the Internal Revenue Code of 1954 and is exempt from federal income taxes. The State of South Dakota does not have an income tax. The Association has adopted provisions of FASB Accounting Standards Codification Topic ASC 740-10, and under goes an annual analysis of its various tax positions, assessing the likelihood of those positions being upheld upon examination with relevant tax authorities. As of September 30, 2012, the unrecognized tax benefit accrual was zero. The Association will recognize future accrued interest and penalties related to unrecognized tax benefits in income tax expense if incurred. The Association is no longer subject to federal tax examinations by tax authorities for the years before September 30, 2009. |
|--|--------|--|
| Part XI, Line 8 - Other Adjustments | | Amortization of Contributions for Construction -2,470,809 Membership Contributions 447,846 Advanced Bioenergy, LLC K-1 Income -3,516 Total to Schedule D, Part XI, Line 8 - 2,026,479 |
| Part XII, Line 4b - Other Adjustments | | Advanced Bioenergy, LLC K-1 Income 3,516 |

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

2011

Open to Public Inspection

Name of the organization WEB Water Development Association Inc **Employer identification number**

46-0352027

| ldentifier | Return Reference | Explanation |
|---|---|--|
| | Form 990, Part VI, Section A, line 6 | General Members Membership in the Corporation shall be limited to persons, rural water system associations or corporations, and bodies political situated within the area to be served by the Corporation, and reasonably accessible thereto, who have made application for membership in the Corporation, and who have agreed to pay the membership fee, and who have signed and entered into such agreements with the Corporation for the purchase of water for domestic, municipal and other approved beneficial use as are required by the corporation from time to time and have been accepted for membership by the Corporation's Board of Directors Individuals or entities who (1) tamper with or damage WEB property, (2) cause a cross-connection or otherwise put the water quality of the system at risk, (3) obstruct WEB staff from performing their assigned duties, (4) make use of water services without reporting it, (5) have established a record of failing to pay their water bill in a timely manner, (6) otherwise engage in or display acts or behaviors not in the best interest of the corporation and which are disruptive its operation or business pan shall not be eligible for membership. The Corporation's Board of Directors shall have the right to deny membership request or to terminate the membership of any individual or entity engaging in such acts or behaviors as defined in Article VII and the by-laws |
| | Form 990, Part VI, Section A, Ine 7a | Six rural directors shall be elected by secret ballot, one from each district, with only members residing within each district being entitled to vote for a director from that district. Three municipal directors shall be elected by secret ballot, by and from members that are bodies politic (municipalities) or bulk users receiving water service by town bulk contract rate, within the district boundary, with each such member being entitled to cast one vote for a municipal director for their district area. Directors shall be selected by plurality vote |
| | Form 990, Part VI, Section A, line 7b | Yes, in some cases. There is a section in the By-laws that deals with recall of directors and referral of issues or Board decisions. For example the Board recommends By-law changes but the members must approve by a 60% vote. |
| | Form 990, Part VI, Section A, line 8b | There are no committees with authority to act on behalf of the governing board |
| | Form 990, Part VI, Section B, line 11 | At the April meeting the 990 Form draft is provided to the governing board for review |
| | Form 990, Part VI, Section B, Inne 15a | The Board reviews the General Manager's performance and sets the rate of pay. They are aware of compensation paid to similar CEOs in the region (REA co-ops, grain elevator managers, etc.) Evaluation was performed in March 2011 as part of the hiring process for the new General Manager. For the Business Manager, the General Manager does an annual review and sets the rate of pay. The Board sees all payroll listings on a monthly basis and reviews the pay policy with the CEO on an annual basis. |
| | Form 990, Part VI, Section C, line 19 | Financial Statements are available only to the members |
| Changes in Net Assets or Fund Balances | Form 990, Part XI, line 5 | Net unrealized gains on investments 9,253 Amortization of Contributions for Construction -2,470,809 Membership Contributions 447,846 Advanced Bioenergy, LLC K-1 Income -3,516 Total to Form 990, Part XI, Line 5 -2,017,226 |