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Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

► Do not enter social security numbers on this form as it may be made public. Open to Rublic linspection Department of the Treasury Internal Revenue Service ► Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2014 calendar year, or tax year beginning 2014, and ending Check if applicable D Employer identification number Address change NEW WATER SUPPLY CORPORATION 75-2904633 PO BOX 800 E Telephone number Name change SAN AUGUSTINE, TX 75972 Initial return (936) 288-0489 Final return/terminated Amended return G Gross receipts \$ 343,742 F Name and address of principal officer Application pending H(a) Is this a group return for subordinates Yes No H(b) Are all subordinates included?

If 'No,' attach a list (see instructions) Same As C Above Tax-exempt status X 501(c) (501(c)(3) 4947(a)(1) or Website: ► N/A H(c) Group exemption number > X Corporation Form of organization Trust Association Other ► L Year of formation M State of legal domicile 2000 Part Summary Briefly describe the organization's mission or most significant activities TO PROVIDE WATER TO THE HOMER COMMUNITY AND SURROUNDING AREAS Governance If the organization discontinued its operations or disposed of motor than 25 Number of voting members of the governing body (Part VI, line 15).

Number of independent voting members of the governing body (Part VI, line 1b).

Number of independent voting members of the governing body (Part VI, line 2a). net assets 3 1:41 DEC 08 2016 (5) Total number of volunteers (estimate if necessary) **1**661 7a Total unrelated business revenue from Part (17) ACTUME 12
b Net unrelated business taxable income from FOM PROFIMED 1-7a OGDEN, UT n Prior Year **Current Year** DEC 0 9 2016 Contributions and grants (Part VIII, line 1h) 5<u>28,275</u> 103,225. Program service revenue (Part VIII, line 2g) 237.573 240,517. Other revenue (Part VIII, column (A), lines 5, 6d, 8 (2016) And 11e)
Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 765,848 343,742. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ STANCE NAME OF STREET Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 238,867. 264,193. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 238,867. 264,193. Revenue less expenses Subtract line 18 from line 12 526,981 79,549. End of Year Beginning of Current Year Total assets (Part X, line 16) 20 5,893,929. 5,960,243. 21 Total liabilities (Part X, line 26) 2,513,165 2,499,930. Net assets or fund balances Subtract line 21 from line 20 3,380,764. 3,460,313 Part II 🛊 Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other thap officer) is pased on all information of which preparer has any knowledge. Sign Here GRADY FOUNTAIN President Type or print name and title Preparer's signature Date Check M Diana Haney, CPA Paid self-employed P00170907 Preparer Diana Haney, CPA Use Only Firm's address 108 East Hospital Street Suite Firm's EIN ► 75-2327414

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

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TX 75961

TEEA0113L 05/28/14

Phone no

(936)

Form 990 (2014)

560-0203

Part III Statement of Program Service Accomplishments Check it Schedule Contains a response or note to any line in this Part III	Forn	n 990 (2014) NEW WATER SUPPLY CORPORATION	75-2904633	Page 2
1 Brefly describe the organization's mission TO PROVIDE MATER TO THE HOMER COMMUNITY AND SURROUNDING AREAS. 2 Dot the organization undertake any significant program services during the year which were not listed on the prior from 990 or 990-827 If Yes, describe these new services on Schedule O If Yes, describe these new services on Schedule O If Yes, describe these changes on Schedule O If Yes, describe the Schedule O If Yes (Schedule O) If Yes (Sc	Pai			
2. Dut the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 If Yes', describe these new services on Schedule 0 3. Dut the organization create conducting, or rates applicant changes in how it conducts, any program services? Yes No 1. Yes', describe these changes on Schedule 0 4. Describe in Schedule 0 4. Describe these changes on Schedule 0 4. Describe in Schedule 0 4. Describe in Schedule 0 4. Describe these changes should be required the amount of grants and eliberature to others, the total expenses, and revenue 1 fam, for each program services program services should be expenses. 4. Describe these changes should be expensed to report the amount of grants and eliberature to others, the total expenses should be expensed. 4. Describe these changes should be expensed to report the amount of grants and eliberature to others, the total expenses should be expensed. 4. Describe these changes should be expensed to report the amount of grants and eliberature to others, the total expenses should be expensed. 4. Describe these changes should be expensed to report the amount of grants and eliberature to others, the total expenses should be expensed. 4. Describe these changes of the secribe these changes of the secribe these changes are should be expensed. 4. Describe these changes of the secribe these changes of the secribe these changes are should be expensed. 4. Describe these changes of the secribe				
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Page 3

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	-	Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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) 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_		Х_
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		Х
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		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		Х
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		Х
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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable		δς ' '	ر س سدانشت
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	11 a		Х
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16° <i>If 'Yes,' complete Schedule D, Part VII</i>	11 b		Х
	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part IX	11 d	х	
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
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		Х
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		Х
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		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20 b		

Form 990 (2014) NEW WATER SUPPLY CORPORATION

Part IV | Checklist of Required Schedules (continued)

			163	140
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22		x
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? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of			
	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 25a	24a	}	x
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		
ŀ	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II	26		х
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		X_
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	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(: An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an			
20	officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c	 	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	-	 -	
30	contributions? If 'Yes,' complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
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		Х
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	ļ 	Х
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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	Х
Ł	olf '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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	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		Х
BAA		Forn	1 990	(2014)

Check if Schedule O contains a response or note to any line	-				
				Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if no	' 1	1a (<u>)</u> . [. 4, 11
b Enter the number of Forms W-2G included in line 1a Enter -0- if	not applicable	1b (의 [
c Did the organization comply with backup withholding rules for re- (gambling) winnings to prize winners?	portable payments to vendors	and reportable gaming	1 c		<u>'</u> —
2 a Enter the number of employees reported on Form W-3, Transmirments, filed for the calendar year ending with or within the year	ttal of Wage and Tax State- covered by this return	2 a	0 -	-	,
b If at least one is reported on line 2a, did the organization file all	required federal employment	tax returns?	2 b		
Note. If the sum of lines 1a and 2a is greater than 250, you may	be required to e-file (see inst	tructions)		27 8	ر سائنا
3 a Did the organization have unrelated business gross income of \$	1,000 or more during the year	ر.	3 a		X
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explana</i>	ation in Schedule O		3 b		
 4a At any time during the calendar year, did the organization have financial account in a foreign country (such as a bank account, s b If 'Yes,' enter the name of the foreign country 	an interest in, or a signature securities account, or other fir	or other authority over, a nancial account)?	4 a	400	Х
See instructions for filling requirements for FinCEN Form 114, Re	port of Foreign Bank and Fin	ancial Accounts (EDAD)	- -	3:	/* -\
5 a Was the organization a party to a prohibited tax shelter transaction			5 a		X
b Did any taxable party notify the organization that it was or is a p	•	•	5 b	-	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	arty to a prombited tax shelle	i ilansaction.	5 c		
•			1	-	
6 a Does the organization have annual gross receipts that are normal solicit any contributions that were not tax deductible as charitable	e contributions?		6 a		Х
b If 'Yes,' did the organization include with every solicitation an ex not tax deductible?	,	ntributions or gifts were	6 b		
7 Organizations that may receive deductible contributions under	section 170(c).		, 1 to	1-7	
a Did the organization receive a payment in excess of \$75 made p	eartly as a contribution and pa	artly for goods and	, 	4.3m	- 3
services provided to the payor?			7 a	 	ļ
b If 'Yes,' did the organization notify the donor of the value of the	•	and it was required to file	7 b		
c Did the organization sell, exchange, or otherwise dispose of tange form 8282?		1 1	7 c		.,,,
d If 'Yes,' indicate the number of Forms 8282 filed during the year		7 d	_ <u> </u>	200	£
e Did the organization receive any funds, directly or indirectly, to p			7 e	 	├
f Did the organization, during the year, pay premiums, directly or			- 	+	├
g If the organization received a contribution of qualified intellectua as required?	i property, did the organization	on tile Form 8699	7 g		<u> </u>
h If the organization received a contribution of cars, boats, airplan Form 1098-C?		-	7 h		
8 Sponsoring organizations maintaining donor advised funds. Do organization have excess business holdings at any time during t		tained by the sponsoring	8	2.5%	
9 Sponsoring organizations maintaining donor advised funds.			.3		1.2
a Did the sponsoring organization make any taxable distributions i	under section 4966?		9 a		<u> </u>
b Did the sponsoring organization make a distribution to a donor, or	donor advisor, or related pers	son?	9 b		
10 Section 501(c)(7) organizations. Enter.			1.	4	-, -
a Initiation fees and capital contributions included on Part VIII, line	e 12	10 a			ă t
b Gross receipts, included on Form 990, Part VIII, line 12, for publications	ic use of club facilities	10 b		7.38	5 st 7
11 Section 501(c)(12) organizations. Enter		1 1	وغي عمر.	Landage Land	F.
a Gross income from members or shareholders		11 a 0	-	1	12.
b Gross income from other sources (Do not net amounts due or pagainst amounts due or received from them.)	aid to other sources	11 Ь 0		Sir.	
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization			12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or acc	rued during the year	12 b		7, 1	,
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			ي سند	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	:
a is the organization licensed to issue qualified health plans in mo			13 a	<u> </u>	<u> </u>
Note. See the instructions for additional information the organization	·	9 0	13.7	1	32.61
b Enter the amount of reserves the organization is required to mai which the organization is licensed to issue qualified health plans	ntain by the states in	13 b		1	4,1
c Enter the amount of reserves on hand		13 c		11.5	مسك
14 a Did the organization receive any payments for indoor tanning se	rvices during the tax year? .		14 a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,		chedule O	14 b	<u> </u>	
BAA TEEA01	05L 05/28/14		Form	n 990	(2014)

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 or note to any line in this Bart VI.

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management		 			14-1
	non 711 do torring Body and management		····		Yes	No
1 a	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 if the governing body delegated broad	1 a	Ę	5	:	ž ran
ŧ	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	1 ь				
	Did any officer, director, trustee, or key employee have a family relationship or a business rel officer, director, trustee, or key employee?	لتنسا	hip with any other	2		Х
3	Did the organization delegate control over management duties customarily performed by or upof officers, directors, or trustees, or key employees to a management company or other personal company or other personal company.	nder th	ne direct supervision	3		Х
4	Did the organization make any significant changes to its governing documents			<u> </u>		
	since the prior Form 990 was filed?			4		X
5	Did the organization become aware during the year of a significant diversion of the organization	on's as	ssets?	_5		X
6	Did the organization have members or stockholders? See Schedule 0			6	X	
7 a	Did the organization have members, stockholders, or other persons who had the power to elemembers of the governing body?	ect or a	appoint one or more	7 a		х
t	Are any governance decisions of the organization reserved to (or subject to approval by) men stockholders, or persons other than the governing body?	nbers,		7 ь		х
8	Did the organization contemporaneously document the meetings held or written actions under the following.	rtaken	during the year by	, 34, , 5, 7, , 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,]_ ;
a	The governing body?			8 a		
t	Each committee with authority to act on behalf of the governing body?			8 b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	ot be r	eached at the	9		x
Sec	tion B. Policies (This Section B requests information about policies not requ	ired b	by the Internal Rev	/enue		e.)
					Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?			10 a		X
	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, an operations are consistent with the organization's exempt purposes?		ches to ensure their	10 ь		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the f	orm?		11 a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	S	ee Schedule O	1	É	
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13			12 a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interes to conflicts?		-	12 b	х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy Schedule O how this was done See Schedule O	y? <i>If</i> '\	Yes,' describe in	12 c	х	
	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and a persons, comparability data, and contemporaneous substantiation of the deliberation and dec		al by independent			
а	The organization's CEO, Executive Director, or top management official			15 a		X
b	Other officers or key employees of the organization			15 b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)			17	10-6	15 9
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar a taxable entity during the year?	arrang	ement with a	16 a	11831	X
b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	evalua safeg	ate its juard the	16 b	L.	1 -
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ None					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an for public inspection. Indicate how you made these available. Check all that apply Own website		T (Section 501(c)(3)s	only) a	vailab	le
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po			ible to		
20	the public during the tax year See Schedule O	on's be	noke and rocords			
20	State the name, address, and telephone number of the person who possesses the organization CHARLES SHARP 402 CEDAR STREET SAN AUGUSTINE TX 75972 (9					

Form 990 (2014)	NEW	WATER	SUPPLY	CORPORATION

75-2904633

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Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a 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 nor any related organization compensated any current officer, director, or trustee (C) Position (do not check more than one box, unless person is both an officer and a (B) (F) (A) Reportable compensation from the organization (W-2/1099-MISC) Name and Title Reportable Estimated amount of other Average compensation from related organizations (W-2/1099-MISC) hours director/trustee) compensation from the organization week Individual Institutional ormer lighest compensated (list any employee hours for and related related organiza-tions organizations I trustee dotted line) (1) ALTON STEPTOE 0 ō Х 0 0 Director JOANN WATTS 0 0 X 0 0 Director (3) GRADY FOUNTAIN 0 0 0 President 0 DEXTER RICHARDS 0 0. 0 SEC/TREAS 0 0 WILLIE JENKINS 0 Vice President X 0 0 0. 0 (6) (7) (8) (9) (10)(11)(12) (13) (14)BAA Form 990 (2014)

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Tare vii Section A. Officers, Directors, Ti	usices,	1109		<u> </u>	<u>Uy (</u>	<i>.</i> ,	<u> </u>	a mignest out	ipelisated Ein	projects (continued)
	(B)			(C	•			1		
(A) Name and title	Average hours			heck		than		(D) Reportable	(E) Reportable	(F) Estimated
Name and the	per week	offic	er an	dad	directi	or/trus	tee)	compensation from the organization	compensation from related organizations	amount of other compensation
	(list any hours for	Individual or director	ıstıtu	Officer	Key employee	Highest co	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related
	related organiza	dual i	tiona	74	mg lo	st cor	er			organizations
	- tions below dotted	Individual trustee or director	nstitutional trustee		· 8	Highest compensated employee				
	line)	6	8	Ì	İ	ated				
(15)	_	+-	\dashv	_			_			
(16)										
(17)		┢			-		_			
222		1								
(18)				_						
(10)		<u> </u>			<u> </u>		_			<u> </u>
(19)	 	1			ļ					
(20)							_			
(21)	 	-								
(22)	 	\vdash								
400	1	1_			<u> </u>		<u> </u>			ļ
(23)	 	}								
(24)			\Box		 -					
		1_			<u> </u>					
(25)		-								
1 b Sub-total	L	L			<u></u>		>	0.	0.	0.
c Total from continuation sheets to Part VII, Section	n A						>	0.	0.	
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not lim.	tad to the	so lic	tod :	aho	\	who	race	0.	0 .	ble compensation
from the organization • 0	nea to tho	5e 115	ileu i	auu	ve)	WHO	1 eci	eived more man ‡	rioo,ooo or reporta	ble compensation
				_						Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	or, or trus	stee,	key e	emp	oloye	ee, o	r hi	ghest compensate	ed employee	3 X
4 For any individual listed on line 1a, is the sum of			2000	cati	on a	and c	tha	r componention fr	om	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
the organization and related organizations greate	r than \$15	50,00	02 <i>If</i>	'Ye	es' c	omp	lete	Schedule J for	0171	4 X
5 Did any person listed on line 1a receive or accrue	compan	ation	fron	ma	nv i	ınrals	atan	t organization or ii	ndividual	整有 整性 連行
for services rendered to the organization? If 'Yes	,' complet	e Sci	hedu	ile J	J for	suct	i pe	erson		5 X
Section B. Independent Contractors 1 Complete this table for your five highest compens	sated inde	nend	ent o	cont	tract	ors t	hat	received more th	an \$100,000 of	
compensation from the organization Report com	pensation	for ti	пе са	alen	ndar	year	en	ding with or within	the organization's	
(A) Name and business add	ress							Description (B)	of services	(C) Compensation
								 		
										
2 Total number of independent contractors (including	_	limite	ed to	tho	ose	istec	d ab	ove) who received	d more than	
\$100,000 of compensation from the organization	<u>~</u>								, A	- A 12/24 31
BAA		TEEAO	108L	03/0	09/15					Form 990 (2014)

		Check if Schedule O	contains a	respo	onse or note to an	y line in this Part V	111		
;						Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns Membership dues		1 a					,
S, G		: Fundraising events	F	1 c				ļ	}
Gift	۰ ا	Related organizations		1 d					,
JS, (•	Government grants (contribution	ons).	1 e	103,225.			1	
ibution other S	f	All other contributions, gifts, g similar amounts not included a	rants, and above	1 f		}			•••
	g	Noncash contributions include	d in lines 1a-	If \$_]	,	,	
<u>ਨੂੰ ਵ</u>	<u> </u>	Total. Add lines 1a-1f			•	103,225.]. <u> </u>
Program Service Revenue	١,,			F	Business Code	<u> </u>		4 4- 4- 4	
eke		WATER_SALES				239,717.	239,717.		ļ
Se H	6	TOWN CENT PROPERTY.	<u>Assessme</u>	<u>nts</u>		800.	800.		
έŽ									
Š	e						 . = 		·
g	f	All other program servic	e revenue				 	 	
P	g	Total. Add lines 2a-2f		_	-	240,517.	 	:	
	3	Investment income (incli	uding divid	ends,	interest and	,,,,,,	 		
		other similar amounts)							
	5	Income from investment Royalties	of tax-exe	mpt t	ond proceeds . •				
		royanies	(ı) Rea		(ii) Personal	. ,			
	6 a	Gross rents	(7.102		(ii) i dissilar				· ·
	b	Less rental expenses	·····				A	44 24 5	3
	С	Rental income or (loss)							y./.
	d	Net rental income or (los	ss)		•		and the second s	Management and and the property of annual of	
	7 a	Gross amount from sales of	(i) Securit	ies	(II) Other	<u> </u>		1	
		assets other than inventory				المنظم المنطقة			
		Less, cost or other basis and sales expenses				· ·			
		Gain or (loss)							
	d	Net gain or (loss)			-				
Other Revenue	8 a	Gross income from fundi (not including \$	-			15	'		· · · · · · · · · · · · · · · · · · ·
je K		of contributions reported	on line 1c)	1				
<u>۲</u>	L	See Part IV, line 18 Less direct expenses		a		, , ,	**		\$ 9 4 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Ę		Net income or (loss) from	n fundraici	ם	onts	- c w Andrews			لَيْسَنْدُون يَا الْمَعْلِيدُونَا الْمُعْلِيدُونَا الْمُ
		Gross income from gami See Part IV, line 19		_	ens	1 2	1.	;	
		Less: direct expenses		a h					
		Net income or (loss) from	n damind a	ectiviti	es Þ		· ····································	markanin n'anama	#
		Gross sales of inventory, and allowances	-				25 15		2 4 4 3
		and allowances Less: cost of goods sold		a b	_				- 1. 1
		Net income or (loss) from	n sales of i		F	was here a william			
ŀ	<u> </u>	Miscellaneous Revenue			Business Code	<u> </u>		7 7 7 N	
ŀ	11 a			\dashv			دارات المسلم فعستان سيساء مردس	Same of the same and the same a	ing the second companies with any figure or
	b			7					
	С								
		All other revenue							
		Total. Add lines 11a-11d			-				1
	12	Total revenue. See instru	ictions			343,742.	240,517.	0.	0.

Part IX | Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must	complete all columns A	All other organizations n	nust complete column (A)
	Check if Schedule O contains a r				
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)	<u> </u>			
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services See Part IV, line 17	·			
				W 12 12 M	<u> </u>
	Investment management fees Other (If line 11g amt exceeds 10% of line 25, column				
g	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	4,598.	4,598.		
14	Information technology				<u> </u>
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	117,723.	117,723.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	4,120.	4,120.	······································	
24		1/120.			5. 350. 1 18 Too
	covered above (List miscellaneous expenses			- 44	
	in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e				
	expenses on Schedule O)	and the second of the second	1 57 March 157	19 (g. 6, 5 a)	in the state of the
а	OUTSIDE SERVICES/OPERATOR	<u>73,536.</u>	73,536.		
b	ELECTRIC	21,436.	21,436.		
C	REPAIR & MAINTENANCE	19,049.	19,049.		
	CONTRACT SERVICE	9,000.	9,000.		
	All other expenses	14,731.	14,731.		
25	Total functional expenses. Add lines 1 through 24e	264,193.	264,193.	0.	0.
		204,100.	204,100.		-
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 following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year Cash - non-interest-bearing 1 415 53,318 2 Savings and temporary cash investments. 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 998 4 18 263 21. 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 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 Notes and loans receivable, net 7 Assets inventories for sale or use 8 Prepaid expenses and deferred charges 9 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a b Less accumulated depreciation 10b 10 c Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 Intangible assets 14 14 15 Other assets See Part IV, line 11 15 5,818,613 5,920,565 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 5,893,929 5,960,243 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 2,513,165 2,499,930. Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 25 Total liabilities. Add lines 17 through 25 513, 165 26 499 930 Organizations that follow SFAS 117 (ASC 958), check here > X and complete j. 77/5 Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 3,367,964 27 446,713 28 Temporarily restricted net assets 12. 800 28 13 600 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. þ Capital stock or trust principal, or current funds 30 Net Assets Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32

BAA

33

34

Total net assets or fund balances

Total liabilities and net assets/fund balances

5,960,243 Form 990 (2014)

3,460,313

3,380,764

929

5,893,

33

34

LOH	1990 (2014) NEW WATER SUPPLY CORPORATION /	5-2904633	raye i	
Par	t XI Reconciliation of Net Assets			_
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	343,742	<u>.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	264,193	<u>.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	79,549	<u>.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,380,764	<u>.</u>
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	<u>.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,460,313	<u>.</u>
Par	t XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII		Г	7
			Yes No	,
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			_
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			-
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X	_
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie separate basis, consolidated basis, or both	wed on a	* IC 6 * * *	<u>م</u> خ
	Separate basis Consolidated basis Both consolidated and separate basis			*
t	Were the organization's financial statements audited by an independent accountant?		2 b X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepabasis, consolidated basis, or both	arate		~
	Separate basis Consolidated basis Both consolidated and separate basis			
Ċ	: If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight or review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	he Single	3 a X	ŗ
t	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the r or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired audit	3 b	
BAA			Form 990 (201	4)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	NEW WATER SUPPLY CORPORATION	NC		75-2904633	
Pai	t Organizations Maintaining Done	or Advised Funds or Other	Similar Funds or	Accounts.	
	Complete if the organization ans	wered 'Yes' to Form 990, F	Part IV, line 6		
		(a) Donor advised fund	ds (t) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and don are the organization's property, subject to the	or advisors in writing that the assi organization's exclusive legal con	ets held in donor advise trol?	d funds	No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit	s, and donor advisors in writing the of the donor or donor advisor, or	nat grant funds can be L for any other purpose c	onferring	No
Γ=-	impermissible private benefit?			Yes	NO
Par		wared Weel to Form 000 I	20st 11/ June 7		
	Complete if the organization ans Purpose(s) of conservation easements held by				
1	Preservation of land for public use (e.g., re		• .	cally important land area	
	Protection of natural habitat	· —	Preservation of a nistor Preservation of a certifi	- · ·	
	Preservation of open space		rieservation of a certifi	ed historic structure	
2	Complete lines 2a through 2d if the organization	on held a qualified conservation co	antribution in the form o	f a conservation easement o	n the
_	last day of the tax year	in their a qualified conservation ec			
				Held at the End of the Tax	Year
i	Total number of conservation easements.		2 a		
	Total acreage restricted by conservation easer		2 b		
(Number of conservation easements on a certif	ied historic structure included in (a	a) <u>2 c</u>		
(Number of conservation easements included in structure listed in the National Register	•	2 d		
3	Number of conservation easements modified, tax year ▶		d, or terminated by the	organization during the	
4	Number of states where property subject to co	nservation easement is located 🟲			
5	Does the organization have a written policy regard enforcement of the conservation easement		spection, handling of vi	olations, Yes	No
6	Staff and volunteer hours devoted to monitorin	ig, inspecting, and enforcing cons	ervation easements dur	ing the year	
7	Amount of expenses incurred in monitoring, in ►\$	specting, and enforcing conservat	ion easements during t	ne year	
8	Does each conservation easement reported or and section $170(h)(4)(B)(i)$?	n line 2(d) above satisfy the requir	ements of section 170(h)(4)(B)(ı) Yes [] No
9	In Part XIII, describe how the organization rep- include, if applicable, the text of the footnote to conservation easements	o the organization's financial state	ments that describes th	e organization's accounting	et, and for
Par	Complete if the organization ans	ions of Art, Historical Treas wered 'Yes' to Form 990, F	ures, or Other Simi Part IV, line 8.	ar Assets.	
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIII, the text of the footnote to its finance	held for public exhibition, educat	ion, or research in furth	ent and balance sheet works erance of public service, pro	s of ovide,
t	If the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items	SFAS 116 (ASC 958), to report in d for public exhibition, education,	i its revenue statement or research in furtherar	and balance sheet works of nce of public service, provide	art, e the
	(i) Revenue included in Form 990, Part VIII, In	ne 1		► \$	
	(ii) Assets included in Form 990, Part X			► \$	
	If the organization received or held works of ar amounts required to be reported under SFAS	116 (ASC 958) relating to these ite	milar assets for financia ems		
a	Revenue included in Form 990, Part VIII, line 1			► \$	
t	Assets included in Form 990, Part X			▶\$	

Part III Organizations Maintain	ning Collecti	ons of Art, Historic	al Treasures, or Ot	her Similar Assets ((continued)	
3 Using the organization's acquisititems (check all that apply)	on, accession,	and other records, che	ck any of the following	that are a significant us	e of its collec	tion
a Public exhibition		d Loan (or exchange programs			
b Scholarly research		e Other				
c Preservation for future gener	ations					
4 Provide a description of the orga Part XIII	nization's collec	ctions and explain how	they further the organic	zation's exempt purpose	e in	
5 During the year, did the organiza to be sold to raise funds rather the	han to be maint	ained as part of the or	ganization's collection?		Yes	No
Part IV Escrow and Custodia line 9, or reported an	amount on	ents. Complete if Form 990, Part X,	the organization a line 21.	nswered 'Yes' to Fo	orm 990, P 	art IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodian,	or other intermediary	for contributions or othe	er assets not included	Yes	No
b If 'Yes,' explain the arrangement	ın Part XIII and	d complete the followin	g table			
					Amount	
c Beginning balance				1 c		
d Additions during the year				1 d	<u>-</u>	
e Distributions during the year				1 e	<u>-</u>	
f Ending balance				1 f		
2 a Did the organization include an a	mount on Form	n 990, Part X, line 21, f	or escrow or custodial	account liability?	Yes	No
b If 'Yes,' explain the arrangement	ın Part XIII Ch	neck here if the explana	ation has been provided	d in Part XIII		
Part V Endowment Funds. Co	mplete if the	e organization ans	wered 'Yes' to Forr	n 990. Part IV. line	10.	
	(a) Current ye				(e) Four ye	ars back
1 a Beginning of year balance	,	,,,,,,,				
b Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships					 	
Other expenditures for facilities and programs	}					
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage	e of the current	year end balance (line	g 1g, column (a)) held a	as		
a Board designated or quasi-endov	wment ►	%				
b Permanent endowment ►	%	 				
c Temporarily restricted endowmer	nt ►	%				
The percentages in lines 2a, 2b,	and 2c should	equal 100%				
			hat are bald and admir	votored for the		
3a Are there endowment funds not a organization by	n trie possessio	on of the organization i	nat are neid and admir	iistered for the	Yes	No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
b If 'Yes' to 3a(ii), are the related of	organizations lis	sted as required on ScI	nedule R?		3b	
4 Describe in Part XIII the intended	-	•			L- <u>-</u>	
Part VI Land, Buildings, and						
Complete if the organi			990, Part IV, line	11a. See Form 990	, Part X, Iii	ne 10.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value ———
1 a Land				1 m 1 3 2		
b Buildings	L					
c Leasehold improvements						
d Equipment	Γ					
e Other						
Total. Add lines 1a through 1e (Column	n (d) must equ	al Form 990, Part X, co	olumn (B), line 10c.)	>		0.
BAA				Sched	dule D (Form	990) 2014

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Page 2

Schedule D (Form 990) 2014 NEW WATER SUPPLY CORPORATION

Page 3

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or en	d-of-year market value
1) Financial derivatives			
2) Closely-held equity interests			
3) Other			
()			
3)			
;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;		· · - · · · · · · · · · · · · · · · · ·	
<u>, </u>			
			
<u></u>			
<u> </u>			
			
	<u> </u>		
) 	-		
otal. (Column (b) must equal Form 990, Part X, column (B) line 12)	<u> </u>		<u>, , , , , , , , , , , , , , , , , , , </u>
Part VIII Investments – Program Related. Complete if the organization answered	'Vac' to Form 990	N/A Part IV June 11c, See Form 9	000 Part Y line 13
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or e	
	(b) Dook value	Cylviethod of valuation Cost of e	na or year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			·
(8)			
(9)			
(10)			
(10) otal (Column (b) must equal Form 990, Part X, column (B) line 13)			
otal (Column (b) must equal Form 990, Part X, column (B) line 13)	<u> </u>		
otal (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered 'Y	es' to Form 990, Pa		Part X, line 15.
otal (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered 'Y (a) De	<u> </u>		Part X, line 15.
otal (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered 'Y (a) De (1) CONSTRUCTION IN PROGRESS	es' to Form 990, Pa		Part X, line 15.
otal (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered '\ (a) De (1) CONSTRUCTION IN PROGRESS (2)	es' to Form 990, Pa		Part X, line 15. (b) Book value
otal (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered 'N (a) De (1) CONSTRUCTION IN PROGRESS (2) (3)	es' to Form 990, Pa		Part X, line 15. (b) Book value
otal (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered 'Y (a) De (1) CONSTRUCTION IN PROGRESS (2) (3) (4)	es' to Form 990, Pa		Part X, line 15. (b) Book value
otal (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered 'N (a) De (1) CONSTRUCTION IN PROGRESS (2) (3) (4) (5)	es' to Form 990, Pa		Part X, line 15. (b) Book value
otal (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered 'Y (a) De (1) CONSTRUCTION IN PROGRESS (2) (3) (4) (5) (6)	es' to Form 990, Pa		Part X, line 15. (b) Book value
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Schedule D (Form 990) 2014 NEW WATER SUPPLY CORPORATION		75-2904633	Page 4
Part XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue	per Return. N/A	· · · · · · · · · · · · · · · · · · ·
Complete if the organization answered 'Yes' to Form 9			
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.			
a Net unrealized gains (losses) on investments	2 a		
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants.	2 c	-	
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.			
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	.	
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b		4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)	5	
Part XII Reconciliation of Expenses per Audited Financial Statem	ents With Expense	es per Return. N/A	
Complete if the organization answered 'Yes' to Form 9	90, Part IV, line 1	2a.	
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	2 a		
b Prior year adjustments	2 b		

2 c

2 d

4 a

4 b

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)
Part XIII Supplemental Information.

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

d Other (Describe in Part XIII)

b Other (Describe in Part XIII)

e Add lines 2a through 2d

c Add lines 4a and 4b

3 Subtract line 2e from line 1

c Other losses

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

BAA

Schedule **D** (Form 990) 2014

2 e

3

4 c

5

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.

Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Publice Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NEW WATER SUPPLY CORPORATION

Employer identification number

75-2904633

Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder

The corporation is a member owned nonprofit water corporation. There is only one class of memberships. There are approximately 195 members. Annually officers are elected to serve for a three year period.

Form 990, Part VI, Line 11b - Form 990 Review Process

No review was or will be conducted.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

THERE IS NO WRITTEN AGREEMENT WITH THE BOARD MEMBER AND THE WATER SUPPLY

CORPORATION. CONFLICT OF INTEREST IS DISCUSSED IN BOARD MEETINGS. FOR NEW MEMBERS

ON THE BOARD, CONTINUING EDUCATION HAS TO BE OBTAINED WITHIN 90 DAYS OF ELECTION.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No documents available to the public.