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Form **99**0

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

2012

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Ā	For	r the	2012 calend	ar year, or tax year beginning , 2012, and endin	9	, 20
В			pplicable	C Name of organization ASH FORK DEVELOPMENT ASSOC INC	 -	D Employer identification no.
П			hange	Doing Business As		86-0289444
П		ne cha	-		om/suite	E Telephone number
Ħ		al retu	•	PO BOX 436	onvounc	2 Telephone number
ī		ninate		City, town or post office, state, and ZIP code		276,385
H			return	Ash Fork, AZ 86320		G Gross receipts \$
H						G Gloss receipts 3
ш	Афрі	iiCalio:	n pending	F Name and address of principal officer FAYRENE HUME	H(a) Is this a group affiliates?	return for Yes X No
_	T					
<u> </u>			pt status L		H(b) Are all affiliate If "No," attach	a list (see instructions)
<u>, , , , , , , , , , , , , , , , , , , </u>			► N/A		H(c) Group exempt	
K	art				M State of	egal domicile AZ
Ľ	ait		Summar			
		1	Briefly descr	be the organization's mission or most significant activities COMMUNITY WATER SE	RVICE	
Se						
nar						
/eri		_				
Activities & Governance				ox 🕨 🔲 if the organization discontinued its operations or disposed of more than 25% of its i	1	. 1
ಳ				oting members of the governing body (Part VI, line 1a)	<u> </u>	8
jes				dependent voting members of the governing body (Part VI, line 1b)	<u> </u>	8
ΞΞ				r of individuals employed in calendar year 2012 (Part V, line 2a)	⊢	5 3
Ą				r of volunteers (estimate if necessary)	⊢	6
ത				ed business revenue from Part VIII, column (C), line 12		7a 0
2013		b	Net unrelated	business taxable income from Form 990-T, line 34	· · · · · · · · · · · · · · · · · · ·	<u>'b</u> 0
(Las)					Pnor Year	Current Year
	.			and grants (Part VIII, line 1h)		0
<u> </u>			-	vice revenue (Part VIII, line 2g)		0
JUN 3	! '			ncome (Part VIII, column (A), lines 3, 4, and 7d)		82 208
ت در				e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	277,7	
	-+			e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	278,1	59 276,385
SCANNED				ımılar amounts paid (Part IX, column (A), lines 1-3)		0
Z	'			to or for members (Part IX, column (A), line 4)		0
K,	,			er compensation, employee benefits (Part IX, column (A), lines 5-10)		0
SC/	<u> </u>	16a	Professional	fundraising fees (Part IX, column (A), line 11e)		0
	<u> </u>			sing expenses (Part IX, column (D), line 25) ▶0		
ú) .	17	Other expens	ses (Part IX, column (A), lines 11a-11d, 11f-24e)	349,5	20 294,092
	'	18	Total expens	es Add lines 13-17 (must equal Part IX, column-(A), line 25)	349,5	20 294,092
_		19	Revenue les	s expenses Subtract line 18 from line 12 RECEIVED Begin	(71,3	<u>61) (17,707)</u>
ces	ō			Begin	ining of Current Ye	ar End of Year
Fund Blances	Net Assets or	20	Total assets	(Part X, line 16)	2,977,3	05 2,945,530
ā	₹ 2	21	Total liabilitie	s (Part X, line 26)	426,6	79 412,611
					2,550,6	26 2,532,919
	art			re Block		
Un tru	der per	nalties ect. an	of penjury, I decl	are that I have examined this return, including accompanying scriedules and statements, and to the best of my knowled aration of preparer (other than officer) is based on all information of which preparer has any knowledge	dge and belief, it is	
		30., 0.1,	a complete boar	and so it of property (which that to moce) is based on all mornibator of which property has any knowledge		
			₩ .J	ayrene Hame		25-15-13
	ign		Signatur	e of officer	С	Date
Н	ere	- 1		ENE HUME, PRESIDENT		
			Type or	onnt name and title		
_			Print/Type pre		Check 🛚 if	PTIN
	aid		John De	Angelis / 0MM AKC 05-13-2013	self-employed	P01478727
	repa		Firm's name	▶ Pappas & De Angel/is LLPP/ Fim	n's EIN 🕨	
U	se C	nly	Firm's addres	s ▶ PO Box 400 Pho	one no	
				Flagstaff AZ 86002	928	-77 4- 0617
Ma	ay the	IR\$	discuss this	return with the preparer shown above? (see instructions)		· · · · 🗌 Yes 🖾 No

Forn	990 (2012) ASH FORK DEVELOPMENT ASSOC	INC			86-0289444	Page 2
Pa	rt III Statement of Program Service Acco					_
	Check if Schedule O contains a response to any	question in this Part III			<u> </u>	· · · · · <u> </u>
1	Briefly describe the organization's mission					
	COMMUNITY WATER SERVICE					
						
2	Did the organization undertake any significant program ser	vices during the year w	hich were not listed on t	he		
	prior Form 990 or 990-EZ?				🗌 Yes	No No
	If "Yes," describe these new services on Schedule O					
3	Did the organization cease conducting, or make significant				_	_
	services?	• • • • • • • • • •			· · · · 📙 Yes	X No
_	If "Yes," describe these changes on Schedule O					
4	Describe the organization's program service accomplishments expenses. Section 501(c)(3) and 501(c)(4) organizations at the total expenses, and revenue, if any, for each program service accomplishments.	ire required to report the				
4=		·		\ (D		
4a	(Code) (Expenses \$	including grants of	\$	_) (Revenue	\$,
					. <u></u>	
4b	(Code) (Expenses \$			\ (D)
40	(Code) (Expenses \$	including grants of	\$	_) (Revenue	\$	
				· -	·············	
	<u> </u>					
					···	
4.5	(Cod-) (Davis avis		
4c	(Code) (Expenses \$	including grants of	\$	_) (Revenue	\$,
						
						
				· 		
•						
4d	Other program services (Describe in Schedule O)		, . 		,	
4 -	(Expenses \$ including grants o	<u> </u>) (Revenue \$			
40	Total program service expenses				F	m 990 (2012)
EΑ					1 01	556 (2012)

86-0289444

	,		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_	ļ	X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			۱
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
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,	_		, <i>,</i>
	Part III	5		X
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 I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			.,
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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, line 10? If "Yes,"	المدا	.,	
_	complete Schedule D, Part VI	11a	Х	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	445		v
	of its total assets reported in Part X, line 16? If "Yes," complete 3chedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	44.		v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
u	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	44.4		v
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
Ð		11e		Χ
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		v
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40.		
	Schedule D, Parts XI and XII	12a		
U	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 and XII is optional	425		
13		12b		X
14a		14a		X
b	and the significant manner of the significant states of the significant states	144		
U	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, Parts I and IV	146		v
15		14b		<u>X</u>
13	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	45	l	v
16	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	46		v
17	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	_16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47	1	v
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	}	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40	Ì	v
40	Part VIII, lines 1c and 8a? if "Yes," complete Schedule G, Part II	_18		<u>X</u>
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	40	- 1	v
20-		19 20a		X
20a		20a		
Ü	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	-00		

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 22 Χ on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Х 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 24a Χ Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 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? 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete b 28b 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? If "Yes," complete Schedule L, Part IV 28c 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes." complete Schedule R. Part I 33 Χ 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37 X

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

19? Note. All Form 990 filers are required to complete Schedule O

38

38

13a

14a

13

b

C

14a

Section 501(c)(29) qualified nonprofit health insurance issuers.

the organization is licensed to issue qualified health plans

Enter the amount of reserves on hand

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

Enter the amount of reserves the organization is required to maintain by the states in which

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year R If there are material differences in voting rights among members of the governing body, or If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Х any other officer, director, trustee, or key employee? 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Χ stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization 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 X 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website ☐ Upon request ☐ Other (explain in Schedule O) 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 during the tax year 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization >

orm 990 (2012	2) ASH FORK DEVELOPMENT ASSOC INC	86-0289444 Page	7
Part VIII	Companyation of Officers Directors Trustees Key	Employees Highest Compensated Employees and	Ī

Independent Contractors

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

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. 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

(A)	(B)			- 10	2)			(D)	(E)	(F)	
	1	(C) Position						Reportable	Ē.	Estimated	
Name and Title	Average hours per							compensation	Reportable compensation from related organizations	amount of	
	week (list any					an one		from		other	
	hours for	box, u	ınless	pers	on is	both an		the		compensation	
	related organizations	office	r and	a dire	ctor/t	rustee)		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the	
	below dotted line)	Itd nridur sevtet deo ur ao Ir	n r s u t s i t	c e	Key employee	H c e I o m g mp h e e s n y t s e t e d	F o r m e r	(VV-2/1093-WIISC)		organization and related organizations	
(1) ANNY HATHAWAY		Х									
(2) DEBBIE WEBB	† 		<u> </u>		-	-				 _	
		X									
(3) DON WOOD		 					 				
(-) DON WOOD		X									
(4) LUCY KREUTZER											
]	Х									
(5) CAROLE POPP											
SECRETARY				X			1				
(6) DAVID COX											
TREASURER				X							
(7) FAYRENE HUME											
PRESIDENT	20.00		1	X							
(8) FRANK CEDILLO											
VP			ļ	l x				ļ			
(9)											
(10)	_								-		
(11)					-						
(12)			_	-			-				
(13)			\vdash			_					
(14)			-	-			-				

Form 9	90 (2012) ASH FORK DEVELO	PMENT ASSOC	INC							86-02894	44_	P	age 8
Part	VII Section A. Officers, Directors, Trusto	es, Key Employ	ees, a	nd F	ligh	est (Comp	ensa	ated Employees (continued)			
	. (A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos eck m s pen	son is	nan one both an	ı .	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	com	(F) stimated mount of other spensation	
		related organizations below dotted line)	v t c ı e t d e o	n r s u t s t t	f f c e	K e y e m p l o y e e	H c e m g m p l o m p l o m p l o s n e e t e e d	F o r m e r	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org	rom the ganization id related anization	d
(15)				Ė	<u> </u>								
(16)							-					-	
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)	· · · · · · · · · · · · · · · · · · ·												
(25)													
1b	Sub-total			•	•	• •		>					
c d	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)			• •	• •	• •		>	0	0			0
2	Total number of individuals (including but not lir reportable compensation from the organization		ed abo	ve) \	who	rece	eived n	nore	than \$100,000 of	0			
3	Did the organization list any former officer, dire	ctor, or trustee, k	ey em	oloye	ee, c	or hig	hest o	omp	ensated			Yes	No
4	employee on line 1a? If "Yes," complete Sched For any individual listed on line 1a, is the sum of								ation from the		3		Х
	organization and related organizations greater t	han \$150,000? If	"Yes,"	con	nple	te So	hedul	e J f	or such		4		Х
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye	· · · · · · · · · · · · · · · · · · ·		-				nizati			5		Х
Section	on B. Independent Contractors	es, complete con	icaaic	0 101	Suc	л рс						<u></u>	<u> </u>
1	Complete this table for your five highest compecompensation from the organization Report co	· · · · · · · · · · · · · · · · · · ·											
	year (A)								(B)		-	(C)	
	Name and business ad	dress							Description of	services	Comp	ensation	1
		•											
		d L.A., (1	· ·		li a t	ا ـ ا		- دا،					
2	Total number of independent contractors (inclureceived more than \$100,000 of compensation				ııste	a ab	ove) v	νпо					

Business Code

248,789

9,124

3,736

14,528

276,177

276,385

248,789

9,124

3,736

14,528

276,385

221000

221000

221000

900099

b Less cost of goods sold b

Miscellaneous Revenue

11a METERED WATER REVENU

C OTHER WATER REVENU

e Total. Add lines 11a-11d

b unmetered water revenu

c Net income or (loss) from sales of inventory

12 Total revenue. See instructions · · · · · · · · · · · · · ▶

Page **10**

Part IX **Statement of Functional Expenses**

Check if Schedule O contains a response to any question			, 	
00 not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
b, 9b, and 10b of Part VIII.		expenses	general expenses	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				
3 Grants and other assistance to governments,				
organizations, and individuals outside the				
United States See Part IV, lines 15 and 16				
Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees			ļ.·	
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				
Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits · · · · · · · · · ·				
0 Payroll taxes · · · · · · · · · · · · ·				
1 Fees for services (non-employees)				
a Management				
b Legal · · · · · · · · ·				
c Accounting		·		
d Lobbying · · · · · · · · Lobbying · · · · · · · Lobbying · · · · · · · Lobbying · · · · · · · · Lobbying · · · · · · · · Lobbying · · · · · · · · Lobbying · · · · · · · · · · · · · · · · · · ·				
Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O)	242,942		242,942	
2 Advertising and promotion	-		<u> </u>	
3 Office expenses				
4 Information technology				
5 Royalties · · · · · · · · · · · · · · · ·				
6 Occupancy · · · · · · · · · · · · · ·				
7 Travel · · · · · · · · · · · · · · · · · · ·	_			
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials			{	
9 Conferences, conventions, and meetings				
0 Interest · · · · · · · · · · · · · · · · · · ·				
1 Payments to affiliates · · · · · · · · · · ·				
2 Depreciation, depletion, and amortization	51,150		51,150	
3 Insurance				
4 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses in line 24e If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O)				
a				
b				
C				
d				
All other expenses	1			
5 Total functional expenses. Add lines 1 through 24e	294,092	0	294,092	0
Joint costs. Complete this line only if the	i		j i	
organization reported in column (B) joint costs				
- Complete and and and				

86-0289444

Part X

Balance Sheet

Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 7,844 12,062 2 2 160,774 176,608 Pledges and grants receivable, net 3 4 10,118 8,915 Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4985(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 7 Notes and loans receivable, net 8 9 Prepaid expenses and deferred charges 6,542 7,068 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 4,001,256 Less accumulated depreciation 10b 10c b 2,740,877 1,260,379 2,792,027 11 11 12 Investments - other securities See Part IV, line 11 12 13 13 14 14 15 15 16 16 2,977,305 2,945,530 17 17 35,299 27,524 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, iabilities. trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 391,380 385,087 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 25 26 26 426,679 412,611 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Net Assets of Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 2,550,626 2,532,919 33 2,550,626 33 2,532,919 34 2,977,305 2,945,530

Form	990 (2012) ASH FORK DEVELOPMENT ASSOC INC	86-028944	4	Pa	age 12
Par	t XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response to any question in this Part XI	<u></u>	• • •		<u>. L</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	· 1	2	276,3	385
2	Total expenses (must equal Part IX, column (A), line 25)		2	294,0)92
3	Revenue less expenses Subtract line 2 from line 1	. 3		(17, 7)	707)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	2,5	50, 6	526
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	. 10	2,5	532,9) 19
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	<u></u>			<u>. 🛮 </u>
				Yes	No
1	Accounting method used to prepare the Form 990 🔲 Cash 🔯 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				-
	reviewed on separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				1
b	Were the organization's financial statements audited by an independent accountant?		2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				1
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				1
·	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		ŀ
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O			1	ļ
30	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
38			3a		
			Ja	 	
IJ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			990 (2012)
EEA			. 0111	. 536 (

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization Employer identification number 86-0289444 ASH FORK DEVELOPMENT ASSOC INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 2 Aggregate contributions to (during year) Aggregate grants from (during 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 can 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 No 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 education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 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 Tax Year 2b Total acreage restricted by conservation easements 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, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 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) Yes No (i) and section 170(h)(4)(B)(ii)? In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Şchedi	le D (Form 990) 2012 ASH FORK DEVELOPM	ENT ASSOC INC		86-028	
Pai	t III Organizations Maintaining Coll	lections of Art, Histo	rical Treasures,	or Other Similar As	sets (continued)
3	Using the organization's acquisition, accession, and				
	collection items (check all that apply)				
а	Public exhibition	d Loan or exchai	nge programs		
b	Scholarly research	e 🗌 Other			
С	Preservation for future generations				
4	Provide a description of the organization's collection	is and explain how they furth	er the organization's ex	cempt purpose in Part	
	XIII				
5	During the year, did the organization solicit or receiv	re donations of art, historical	treasures, or other sim	ılar	
	assets to be sold to raise funds rather than to be ma	aintained as part of the organ	nization's collection?		
Pai	t IV Escrow and Custodial Arrange	ements. Complete if t	he organization ai	nswered "Yes" to For	rm 990, Part IV,
	line 9, or reported an amount on	Form 990, Part X, line	21		
1a	is the organization an agent, trustee, custodian or of	ther intermediary for contribi	utions or other assets n	ot	
	ıncluded on Form 990, Part X?				Yes No
b	If "Yes," explain the arrangement in Part XIII and co	mplete the following table			
				Ar	mount
С	Beginning balance			· · 1c	
ď	Additions during the year			· · 1d	
0					
f	Ending balance			· · [1f]	
2a	Did the organization include an amount on Form 990	0, Part X, line 21?			· · Yes No
b	If "Yes," explain the arrangement in Part XIII Check	here if the explanation has	been provided in Part >		<u></u>
Pa	t V Endowment Funds. Complete if	the organization ansv	vered "Yes" to For	m 990, Part IV, line	10
		(a) Current year (b) Pro	or year (c) Two year	s back (d) Three years back	(e) Four years back
1a	Beginning of year balance				
b	Contributions				
C	Net investment earnings, gains, and				
	losses · · · · · · · · · · · · · · · · · ·				
d	Grants or scholarships				
0	Other expenditures for facilities and				
	programs				
f	Administrative expenses				
9	End of year balance				
2	Provide the estimated percentage of the current year	ar end balance (line 1g, colui	nn (a)) held as		
а	Board designated or quasi-endowment	%			
b	Permanent endowment				
С	Temporarily restricted endowment	%			
	The percentages in lines 2a, 2b, and 2c should equa	al 100%			
3a	Are there endowment funds not in the possession of	f the organization that are he	eld and administered fo	r the	
	organization by				Yes No
	(i) unrelated organizations				- 3a(i)
	(ii) related organizations				- 3a(ii)
b	If "Yes" to 3a(II), are the related organizations listed	as required on Schedule R?			. 3b
4	Describe in Part XIII the intended uses of the organi				
Pai	t VI Land, Buildings, and Equipme	nt. See Form 990, Pa	rt X, line 10		
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
		(investment)	(other)	depreciation	
1a	Land	1,929,443			1,929,443
b	Buildings	. 86,125		41,177	44,948
С	Leasehold improvements				
d	Equipment	1,985,688		1,219,202	766,486
8	Other				
Total	. Add lines 1a through 1e (Column (d) must equal F		, line 10(c))	>	2,740,877

chedule D (For	m 990) 2012 ASH FORK DEVE	LOPMENT ASSOC INC	86-02	89444 Page :
Part VII	Investments - Other Securities. S	See Form 990, Part X, lin	e 12	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year market	
1) Financial	derivatives			
2) Closely-he	eld equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(l)				
otal. (Column (t	o) must equal Form 990, Part X, col (B) line 12)	Day Farm 000 Day V III	10	
Part VIII	Investments - Program Related.	See Form 990, Part X, III	16 13	
<u>.</u>	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)			 	
(7)			<u> </u>	
(8)			-	
(9)			 	
(10)	n) must equal Form 990 Part X col. (B) line 13.)			
Part IX	o) must equal Form 990, Part X, col (B) line 13) Other Assets. See Form 990, Part X	Y line 15	<u> </u>	
I dit ix	· · . · . · · · · · · · · · · · · ·			Abb Bash webs
(1)		Description		(b) Book value
(2)		·		
(3)			·	
(4)				
(5)				
(6)				 .
(7)				
(8)		· · · · · · · · · · · · · · · · · · ·		
(9)				
(10)		· · · · · · · · · · · · · · · · · · ·		
	nn (b) must equal Form 990, Part X, col (B) line 15	5)		
Part X	Other Liabilities. See Form 990, Pa	rt X, line 25.		<u> </u>
	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			_	
(10)				

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedu	ale D (Form 990) 2012 ASH FORK DEVELOPMENT ASSOC INC	86-0289444	Page 4
Par		er Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	
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 XIII)	7	
	Add lines 4a and 4b	→ 4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
	T XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	,	
a	Donated services and use of facilities		
_	Prior year adjustments	-	
, b	Other losses	-	
G	Other (Describe in Part XIII)	-	
d	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·		
9	Subtract line 2e from line 1	3	
3	1 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Part XIII)	\dashv , \dagger	
	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
	t XIII Supplemental Information		
	plete 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 ar		
	V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add	itional	
ınform	nation		
			_
EEA		Schedule D (Form 990) 2012

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ.

ASH FORK DEVELOPMENT ASSOC INC 86-0289444
01. Officer, directors, etc. family relationship (Part VI, line 2)
General Manager and President of Company are mother and son
02. Form 990 governing body review (Part VI, line 11)
Governing body reviews Form 990 at board meeting.
03. CEO, executive director, top management comp (Part VI, line 15a)
Executive director is not compensated.

04. Other officer or key employee compensation (Part VI, line 15b
Key Employee compensation determined by market comparison for community.
05. Governing documents, etc, available to public (Part VI, line 19)
Governing documents made available to the public.
06. General explanation attachment
Available to public upon request.

. . Form 4562

Depreciation and Amortization (Including Information on Listed Property)

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2012

•	Department of the Treasury Internal Revenue Service (99) See separate instructions. Attach to your tax return.							Attachment Sequence No	179		
			Business or activity to which this form relates					Identifying number			
ASE	FORK DEVEL	ОРМЕЛТ	ASSOC T	NC	FOR	м 990	- 1			86-02894	44
Pai			e Certain Pr					_			
		•	d property, comp				I				
1	Maximum amount (see								1		
2	Total cost of section 17								2		
3	Threshold cost of secti					ructions)			3		
4	Reduction in limitation.		=						4		
5	Dollar limitation for tax	year Subtrac	ct line 4 from line	1 If zero or les	ss, enter -	0- If married	filing				
	separately, see instruc	-							5		
6	· · · · · · · · · · · · · · · · · · ·	Description of pro				Isiness use only		cted cost			•
		•									
7	Listed property Enter t	he amount fr	om line 29 ·			7					
8	Total elected cost of se	ection 179 pro	operty Add amou	unts in column	(c), lines 6	and 7			8		
9	Tentative deduction E	nter the sma l	ller of line 5 or lin	ne 8 · · · ·					9		
10	Carryover of disallowed	d deduction fi	rom line 13 of yo	ur 2011 Form 4	562 -				10		
11	Business income limita	ition Enter th	e smaller of busi	ness income (r	not less th	an zero) or lu	ne 5 (see inst	ructions)	11		_
12	Section 179 expense d	leduction Ad	d lines 9 and 10,	but do not ente	er more th	an line 11			12		
13	Carryover of disallowed	d deduction to	o 2013 Add lines	s 9 and 10, less	line 12	▶ 1:	3				
_	: Do not use Part II or P							_			
Pai	t II Special De	preciatio	n Allowance	and Other	Depred	ciation (D	o not include li	sted prop	perty)	(See instructions)	
14	Special depreciation al	lowance for o	qualified property	(other than list	ed proper	ty) placed in	service				
	during the tax year (see	e instructions	.)			• • • • • •			14		
15	5 Property subject to section 168(f)(1) election · · · · · · · · · · · · · · · · · · ·							15			
16	Other depreciation (inc		<u> </u>			<u></u>			16	50,	994
Pai	t III MACRS D	epreciation	On (Do not inc	lude listed prop	perty)(Se	e instructions	s)				
					ection A					г	
17	MACRS deductions for	•			-				17		
18	If you are electing to gr		•	_	-		-	\Box			
	asset accounts, check		· · · · · · · · ·								
	Section		Placed in Servi			ar Using the	General Depr	eciation	Syste	m	
	(a) Classification of prope		(b) Month and year placed in service	(business/investri only-see instruc	nent use	(d) Recovery period	(e) Convention (f) Method		(g) Depreciation ded	uction	
<u>19a</u>	3-year property										
b	5-year property										156
<u>c</u>	7-year property			2	,188	7	HY	SL			156
d	10-year property										
-0	15-year property										
	20-year property										
<u>g</u>	25-year property	-				25 yrs		S/L			
h	Residential rental					27 5 yrs	MM	S/L			
	property					27 5 yrs	MM	S/L			
ı	Nonresidential real		•			39 yrs	MM	S/L		 .	
	property			D : 0040		11 41 - 4	MM	S/L		A	
		C - Assets I	Placed in Servic	e During 2012	lax Year	Using the A	Alternative De	1	_	tem	
	Class life					10		S/L			
<u>b</u>	/					12 yrs	1414	S/L			
	40-year		<u> </u>	<u> </u>		40 yrs	MM	S/L			
Part IV Summary (See instructions)											
21	Listed property. Enter				• • • • •				21		
22	Total. Add amounts fro		-						20	E 1	150
00	here and on the approp						structions	• •	22	51,	150
23	For assets shown above						,				
	portion of the basis attr	IIDULADIE IO SE	EULIUH ZOJA COST			2	-		I		