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Department of the Treasury Internal Revenue Service

### **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) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements OMB No 1545-0047

Open to Public Inspection

A	For the	2012 cale	ndar year, or tax year beginning	January 1	, 2012, a	nd ending	Decem	ber 31	, 20 12
В	Check if a	applicable	C Name of organization Westside \	Water Association				D Employ	er identification number
	Address	change	Doing Business As						91-6048498
Ē	Name ch	· ·	Number and street (or P O box if n	nail is not delivered to street	address)	Room/suite		E Telephor	ne number
$\exists$		-	·		,		i		
$\exists$	Initial retu		P O Box 267  City, town or post office, state, and	7ID anda					206-567-4568
$\vdash$	Terminate Amended			ZIP code				<b>G</b> Gross re	anamen C
H			Vashon WA 98070	D					
ت	Application	on pending	F Name and address of principal offic	· <b>y</b>			1		for affiliates? Yes Vo
	<del></del> ,		3925 Stone Way N, Seattle WA						cluded? Yes No
<u> </u>	Tax-exen	npt status		( 12 ) ◀ (insert no ) 🔲	4947(a)(1) or L	527	If "No	," attach a	list (see instructions)
J	Website:	► www	v.westsidewater.org				H(c) Group	exemption	number >
ĸ	Form of o	rganization	Corporation Trust Associ	ation ☐ Other ►	L Year	r of formation	1928	M State	of legal domicile WA
Р	art I	Summ		· · · · · · · · · · · · · · · · · · ·	·	·			
	1 1	Briefly de	scribe the organization's miss	sion or most significar	nt activities:	To provid	le water to		
d)		approxim	ately 250 private households.						
ĕ									
E.	1			*			**		
Š	2	Check th	s box ▶☐ if the organization	discontinued its oper	ations or dis	enosed of i	more than	25% of	its net assets
ၓိ			of voting members of the gove					3	
જ			of independent voting member					<b> </b>	5_
Ĕ.								4	0
Activities & Governance			nber of individuals employed i					5	0
Aci	1		nber of volunteers (estimate if	• /				6	5
			elated business revenue from					7a	0
	bi	Net unrel	ated business taxable income	from Form 990-T, line	e 34			7b	0
	ł						Prior Yea	ır	Current Year
Revenue	8 (	Contribut	ions and grants (Part VIII, line		3220	3025			
	9	Program	service revenue (Part VIII, line		92767	103139			
ě			nt income (Part VIII, column (A					111	53
Œ			enue (Part VIII, colu <del>mn (A), <u>li</u>n</del>					594	639
	12	Total reve	nue-add lines 8 through 1Ri	ELE ELE ELEVIII. CO	lumn (A), lin	e 12)	<del></del>	96692	106856
								2470	
			rants and similar amounts paid (Part IX, column (A), lines (3)) enefits paid to or for members (Part IX) column (A) [Ine 4]					0	3775
	15	Salarios d	other compensation, employee	bonofits (Part IX column	h (A) lines E	10)			0
Expenses			nal fundraising fees (Part IX, o			⁻' <sup>'')</sup>		0	0
ĕ						–		0	0
ង័			draising expenses (Part IX,Ch		<u> </u>				
			penses (Part IX, column (A), lin					89643	124625
			enses. Add lines 13-17 (must					92113	128400
		Revenue	less expenses. Subtract line 1	8 from line 12	<u> </u>			4579	21544
ssets or Balances						Beg	inning of Curr	ent Year	End of Year
set	20		ets (Part X, line 16)				Ur	known	Unknown
Net As Fund B	21 7	Total liabi	lities (Part X, line 26)				Ur	known	Unknown
žZ	22 1	Net asset	s or fund balances. Subtract I	ine 21 from line 20			Ur	known	See Schedule O
Pa	irt II	Signat	ure Block						
Une	der penalti	ies of perjur	y, I declare that I have examined this	return, including accompany	ing schedules	and statemer	nts, and to the	best of m	ly knowledge and belief, it is
true	e, correct,	and comple	ete Declaration of preparer (other than	officer) is based on all infor	mation of which	n preparer ha	s any knowled	dge	
		1	(X) Il alo					«/13	1/3
Sig	n	Signa	ture of officer	<del></del>	**-		Date	3/13	<del>/···</del>
He		Ĺ.	CHOTHIA /	PULLOCK	171	=ASU	DEA		
		Type	or print name and title	10000	/ / CC	-113-	KC IC		
		, ,	e preparer's name	Preparer's signature		Date			- PTIN
Pa			1 - Francis - Control			Jaie		Check [	_) if
	eparer						l	self-empl	oyea
Us	e Only						Firm's	EIN ►	<del></del>
	===	Firm's ac					Phone	e no	
			this return with the preparer		structions)				🗸 Yes 🗌 No
For	Paperwo	ork Reduc	tion Act Notice, see the separa	te instructions.		Cat No 1	1282Y		Form <b>990</b> (2012)



		(4) organizations are required to report for each program service reported.	the amount of grants and an	ocations to other
4a (Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
Delivered	water to approzimately 240 men	ber's properties.		
		including grants of \$		
c (Code:	) (Expenses \$	ıncluding grants of \$	) (Revenue \$	)
	gram services (Describe in Sch		\	
(Expenses	s \$ including g gram service expenses ►	rants of \$ ) (Revenue \$		<del></del>
re Total pro	arguit service expenses			Form <b>990</b> (2012

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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		1
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? If "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		
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		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, 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 debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓_
	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		1
	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		1
	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		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
	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		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
	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	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>V</b>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>√</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, Parts I and IV	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		✓
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 (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1
20 a		20a		✓
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	اا	

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	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		1
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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		<b>√</b>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		✓ ✓
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		1
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, 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		<b>√</b>
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		1
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
c	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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
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		<b>√</b>
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		<b>√</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		<u>√</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>√</u>
b	If "Yes" to line 35a, 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		
36	<b>Section 501(c)(3) organizations.</b> 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? <i>If "Yes," complete Schedule R, Part VI</i>	37		<b>~</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	
		Eara	. aan	(2012)

Part				_
_	Check if Schedule O contains a response to any question in this Part V	• •	Yes	No.
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	7		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	l	ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓_
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	١.		1
	·	4a		-
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.			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
5а b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		-
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-		<u> </u>
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			<u> </u>
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		
d e	If "Yes," indicate the number of Forms 8282 filed during the year	- I		
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 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		-
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	<u> </u>		_
	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	i	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	1 1		
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	- 1		
a	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1 1	İ	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		7	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a		14a		✓
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	\$	

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See in:	struct	ions.
	Check if Schedule O contains a response to any question in this Part VI	<del></del>		. 🗸
Sect	ion A. Governing Body and Management		1	
4.	Entoutho number of victing members of the governing hadrest the and of the towns.		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or	4		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	.	ļ	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	✓	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>✓</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		✓
6	Did the organization have members or stockholders?	6	1	
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?	l <b>.</b> .	,	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a	✓	
J	stockholders, or persons other than the governing body?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10		
	the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
		<u></u>	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		1
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	406		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1 la		<u></u>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<b>√</b>	
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	✓	
13	Did the organization have a written whistleblower policy?	13		✓
14	Did the organization have a written document retention and destruction policy?	14		✓
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?	]		
_		45-		,
a b	The organization's CEO, Executive Director, or top management official	15a 15b		<u> </u>
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		_
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1		
	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			<del></del>
	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		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed   Washington  Section 6104 requires on arrangeton to make its Forms 1000 (or 1004 if any level).		1/61	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(	c)(3)s	only)
	· · · ·			
19	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 or	f inter	est n	olicy
	and financial statements available to the public during the tax year.	inter	oor p	oncy,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the		
	Organization: Shaila Blakely 19933 Vashon HWV SW Vashon WA 99070 206 462 5270			

Daga	•

Form	qqn	120	12

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

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

Check this box if neither the organization n	or any relate	d org	aniz	zatio	on c	ompe	ensa	ated any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted	box, offici Individua	unle: er an	Pos heck ss pe d a d	erson	e than of the second se	n an tee)	(D) Reportable compensation from the corganization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Denny Conner, President	10			1				0	0	0
(2) Pat Call, Vice President	2			<b>→</b>	ļ			0		0
(3) Mary Margaret Briggs, Secretary	2			1	-			0	0	0
(4) Cindy Pollock, Treasurer	5			1				0	0	0
(5) John Candy, Trustee	2	1						0	0	0
(6)		-								
<u>(7)</u>										
(8)										
(9)								<del></del>		
(10)										
(11)			-							
(12)										-
(13)				-						
(14)										***

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
-						C)							
	(A)	(B)	(B) Position (do not check more than one			(D) (E)			(F)				
	Name and title	Average	box, unless person is both ar					.	Estimated				
		hours per					or/trust		compensation	compensation f	from	amount of	
		week (list any	25	=	Q	<u>~</u>	요표	ਕ੍ਰ	from	related organization		other compensatio	m
		hours for related	Individual trustee or director	nstitutional trustee	Officer	Key employee	夏호	Former	the organization	(W-2/1099-MI		from the	,,,
		organizations	중합	ā	4	<u>ặ</u>	yest c	19	(W-2/1099-MISC)	(		organization	
		below dotted	4 m	na		ş	w ö		1			and related	
		line)	iste	ŝ		&	<u> </u>				ļ	organization	3
		]	n n	tee			Highest compensated employee		Ì		1		
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(25)		<u> </u>			ļ				ļ	ļ			
				<u> </u>				<u> </u>					
1b	Sub-total							ightharpoons					
С	Total from continuation sheets to Part	VII, Sectio	n A					ightharpoons					
d								▶.	0	l	0		0
2	Total number of individuals (including bu	t not limited	to th	1056	e list	ted	abov	e) w	ho received m	ore than \$10	0,000 c	of	
	reportable compensation from the organ							٠					
												Yes	No
3	Did the organization list any former of	ficer, direc	tor, c	or ti	rust	ee,	key e	emp	oloyee, or high	est comper	sated		
	employee on line 1a? If "Yes," complete											3	1
4	For any individual listed on line 1a, is the							n a	and other comm	ensation fro	m the		1
7	organization and related organizations	greater th	an \$	150.	.000	)? [	f "Ye	s."	complete Sch	edule J for	such		]
	individual							-,				4	1
5	Did any person listed on line 1a receive of	or accrue co	omne	กรล	tion	fro	m anv	v ur	related organi	zation or indi	vidual		<del>  `</del>
3	for services rendered to the organization											5	1
Contin	on B. Independent Contractors												J.V.
				400		lon*			ore that receive	ad more then	. \$100 (	200 of	
1	Complete this table for your five highest compensation from the organization. Rep												~v
	•	Jort Compe	iiisaiii	OH I	OI II	ile c	aleric	Jai .	year ending wi	or within the	ile orga	ilization s t	.ax
	year.							_		· · · · · · · · · · · · · · · · · · ·			
	(A) Name and business add	trace							(B) Description of s	envices	0	(C) ompensation	
	Name and dusiness add	11622						ļ	Description of s	ervices		Jilipensation	
								_					
								1		· <u>.</u>			
2	Total number of independent contractor							o th	nose listed ab	ove) who			
	received more than \$100,000 of compen	sation from	the o	rga	niza	tion	<b>•</b>		0	1			

Form 9	990 (201	2)						Page \$
Par	t VIII	Statement of Reve						
}		Check if Schedule O	contains a respo	onse to any quest	tion in this Part VI (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1a	Federated campaigns	s 1a					
ara oun	b	Membership dues .			-			
S, G	С	Fundraising events .			1			
ia g	d	Related organizations						
Sins,	e	Government grants (cor						!
utio er	f	All other contributions, g and similar amounts not in		2025				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions include		3025				i
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1		•	3025			
				Business Code				
Program Service Revenue	2a	Water Usage			90,620			
e K	b	Assessments			12,520	<del> </del>	•	· · · · · · · · · · · · · · · · · · ·
Ę.	C							
တ္တ	d	***************************************						
gran	e f	All other program ser						
<b>6</b>	g	Total. Add lines 2a-2		•	103140			
	3	Investment income	(including divid	lends, interest,				
	and other similar amounts)			L	53			
	4 Income from investm							
*-	-5-	Royalties	(i) Real	(ii) Personal				
	6a	Gross rents	(i) ricui	(ii) i cisonai	Į			
	Ь	Less rental expenses		<del> </del>				:
	С	Rental income or (loss)			-			
	d	Net rental income or	(loss)	>		<u>*</u>		
	7a	Gross amount from sales of	(i) Securities	(II) Other	ļ			
	١.	assets other than inventory						
	b	Less. cost or other basis and sales expenses .			-			
	С	Gain or (loss)		<del>                                     </del>				
	d	Net gain or (loss) .		•	-		-	-
_		<b>3</b> (,				•		
Ę	8a	Gross income from fu	undraising				1	
Š	ļ	events (not including \$						
Ě		of contributions report. See Part IV, line 18 .						
Other Reven	ь	Less: direct expenses		<del></del>				
0	_	Net income or (loss) f						
		Gross income from ga						
		See Part IV, line 19 .	· · · · a	,				
	b	Less: direct expenses					-	
	C	Net income or (loss) f		ıvıties ▶				
	10a	Gross sales of ir returns and allowance		,				
	ь	Less. cost of goods s		·				
	c	Net income or (loss) f						
		Miscellaneous F		Business Code	-			
	11a	Miscellaneous Income	!		638			
	b							
	C	A II . II		-				
	d	All other revenue . Total. Add lines 11a-						
	12	Total revenue. See in		F	638			

	IX Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon				
3b, 9b	t include amounts reported on lines 6b, 7b, , 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	3775			
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				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9 10 11 a	Other employee benefits	37800			
b	Legal	8652			
d e f g	Lobbying				
12	(A) amount, list line 11g expenses on Schedule O.)				
13	Office expenses	720			
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	2717			
24	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.)				
а	Electricity	8399			
b	Capital Improvements	52446		1	
C	State/Federal Taxes	3194	***	<u> </u>	
d	Facility Upkeep/Repairs	2668	10.00	ļ <u> </u>	
е	All other expenses Schedule O, attached	8029	·		
25_	Total functional expenses. Add lines 1 through 24e	128,400		1	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if				

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (B) (A) Beginning of year End of year Cash-non-interest-bearing . . . . . 1 12917 22451 2 2 Savings and temporary cash investments . 73460 61451 3 3 Pledges and grants receivable, net . . . 0 0 4 4476 0 4711 5 Loans and other receivables from current and former officers, directors, £ trustees, key employees, and highest compensated employees. 0 5 0 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 O Notes and loans receivable, net . . . . . 0 7 0 Inventories for sale or use 8 Unknown Unknown 9 Prepaid expenses and deferred charges 9 0 0 10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 10a Unknown Less. accumulated depreciation . . . 10b 10c b Unknown Unknown Unknown 11 Investments—publicly traded securities . . . . 11 0 0 12 12 Investments-other securities. See Part IV, line 11. 0 0 Investments-program-related. See Part IV, line 11. 13 13 0 0 Unknown 14 14 Unknown Other assets. See Part IV, line 11 . . . . . . . . . . . . -15 15 Unknown Unknown 16 Total assets. Add lines 1 through 15 (must equal line 34) . 16 Unknown Unknown 17 17 Accounts payable and accrued expenses . . . 0 0 18 18 0 0 19 Deferred revenue . . . . . . . . 0 19 0 Tax-exempt bond liabilities . . . . . 20 20 0 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 0 0 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . 22 0 0 23 23 Secured mortgages and notes payable to unrelated third parties 0 0 24 24 Unsecured notes and loans payable to unrelated third parties . . . 0 0 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 Unknown Unknown 26 Total liabilities. Add lines 17 through 25 26 Unknown Unknown Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets . . . . Temporarily restricted net assets . . 28 Permanently restricted net assets . . . . . . . . . 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . . . . 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 32 Retained earnings, endowment, accumulated income, or other funds . 33 33 34 Total liabilities and net assets/fund balances 34

Part						_	
	Check if Schedule O contains a response to any question in this Part XI			<u>.</u>		V	
1	Total revenue (must equal Part VIII, column (A), line 12)		106857				
2	Total expenses (must equal Part IX, column (A), line 25)			128400			
3	Revenue less expenses. Subtract line 2 from line 1			21543			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				Unk	nown	
5	Net unrealized gains (losses) on investments					0	
6	Donated services and use of facilities					0	
7	Investment expenses					0	
8	Prior period adjustments		0		0		
9	Other changes in net assets or fund balances (explain in Schedule O)	her changes in net assets or fund balances (explain in Schedule O)		Unknowr		nown	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10			Unk	nown	
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII		<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," ex	plain	ın [	- 1			
	Schedule O.			- 1		المراجا	
2a					<b>√</b>		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or						
	reviewed on a separate basis, consolidated basis, or both:			-			
	Separate basis Consolidated basis Both consolidated and separate basis					أحرا	
b	b Were the organization's financial statements audited by an independent accountant?					<b>√</b>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					i	
	separate basis, consolidated basis, or both:					,	
	Separate basis Consolidated basis Both consolidated and separate basis			-		'	
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight						
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	ın	ı	•		
	Schedule O.			.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	torth					
	the Single Audit Act and OMB Circular A-133?		_	Ba		✓	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	ergo tr		.			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits		b		L	
				Form	990	(2012)	

#### SCHEDULE O (Form 990 or 990-EZ)

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# Supplemental Information to Form 990 or 990-EZ

20**12** 

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

Westside Water Association	91-6048498						
Part I, Line 22, Part X, Part XI Reason for non-preparation of Balance sheet: For a number of years the Association was not required to							
file Form 990 informational returns because the gross receipts were below the filing minimum. During that period, records of fixed assets							
were not maintained. The cost, depreciated basis and value of those assets are now unknown. If required by the Internal Revenue Code or							
Regulations, the assets will be inventoried, appraised and balance sheet prepared.							
Part VI, Line 3 The organization has a Board of Directors who delegate management duties to a contracted System Manager.							
Line 6-8b The organization is made up of Members living in the water system area who elect the Board members. The Members hold							
an annual vote to approve the yearly budget. The Board Secretary takes minutes to document all meetings.							
Line 11 and 19 A copy of Form 990 is provided via e-mail to Board Members for review prior to mailing. The organization provides							
governing documents, conflict of interest policy or financial statements on request by Members.							
Part VI, Section B Line 12c Board members are queried annually at the board meeting following the Annual meeting as to whether							
they have any existing or potential conflict of interest	ng the status of any existing						
or potential conflict of interest.							
Part IX Line e Other expenses: Postage \$891, Telephones \$1693, Maintenance/County Permits \$2497, Water monitoring/treatment \$2229							
Supplies \$719, Total \$8029.							
<b>1</b> 0.							