OMB No 1545-0047 2016

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Depa Inter	artment on a	of the Treasury enue Service	•			90 and its instruc				1709	\(\bar{\partial}{2} \);	Inspection
Ā	For th	ne 2016 calendar	r year, or tax	year beg	inning 10/()1	, 2016,	and endin	g 9/	30	,	2017
В	Check r	f applicable C								D Employ	er identif	ication number
	Ad	ldress change M	ODERN EL	ECTRIC	WATER CO	OMPANY				91-	03234	130
	Na		O BOX 14							E Telepho	ne numb	er
	Int	tial return SI	POKANE,	WA 992	06					509	-928-	-4540
	Fin	al return/terminated									,	
	An	nended return			_					G Gross r	eceipts \$	17,694,730.
	Ap	plication pending F	Name and add	ess of princi	pal officer				٠,,	a group retur		H'''
		Si	AME AS C	ABOVE				11	H(b) Are al	l subordinates ' attach a list	included	² Yes No
1	Tax-	exempt status	501(c)(3)	X 501(c)	(12) - (1	nsert no)	4947(a)(1) or	527		31207 2 1101	(50052	
J	Wel	bsite: ► WWW .	MEWCO.CO	MC					H(c) Group	exemption nu	ımber 🕨	
K		of organization	Corporation	Trust	Association	Other -	LY	ear of formati	on	M s	tate of le	gal domicile
Pa		Summary			···							
	1	Briefly describe					ivities TO	PROVIDE	E_ELEC	TRICIT	Y_ANI	WATER
ě		SERVICES_A	AT THE TO	DWEST _	POSSIBLE	PRICE.						
Governance												
ern.		Charlethia bay				ed its operation			ro than	DE9/ of its		
õ		Check this box Number of votin						sea or mo	ie man z	25% 01 115	1 8	5
		Number of inde	_	_	• • •		•	1b)			4	
ies	5	Total number of	f individuals e	employed	ın calendar y	ear 2016 (Part	V, line 2a)				5	30
Activities &	6	Total number of	f volunteers (estimate	if necessary)						6	0
Ac		Total unrelated									7a	0.
	Ь	Net unrelated be	usiness taxal	ole incom	e from Form 9	990 T. line 34	-11.12.17				7b	0.
						VE OF	-17 -19	70	- F	Prior Year		Current Year
<u> </u>	ı	Contributions ar	•					18				
e n		Program service				51 LEHC 7	7 2018	(O)		470 5		1 040 414
Revenue		Investment inco Other revenue (I-1-1 0\ 		ļ	478,5		1,049,411.
_		Total revenue –						e 12)		2,589,8 3,068,4		2,827,775. 3,877,186.
		Grants and simi					311111111111111111111111111111111111111		+	3,000,4	23.	3,077,100.
	i	Benefits paid to		-		· ·					+	
		Salaries, other					n (A), lines	5-10)		1,184,2	65	1,276,686.
es	l	Professional fur	•				. (. ,,	,	-	1,104,2	03.	1,270,000.
Expenses	i	Total fundraising	-						1.729	(, es, ,)		
EX	1		• .						<u> </u>	7 84		,,,,,,
	ı	Other expenses Total expenses					luna OEN			1,228,5		1,206,256.
		Revenue less ex					iiile 23)			2,412,8		2,482,942.
<u> </u>		Neveriue less e.	xpenses out	Juaci iiiie	16 HOITI IIIe	12			Danian	655, 5		1,394,244. End of Year
t Assets or	20	Total assets (Pa	art X line 16	١						2,266,0		56,613,798.
80	21	Total liabilities (3,285,7		3,722,880.
S. E.	22	Net assets or fu		-	line 21 from i	line 20				3,980,2	-	52,890,918.
	rt.ll-	Signature		- Cubiraci	mile 21 month				40	3, 360, 2	80.	J2, 090, 910.
				amined that r	eturn including ac	companying sched	ules and statem	nents, and to t	he hest of n	ny knowledae	and belie	of it is true, correct, and
com	olete De	eclaration of preparer	(other than office	r) is based o	on all information of	f which preparer h	as any knowled	ge		.,		of, it is true, correct, and
			R W	TV 18/~					X	2	22	2-18
Sig	ın	Signature o	of officef	77					D	ate		
He	re	▶ JØE M	IORGAN						GENE	RAL MAI	NAGER	
			nt name and title									
		Print/Type prep	parer's name		Preparer's sig	nature		Date /o o	1,0	Check	_if F	PTIN
Pa			P. SANDE	RS	ROBERT	P. SANDE		12/22	/18	self-employ	ed I	P00231374
	epare		- ANDERS	SON PE	RETTI & C	O, CPAS I	PS			_		
Us	e On	ly Firm's address	PO BO	X 1413	9					Firm's EIN	91-	0867103
_			SPOKAI		99214-01					Phone no	509-	926-6221
Ma	the I	RS discuss this	return with th	ne prepar	er shown abov	/e? (see instri	ictions)					X Yes No

	Statement of Drogger C		91-0323	430		age z
Part I		ervice Accomplishments a response or note to any line in this Part III				
1 B						L_
	riefly describe the organization's mi		DICE			
1	O PROVIDE ELECTRICITY	AND WATER SERVICES AT THE LOWEST POSSIBLE P	KICE.			
_						
_						
		f 1 1 1 1 1 1 1				
		ficant program services during the year which were not listed on the prior	Г	٦.,	[2]	
	orm 990 or 990-EZ?	0.1.11.0		Yes	X	No
	'Yes,' describe these new services			٦		
		g, or make significant changes in how it conducts, any program service	ces?	Yes	X	No
	'Yes,' describe these changes on S					
4 De Se ar	rescribe the organization's program section 501(c)(3) and 501(c)(4) organ nd revenue, if any, for each program	service accomplishments for each of its three largest program service nizations are required to report the amount of grants and allocations to n service reported	s, as measi o others, th	ured by e total e	expens	ises ses,
4a (0	Code) (Expenses \$	including grants of \$) (Rev	renue \$)
_						
_						
_						
_						
_						
_						
_						
_						
_						· -
_						
				 -		
4 b (C	Code) (Expenses \$	including grants of \$) (Rev	enue \$)
_						
_						
_						
_						
_						. – – –
-						
_						. – – –
_						
_						·
- (0	2.1.					
4c (0	Code) (Expenses \$	including grants of \$) (Rev	enue \$)
_						
_						
_			. 			
_						
_						
_				- -		. – – –
-						. – – –
_	·			- -		. – – –
_						· – – –
						· – – –
-				- - - -		· – – –
440	Other program services (Describe in S	Schedule O)				
	Expenses \$	including grants of \$) (Revenue \$			`	
		0.			,	
BAA	otal program service expenses -			Forn	1 90 0	(2016)
		TEEA0102L 11/16/16		1 0111	. 550	(2010)

1			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		Х
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		X
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		Х
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		X
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, IX, or X as applicable	the day of		, %g
ā	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	
t	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	11 b		X
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
C	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		X
12 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	
t	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		<u> </u>
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
t	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		X
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		X
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		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'	10		¥

Form 990 (2016) MODERN ELECTRIC WATER COMPANY

Part IV Checklist of Required Schedules (continued)

•			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
t	if 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
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 1? 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		Х
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 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		Х
ı	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		
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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		
ı	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	!	Х
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)	, š.		
i	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ı	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 officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
	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		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	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
I	o 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	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 197 Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA	L	Form	990 ((2016)

Part V Statements Regarding Other IRS Filings and Tax Compliance				
. Check if Schedule O contains a response or note to any line in this Part V				\Box
			Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 15	3	5 m	27.00
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	4 e		4.
c Did the organization comply with backup withholding rules for reportable payments to vendors and (gambling) winnings to prize winners?	reportable gaming	1 c	X	
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 30			7
b If at least one is reported on line 2a, did the organization file all required federal employments	nt tax returns?	2 b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see if	nstructions)	Ž.	ri'''	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year	ar?	3 a		Х
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule Q		3 ь		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other	ner authority over, a financial account)?	4 a		Х
b If 'Yes,' enter the name of the foreign country		*		\(\frac{1}{2}\)
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia	l Accounts (FBAR)	مۇ سىدىد سىلاسىدا		
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the t		5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax she	lter transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, solicit any contributions that were not tax deductible as charitable contributions?	and did the organization	6 a		х
b If 'Yes,' did the organization include with every solicitation an express statement that such contribution not tax deductible?	utions or gifts were	6 b		
7 Organizations that may receive deductible contributions under section 170(c).		4	4/2 7-1	5
a Did the organization receive a payment in excess of \$75 made partly as a contribution and services provided to the payor?	partly for goods and	. 🧣	,	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided	7	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it				
Form 8282?		7 c		
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d	. ži	,4%,	ŭ. ¥
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal		7 e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal be		7 f		
g If the organization received a contribution of qualified intellectual property, did the organization file as required?		7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	_	7 h		!
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by the sponsoring		184.	ا کارک امستان م
organization have excess business holdings at any time during the year?		8		
9 Sponsoring organizations maintaining donor advised funds.			الله عدد	- <u></u>
a Did the sponsoring organization make any taxable distributions under section 4966?	2	9 a		<u> </u>
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related pe	erson	9 b	, ,	1. 32
10 Section 501(c)(7) organizations. Enter	10-1	*	$f = \frac{1}{2}$	~
 a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 	10 a	() ()	2 1	2,
11 Section 501(c)(12) organizations. Enter	100	,		, - ,
a Gross income from members or shareholders	11a 16.577.805.	((
b Gross income from other sources (Do not net amounts due or paid to other sources	11a 16,577,805.			,
against amounts due or received from them)	11b 1,116,095.	12 a		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	124		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				1
a 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 Sched	ule O		-	
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	13ь			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?	_	14a		Х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schedule Q	14 b		
BAA TEEA0105L 11/16/16	· 	Form	1 990 ((2016)

Form 990 (2016) MODERN ELECTRIC WATER COMPANY 91-0323430 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 Part VI X Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent 1 b 5 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Х 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 Х Did the organization make any significant changes to its governing documents 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's assets? X 5 SEE SCHEDULE O 6 Did the organization have members or stockholders? 6 Х 7 a 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? SEE SCHEDULE O Х 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? R a Χ b Each committee with authority to act on behalf of the governing body? X 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10_b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in SEE SCHEDULE O Schedule O how this was done Х 12 c 13 Did the organization have a written whistleblower policy? X 13 14 Did the organization have a written document retention and destruction policy? Х 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? a The organization's CEO, Executive Director, or top management official SEE SCHEDULE O Х 15 2 **b** Other officers or key employees of the organization SEE SCHEDULE O 15_b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a Х b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year SEE SCHEDULE O 20 State the name, address, and telephone number of the person who possesses the organization's books and records

BAA

Form 990 (2016)	MODERN	ELECTRIC	WATER	COMPANY

91-0323430

Page 7

Form 990 (2016)

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 relative	ed organiz	ation	con	nper	sate	ed any	сп	rrent officer, direct	or, or trustee	
				(C))					
(A) Name and Title	(B) Average hours per	15	s both dir	(do n box, an c ector.	officer /trust			(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) CHUCK TAES	1]]							
DIRECTOR	0	X				1 1		10,950.	0.	0.
(2) SAM WALDRON	11									
SECRETARY/TREAS	0	X						7,450.	0.	0.
(3) DAVE THOMPSON	11									
PRESIDENT	0	X			ĺ	1 1		8,900.	0.	0.
(4) BARRY BAKER	1									
VICE PRESIDENT	0	X				1 1		5,700.	0.1	0.
(5) SCOTT HISLOP	1									
DIRECTOR	0	X	}			} }	- 1	6,750.	0.	0.
(6) JOE MORGAN	40						\neg			
GENERAL MANAGER	0		ŀ		X			196,914.	0.1	0.
<u></u>										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
			L	L	┖)		1	

TEEA0107L 11/16/16

(15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (24) (25) (26) (27) (27) (28) (29) (29) (20) (20) (21) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (21) (22) (23) (24) (25) (26) (27) (27) (28) (28) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (27) (28) (28) (29) (29) (29) (20) (20) (21) (22) (23) (24) (25) (26) (27) (27) (28) (28) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (27) (28) (29) (20)	Tart vii dection A. Onicers, Directors, Tre		1					<u> </u>	1 riigiiest oon	ipensated Em	projects (continued)
(15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (24) (25) 1 b Sub-total from continuation sheets to Part VII, Section A	· · · · · · · · · · · · · · · · · · ·	hours	box	, unle	Pos check	sition more	is bot	h an	Reportable	Reportable	Estimated
(29) (29) (29) (29) (29) (29) (29) (29)		week (list any hours for related organiza	<u> </u>	1 1		-	employee	Former	the organization	related organizations	compensation from the organization and related
(20) (21) (22) (23) (24) (25) 1 b Sub-total (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29		below dotted	ustee	trustee		æ	pensated				
(20) (21) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29	(15)										
(18) (19) (20) (21) (22) (23) (24) (25) 1 b Sub-total continuation sheets to Part VII, Section A	(16)										
(20) (21) (22) (23) (24) (25) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines of land late) from the organization 1 3 Did the organization 1 4 For any individual Sichedule J for such individual on line 1a "If "Yes," complete Schedule J for such individual on the 1 as it he sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1 a receive or accrue compensation from any unrelated organization or individual for services rendered to the organizations greater than \$150,000? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensation from any unrelated organization from the callendar year ending with or within the organization's tax year (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	(17)		-					-			
(20) (21) (22) (23) (24) (25) 1 b Sub-total c Total from continuation sheets to Part VII, Section A c Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is any former officer, director, or trustee, key employee, or highest compensated employee on line 13° if 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000° if 'Yes,' complete Schedule J for such individual for services rendered to the organization? If Yes,' complete Schedule J for such person 5 Did any person listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000° if 'Yes,' complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If Yes,' complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If Yes,' complete Schedule J for such person 6 Compensation from the organization or individual for services and the organization or individual services and the organization or individual for services and the organization or individual services and the organization or individual services and the organization or individual for services and organization or individual services and organization or individual services and organization or individual for services and organization or individual for services and organization or individual services and	(18)		-								
(21) (22) (23) (24) (25) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a' If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 Exection B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation from the organization of services. (A) Name and business address 2 Total number of independent contractors (including but not limited to those listed above) who received more than 2 Total number of independent contractors (including but not limited to those listed above) who received more than	(19)		-					-			1
(23) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1 Yes No 1	(20)		-					-			
236, 664.	(21)										
236, 664 .	(22)										-
236, 664	(23)		 					-			
1 b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 Exection B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	(24)							H			
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	(25)										
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than		l	l		L	<u> </u>	L	Ļ			1,
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a² If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000² If 'Yes,' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than											
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than		on A									
from the organization 1 Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than											
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than		to those I	sted	abov	ve) v	vho i	recei	ved	more than \$100,00	0 of reportable con	npensation
on line 1a? If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than											
the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	tor, or tru th individu	stee, <i>al</i>	key	em /	iploy	ee,	or h	nighest compensa	ted employee	3 X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	the organization and related organizations greate	f reportab er than \$1	le co. 50,00	mpe 00?	nsa If 'Y	tion 'es,	and com	oth <i>ple</i>	er compensation te Schedule J for	from	
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	for services rendered to the organization? If 'Yes	e compen s,' comple	satio	n fre	om a	any <i>J fo</i>	unre r suc	late ch p	ed organization or erson	ındıvıdual	5 X
compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation Name and business address Description of services Total number of independent contractors (including but not limited to those listed above) who received more than				_							
Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	1 Complete this table for your five highest compen compensation from the organization. Report compen	sated indesation for	epen the ca	dent alen	t cor dar y	ntra year	ctors end	tha	it received more the or with or within the or	han \$100,000 of ganization's tax yea	ar
	Name and business add	ress		_					(B) Description (of services	(C) Compensation
				_				_			
									 		
									 		
groupou or compensation from the organization []	Total number of independent contractors (including to \$100,000 of compensation from the organization).		ted to	o tho	se l	stec	abo	ve)	who received more	than	

Form 990 (2016)

91-0323430 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (C) Unrelated (B) (D) Related or Revenue exempt business excluded from tax function revenue under sections revenue 512-514 ons, Gifts, Grants Similar Amounts Grants 1a Federated campaigns 1 a **b** Membership dues 1 b c Fundraising events. 1 c d Related organizations 1 d e Government grants (contributions) Contributions, and Other Simi 1 e f All other contributions, gifts, grants, and similar amounts not included above 1 f g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f Program Service Revenue Business Code 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest and other similar amounts) 875,049 875,049 Income from investment of tax-exempt bond proceeds. Royalties (ı) Real (ii) Personal 6a Gross rents. 42,300 b Less rental expenses c Rental income or (loss) 42,300 d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory 175,192 b Less: cost or other basis and sales expenses 830 c Gain or (loss) 174,362 d Net gain or (loss) 8a Gross income from fundraising events Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 16577805 b Less cost of goods sold 13816714 c Net income or (loss) from sales of inventory 2,761,091 2,761,091 Miscellaneous Revenue Business Code 11a MISCELLANEOUS INCOME 221000 24,384 24,384 d All other revenue e Total. Add lines 11a-11d 24,384 12 Total revenue. See instructions 877,186 3, 198,746 3,678,440

TEEA0109L 11/16/16

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX. (A) Total expenses (C) (B) (D) Do not include amounts reported on lines Program service Management and Fundráising 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. Benefits paid to or for members 4 Compensation of current officers, directors, trustees, and key employees 0 236,664 39,750 0. 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. 7 Other salaries and wages 643,294 643,294 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 225,517 225,517 Other employee benefits 104,602 104,602 Payroll taxes 10 66,609. 66,609 11 Fees for services (non-employees) a Management **b** Legal 13,191 13,191 c Accounting 44,500 44,500 d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees 209,086 209,086 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion Office expenses 265,812 265,812 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 201,896 201,896 23 Insurance 53,381 53,381 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a MISCELLANEOUS <u>165,675</u> 165,675 b DUES AND SUBSCRIPTIONS 71,430 71,430 POSTAGE AND SHIPPING 64,954 64,954 d PUBLIC RELATIONS 57,277 57,277 59,054. 59,054 e All other expenses 25 Total functional expenses Add lines 1 through 24e 2,482,942 0. 2,286,028. 0. 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).

		Check if Schedule O contains a response or note to any line in this Part X			
		·	(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	1,110,913.	1	2,009,660.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,497,818.	4	1,739,470.
ĺ	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.			
	6	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	admin of the color and	6	
9	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	330,784.	8	320,395.
As	9	Prepaid expenses and deferred charges	87,965.	9	87,672.
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 48,666,941.			
[b	Less accumulated depreciation 10b 29,188,168.	18,974,533.	10 c	19,478,773.
	11	Investments – publicly traded securities	30,063,664.	11	32,799,497.
ļ	12	Investments – other securities See Part IV, line 11		12	0, 1, 0
	13	Investments - program-related See Part IV, line 11		13	
}	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	200,361.	15	178,331.
}	16	Total assets. Add lines 1 through 15 (must equal line 34)	52,266,038.	16	56,613,798.
	17	Accounts payable and accrued expenses	3,285,758.	17	3,722,880.
ſ	18	Grants payable		18	
	19	Deferred revenue		19	
Ì	20	Tax-exempt bond liabilities		20	
9	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	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	
	24	Unsecured notes and loans payable to unrelated third parties	-	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	3,285,758.	26	3,722,880.
Ses		Organizations that follow SFAS 117 (ASC 958), check here ► and complete lines 27 through 29, and lines 33 and 34.			
a	27	Unrestricted net assets		27	L
Bal	28	Temporarily restricted net assets		28	
ַפַ	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34.		, 3	
12	30	Capital stock or trust principal, or current funds	2,785.	30	2,791.
8	31	Paid-in or capital surplus, or land, building, or equipment fund.	2,158,327.	31	2,158,328.
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds	46,819,168.	32	50,729,799.
é	33	Total net assets or fund balances	48,980,280.	33	52,890,918.
	34	Total liabilities and net assets/fund balances	52,266,038.	34	56,613,798.
BA	Α				Form 990 (2016)

Forn	n 990 (2016) MODERN ELECTRIC WATER COMPANY 9	1-0323430	Page 12
Pai	t XI Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,877,186.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,482,942.
3	Revenue less expenses Subtract line 2 from line 1	3	1,394,244.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	48,980,280.
5	Net unrealized gains (losses) on investments	5	2,504,162.
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) SEE SCHEDULE O	9	12,232.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	52,890,918.
Pà	t XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		П
			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		
2:	in Schedule O 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 reviseparate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	ewed on a	
ı	Were the organization's financial statements audited by an independent accountant?		2b X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis		
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	udıt,	2c X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?		3a X
	o If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audit	3 b
BAA			Form 990 (2016)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990,
Part IV, line 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 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization

MODERN ELECTRIC WATER COM	IPANY	91-0323430
art I Organizations Maintaining Do Complete if the organization ar	nor Advised Funds or Other Similar Fundswered 'Yes' on Form 990, Part IV, line	nds or Accounts. 6.
	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year		
Aggregate value of contributions to (during year)		
Aggregate value of grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and are the organization's property, subject to the	donor advisors in writing that the assets held in do he organization's exclusive legal control?	onor advised funds Yes No
Did the organization inform all grantees, do for charitable purposes and not for the ben impermissible private benefit?	onors, and donor advisors in writing that grant fund efit of the donor or donor advisor, or for any other	ds can be used only r purpose conferring Yes No
Tit II Conservation Easements.	assured 'Vos' on Form 000. Port IV. June	. 7
Purpose(s) of conservation easements held	nswered 'Yes' on Form 990, Part IV, line	: /.
Preservation of land for public use (e.g.		of a historically important land area
Protection of natural habitat	,	of a certified historic structure
Preservation of open space		or a certifica filosofie stractare
	on held a qualified conservation contribution in the form	m of a conservation easement on the
last day of the tax year	with the distribution of the first the form	
		Held at the End of the Tax Yea
a Total number of conservation easements.		2 a
b Total acreage restricted by conservation ea		2 b
c Number of conservation easements on a ce	ertified historic structure included in (a)	2 c
structure listed in the National Register	d in (c) acquired after 8/17/06, and not on a histo	2 d
Number of conservation easements modified, tax year ►	ransferred, released, extinguished, or terminated by t	the organization during the
Number of states where property subject to co.	nservation easement is located >	_
Does the organization have a written policy and enforcement of the conservation easer	regarding the periodic monitoring, inspection, ha nents it holds?	ndling of violations, Yes No
Staff and volunteer hours devoted to monitorin	g, inspecting, handling of violations, and enforcing co	onservation easements during the year
Amount of expenses incurred in monitoring, in ►\$	specting, handling of violations, and enforcing conser	vation easements during the year
Does each conservation easement reported and section 170(h)(4)(B)(ii)?	d on line 2(d) above satisfy the requirements of se	ection 170(h)(4)(B)(i) Yes No
In Part XIII, describe how the organization rep- include, if applicable, the text of the footnot conservation easements	orts conservation easements in its revenue and exper te to the organization's financial statements that o	nse statement, and balance sheet, and describes the organization's accounting for
rt III Organizations Maintaining Co	llections of Art, Historical Treasures, or nswered 'Yes' on Form 990, Part IV, line	r Other Similar Assets.
a If the organization elected, as permitted ur art, historical treasures, or other similar assets	der SFAS 116 (ASC 958), not to report in its reve sheld for public exhibition, education, or research in fi nancial statements that describes these items	enue statement and balance sheet works o
b If the organization elected, as permitted unhistorical treasures, or other similar assets helfollowing amounts relating to these items	der SFAS 116 (ASC 958), to report in its revenue d for public exhibition, education, or research in further	statement and balance sheet works of art erance of public service, provide the
(i) Revenue included on Form 990, Part V	III, line 1	> \$
(ii) Assets included in Form 990, Part X		► \$
If the organization received or held works of a amounts required to be reported under SF/	t, historical treasures, or other similar assets for finar AS 116 (ASC 958) relating to these items	ncial gain, provide the following
a Revenue included on Form 990, Part VIII, I	ine 1	> \$
b Assets included in Form 990, Part X		► \$

	RN ELECTRIC WA			91-032			Page 2
Part III Organizations Mainta	ining Collections	of Art, Historic	al Treasures, or C	ther Similar Ass	ets (co	ontinu	ed)
3 Using the organization's acquisition items (check all that apply)	, accession, and other	records, check any o	f the following that are a	significant use of its o	collection	า	
a Public exhibition		d Loan or e	xchange programs				
b Scholarly research		e Other	3-1-3				
c Preservation for future gener	ations	- LJ					
4 Provide a description of the organiz Part XIII		explain how they furt	her the organization's e	xempt purpose in			
5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or receive nan to be maintained	donations of art, his as part of the organ	storical treasures, or o	other similar assets	Yes		No
Part IV Escrow and Custodia line 9, or reported an				vered 'Yes' on Fo	rm 990), Parl	IV,
1 a is the organization an agent, trus on Form 990, Part X?	stee, custodian or oth	er intermediary for	contributions or other	assets not included	Yes	Γ	No
b If 'Yes,' explain the arrangement	in Part XIII and com	nlete the following t	ahla	į	''es	L	
bit res, explain the arrangement	iii i ait Xiii and coiii	piete the following t	able		Amount		
c Beginning balance				1c	Amount		
d Additions during the year				1 d			
e Distributions during the year				1 e			
f Ending balance				1 f			
2a Did the organization include an a	mount on Form 000	Dort V. line 21. for	anaraw ar awatadial aa	L	7 ٧		I NI -
J	•	•		, L	Yes	L	No
		4 4 1 1 -					
b If 'Yes,' explain the arrangement	in Part XIII Check n	ere if the explanation	n has been provided o	on Part XIII			J
	<u></u>	·			20.10		」
Part V Endowment Funds. C	omplete if the org	ganization answ	ered 'Yes' on Forn	n 990, Part IV, lir	Υ'	- L	
Part V Endowment Funds. C	<u></u>	·			Υ'	our years	back
Part V Endowment Funds. C	omplete if the org	ganization answ	ered 'Yes' on Forn	n 990, Part IV, lir	Υ'	our years	back
Part V Endowment Funds. C	omplete if the org	ganization answ	ered 'Yes' on Forn	n 990, Part IV, lir	Υ'	our years	back
Part V Endowment Funds. C	omplete if the org	ganization answ	ered 'Yes' on Forn	n 990, Part IV, lir	Υ'	our years	back
Part V Endowment Funds. C 1 a Beginning of year balance b Contributions c Net investment earnings, gains,	omplete if the org	ganization answ	ered 'Yes' on Forn	n 990, Part IV, lir	Υ'	our years	back
Part V Endowment Funds. C 1 a Beginning of year balance b Contributions c Net investment earnings, gains, and losses	omplete if the org	ganization answ	ered 'Yes' on Forn	n 990, Part IV, lir	Υ'	our years	back
Part V Endowment Funds. C 1 a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities	omplete if the org	ganization answ	ered 'Yes' on Forn	n 990, Part IV, lir	Υ'	our years	back
Part V Endowment Funds. C 1 a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs	omplete if the org	ganization answ	ered 'Yes' on Forn	n 990, Part IV, lir	Υ'	our years	back
Part V Endowment Funds. C 1 a Beginning of year balance. b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses	omplete if the ord	ganization answo	ered 'Yes' on Forn (c) Two years back	n 990, Part IV, lir	Υ'	our years	back
Part V Endowment Funds. C 1 a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance	omplete if the ordinary (a) Current year	ganization answo	ered 'Yes' on Forn (c) Two years back	n 990, Part IV, lir	Υ'	our years	back
Part V Endowment Funds. C 1 a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage	omplete if the ordinary (a) Current year	ganization answo	ered 'Yes' on Forn (c) Two years back	n 990, Part IV, lir	Υ'	our years	back
Part V Endowment Funds. C 1 a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage a Board designated or quasi-endowm	e of the current year	ganization answo	ered 'Yes' on Forn (c) Two years back	n 990, Part IV, lir	Υ'	our years	back
Part V Endowment Funds. C 1 a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage a Board designated or quasi-endowm b Permanent endowment	e of the current year	end balance (line 10	ered 'Yes' on Forn (c) Two years back	n 990, Part IV, lir	Υ'	our years	back
Part V Endowment Funds. C 1 a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage a Board designated or quasi-endowm b Permanent endowment c Temporarily restricted endowmer The percentages on lines 2a, 2b, an	e of the current year ent and 2c should equal 100	end balance (line 10%)	ered 'Yes' on Forn (c) Two years back g, column (a)) held as	n 990, Part IV, IIr	Υ'		back
Part V Endowment Funds. C 1 a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage a Board designated or quasi-endowm b Permanent endowment c Temporarily restricted endowmen The percentages on lines 2a, 2b, an 3 a Are there endowment funds not in torganization by	e of the current year ent and 2c should equal 100	end balance (line 10%)	ered 'Yes' on Forn (c) Two years back g, column (a)) held as	n 990, Part IV, IIr	(e) F	Yes	
Part V Endowment Funds. C 1 a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage a Board designated or quasi-endowm b Permanent endowment c Temporarily restricted endowmer The percentages on lines 2a, 2b, and 3 a Are there endowment funds not in the organization by (i) unrelated organizations	e of the current year ent and 2c should equal 100	end balance (line 10%)	ered 'Yes' on Forn (c) Two years back g, column (a)) held as	n 990, Part IV, IIr	(e) F		
Part V Endowment Funds. C 1 a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage a Board designated or quasi-endowm b Permanent endowment c Temporarily restricted endowmer The percentages on lines 2a, 2b, ar 3 a Are there endowment funds not in torganization by (i) unrelated organizations (ii) related organizations	e of the current year e of the current year and a contract to the organization of th	end balance (line 10 %	(c) Two years back (c) Two years back (d) Two years back (e) Two years back	n 990, Part IV, IIr	(e) F		
Part V Endowment Funds. C 1 a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage a Board designated or quasi-endowm b Permanent endowment c Temporarily restricted endowment The percentages on lines 2a, 2b, and 3 a Are there endowment funds not in the organization by (i) unrelated organizations	e of the current year e of the current year at a large of the organizations list	end balance (line 10%) * ganization answer (b) Prior year end balance (line 10%) * ganization that are had as required on S	ered 'Yes' on Form (c) Two years back g, column (a)) held as eld and administered fo	n 990, Part IV, IIr	(e) F		

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		836,877.		836,877.
b Buildings.		4,032,080.	1,861,509.	2,170,571.
c Leasehold improvements.		13,673,610.	6,222,265.	7,451,345.
d Equipment				
e Other		30,124,374.	21,104,394.	9,019,980.
Total. Add lines 1a through 1e (Column (d)	must equal Form 990, Part X, c	olumn (B), line 10c)	>	19,478,773.

Schedule **D** (Form 990) 2016

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)	 	
(l) 	.	
Total (Column (b) must equal Form 990, Part X, column (B) line 12)	<u> </u>	
Part VIII Investments - Program Related.	rad 'Vaa' on Farm 00	N/A
(a) Description of investment	(b) Book value	90, Part IV, line 11c. See Form 990, Part X, line (c) Method of valuation Cost or end-of-year market value
	(b) Book value	(c) Method of Valuation Cost of end-of-year market Valu
(1)		
(2) (3)		
		
(4) (5)		
(6)		
(7)		
~		<u> </u>
(8)		
(8)		
(9)		
(9) (10)	P	
(9) (10) Total (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.	N/2	A.
(9) (10) Total (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answe	N/i red 'Yes' on Form 99	A 00, Part IV, line 11d. See Form 990, Part X, line
(9) (10) Total (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answe (a)	N/2	A
(9) (10) Total (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answe (a)	N/i red 'Yes' on Form 99	A 00, Part IV, line 11d. See Form 990, Part X, line
(9) (10) Total (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answe (1) (2)	N/i red 'Yes' on Form 99	A 00, Part IV, line 11d. See Form 990, Part X, line
(9) (10) Total (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answe (1) (2) (3)	N/i red 'Yes' on Form 99	A 00, Part IV, line 11d. See Form 990, Part X, line
(9) (10) Total (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answe (1) (2) (3) (4)	N/i red 'Yes' on Form 99	A 00, Part IV, line 11d. See Form 990, Part X, line
(9) (10) Total (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answe (1) (2) (3)	N/i red 'Yes' on Form 99	A 00, Part IV, line 11d. See Form 990, Part X, line
(9) (10) Total (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answe (a) (1) (2) (3) (4) (5) (6) (7)	N/i red 'Yes' on Form 99	A 00, Part IV, line 11d. See Form 990, Part X, line
(9) (10) Total (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answe (a) (1) (2) (3) (4) (5) (6) (7) (8)	N/i red 'Yes' on Form 99	A 00, Part IV, line 11d. See Form 990, Part X, line
(9) (10) Total (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answe (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	N/i red 'Yes' on Form 99	A 00, Part IV, line 11d. See Form 990, Part X, line
(9) (10) Total (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answe (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	red 'Yes' on Form 99 Description	A 00, Part IV, line 11d. See Form 990, Part X, line
(9) (10) Total (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answe (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column	red 'Yes' on Form 99 Description	A 00, Part IV, line 11d. See Form 990, Part X, line
(9) (10) Total (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answe (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities.	red 'Yes' on Form 99 Description on (B) line 15)	A DO, Part IV, line 11d. See Form 990, Part X, line (b) Book value
(9) (10) Total (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answe (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' (column)	nn (B) line 15)	A DO, Part IV, line 11d. See Form 990, Part X, line (b) Book value
(9) (10) Total (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answe (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' (a) Description of liability	red 'Yes' on Form 99 Description on (B) line 15)	A DO, Part IV, line 11d. See Form 990, Part X, line (b) Book value
(9) (10) Total (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answe (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' (a) Description of liability (1) Federal income taxes	nn (B) line 15)	A DO, Part IV, line 11d. See Form 990, Part X, line (b) Book value
(9) (10) Total (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answe (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' (a) Description of liability (1) Federal income taxes (2)	nn (B) line 15)	A DO, Part IV, line 11d. See Form 990, Part X, line (b) Book value
(9) (10) Total (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answe (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' (Complete if the organization of liability) (1) Federal income taxes (2) (3)	nn (B) line 15)	A DO, Part IV, line 11d. See Form 990, Part X, line (b) Book value
(9) (10) Total (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answe (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	nn (B) line 15)	A DO, Part IV, line 11d. See Form 990, Part X, line (b) Book value
(9) (10) Total (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answe (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	nn (B) line 15)	A DO, Part IV, line 11d. See Form 990, Part X, line (b) Book value
(9) (10) Total (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answe (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	nn (B) line 15)	A DO, Part IV, line 11d. See Form 990, Part X, line (b) Book value
(9) (10) Total (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answe (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	nn (B) line 15)	A DO, Part IV, line 11d. See Form 990, Part X, line (b) Book value
(9) (10) Total (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answe (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	nn (B) line 15)	A DO, Part IV, line 11d. See Form 990, Part X, line (b) Book value
(9) (10) Total (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answe (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	nn (B) line 15)	A DO, Part IV, line 11d. See Form 990, Part X, line (b) Book value
(9) (10) Total (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answe (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column Part X Other Liabilities. Complete if the organization answered 'Yes' (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	nn (B) line 15)	A DO, Part IV, line 11d. See Form 990, Part X, line (b) Book value

TEEA3303L 08/15/16

	•							
Sched	ule D	(Form	990) 2	016	MODERN	ELECTRIC	WATER	COMPANY

91-0323430

Page 4

	DEREN EDBOTTED MITTER COINTING		71 03234	30 1 uge 4
	Revenue per Audited Financial Statem		per Return.	
. Complete if the oil	ganization answered 'Yes' on Form 990	0, Part IV, line 12a.		
1 Total revenue, gains, and ot	her support per audited financial statements		1	3,877,186.
2 Amounts included on line 1	but not on Form 990, Part VIII, line 12			
a Net unrealized gains (losses) on investments	2 a	<u> </u>	
b Donated services and use of	facilities	2 b	,	
c Recoveries of prior year grain	nts	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	3,877,186.
4 Amounts included on Form 990), Part VIII, line 12, but not on line 1		12 (23)	
a Investment expenses not inc	cluded 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	
	nd 4c. (This must equal Form 990, Part I, line 1	2)	5	3,877,186.
	Expenses per Audited Financial States		s per Return.	
Complete if the or	ganization answered 'Yes' on Form 990), Part IV, line 12a.		
1 Total expenses and losses p	er audited financial statements		1	2,470,710.
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	* .	
c Other losses		2 c	1 2.3	
d Other (Describe in Part XIII)		2 d		
e Add lines 2a through 2d.			2 e	
3 Subtract line 2e from line 1			3	2,470,710.
	990, Part IX, line 25, but not on line 1			
	cluded on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII)	SEE PART XIII	4b 12,	232.	
c Add lines 4a and 4b	and An Other mount around Form 000 Death live	10 \	4 c	12,232.
Part XIII Supplemental Info	and 4c. (This must equal Form 990, Part I, line	10)	5	2,482,942.
rait Aili Supplemental Inte	Jilliauvii.			

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

SCHEDULE D, PART XII, LINE 4B OTHER EXPENSES INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

BOOK TO TAX DEPRECIATION ADJUSTMENT

TOTAL \$ 12,232.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

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

etion answered 'Yes' on Form 990, Part IV, line 23.
► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TERM FIFCTRIC WATER COMPANY

Employer identification number 91-0323430

Part	Questions Regarding Compensation				
				Yes	No
1 a	Check the appropriate box(es) if the organization provided VII, Section A, line †a Complete Part III to provide a	d any of the following to or for a person listed on Form 990, Part ny relevant information regarding these items	* *		
	First-class or charter travel	Housing allowance or residence for personal use	24°		
	Travel for companions	Payments for business use of personal residence		\$2.00 Y	, d
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees		14.7 2	J 3
	Discretionary spending account	Personal services (such as, maid, chauffeur, chef)		<i>*</i>	Æ,
	If any of the boxes on line 1a are checked, did the organic reimbursement or provision of all of the expenses de		1 b	*	
	Did the organization require substantiation prior to re trustees, and officers, including the CEO/Executive D	embursing or allowing expenses incurred by all directors, irector, regarding the items checked in line 1a?	2		
	Indicate which, if any, of the following the filing organizati CEO/Executive Director Check all that apply Do not establish compensation of the CEO/Executive Directo	on used to establish the compensation of the organization's check any boxes for methods used by a related organization to r, but explain in Part III		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
	Compensation committee	Written employment contract		, `*	100
	Independent compensation consultant	X Compensation survey or study	1 1 1	¥.	, righted
	Form 990 of other organizations	$\overline{\overline{[\mathbf{X}]}}$ Approval by the board or compensation committee		7.7.4. a.	
	During the year, did any person listed on Form 990, Forganization or a related organization		* i		*
	Receive a severance payment or change-of-control pa		4 a		<u>X</u>
	Participate in, or receive payment from, a supplemen Participate in, or receive payment from, an equity-ba:	•	4 b		X
	If 'Yes' to any of lines 4a-c, list the persons and prov		* .	* *	^
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) orga	nizations must complete lines 5-9.			, ,
	For persons listed on Form 990, Part VII, Section A, line contingent on the revenues of	a, did the organization pay or accrue any compensation			
а	The organization?		5 a		
	Any related organization?		5 b		<u></u> ,
6	If 'Yes' on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line	1a, did the organization pay or accrue any compensation		Ž.	× , , , , , , , , , , , , , , , , , , ,
	contingent on the net earnings of				
	The organization? Any related organization?		6 a		
	If 'Yes' on line 6a or 6b, describe in Part III		80		, ,
	·	upo 1a, did the ergopization provide any perfixed	-		·
	For persons listed on Form 990, Part VII, Section A, I payments not described on lines 5 and 67 If 'Yes,' de	scribe in Part III	7		
	Were any amounts reported on Form 990, Part VII, parts to the initial contract exception described in Regulation of the initial contract exception described in Part III	aid or accrued pursuant to a contract that was subject ons section 53 4958-4(a)(3)?	8		
9	If 'Yes' on line 8, did the organization also follow the rebusection 53 4958-6(c)?	ttable presumption procedure described in Regulations	9		

Page 2

Schedule J (Form 990) 2016 MODERN ELECTRIC WATER COMPANY

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakd	Breakdown of W-2 and/or 1099-MISC compensation	SC compensation				
(A) Name and Trite	(i) Base compensation	(ii) Bonus & incentive compensation	(m) Other reportable compensation	and other deferred compensation	benefits	columns(B)(i)-(D)	reported as deferred on prior Form 990
JOE MORGAN	193	,067.	3,847.	0.	0	196,914.	0.
1 GENERAL MANAGER		0		0		0	
	()						
2						ŀ	
	(0)		 		 		1 1 1 1 1
33							
	(1)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 	 	 	 	1 1 1
4	(ii)						
	()	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1
ស	(jj)						
	0		i i i i] 	! ! ! ! !	 	
9							
	()						
7		\dashv			į		
						 	1
8							
	()						
6							
	()						
10	 						
	 	1 1 1			1 1 1 1	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
11							
			 	1 1 1	! ! ! ! !	1 1 1	
12	(E)	i					į
	! ! !		 	 	} 	 	
13					- 1	 	- 1
	 	 	 	- I	 	 	
14					 		
	()		 		 	 	
15	(II)						1
	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 		 		1 1 1
	(E)						
ВАА		TEEA4102L 08/19/16	//16			Schedule	Schedule J (Form 990) 2016

TEEA4103L 08/19/16

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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 Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MODERN ELECTRIC WATER COMPANY

Employer identification number 91-0323430

FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER

THE PROPERTY OWNERS WITHIN THE SERVICE DISTRICT OF MODERN ELECTRIC WATER COMPANY ARE THE LEGAL OWNERS OF THE COMPANY. OWNERSHIP OF THE COMPANY IS VESTED IN THE DEEDS TO THE PROPERTY. THESE RECORDS ARE THE BASIS FOR THE COMPANY'S ALLOCATION OF SHARES OF COMMON STOCK.

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

MEMBERS OF THE BOARD OF DIRECTORS ARE ELECTED TO THREE-YEAR TERMS. THE TERMS ARE STAGGERED SUCH THAT EACH YEAR EITHER ONE OR TWO MEMBERS OF THE BOARD ARE UP FOR ELECTION. THE ELECTION OCCURS AT THE ANNUAL SHAREHOLDER'S MEETING.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE GENERAL MANAGER AND THE COMPTROLLER REVIEW THE 990 BEFORE FILING. EACH MEMBER OF THE BOARD WAS PROVIDED A COPY OF FORM 990 FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

ALL BOARD MEMBERS, THE GENERAL MANAGER, THE OPERATIONS MANAGER AND THE COMPTROLLER ARE REQUIRED TO DISCLOSE ANNUALLY, IN WRITING, ANY CONFLICTS OF INTEREST.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

EACH YEAR, THE BOARD REVIEWS THE NORTHWEST UTILITIES SALARY, WAGE & BENEFIT SURVEY
TO DETERMINE THE SALARY OF THE GENERAL MANAGER.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

EACH YEAR, THE BOARD REVIEWS AND APPROVES THE SALARIES OF OTHER OFFICERS AND KEY EMPLOYEES. WHILE THOSE WHOSE SALARIES ARE BEING DISCUSSED OFFICERS AND KEY EMPLOYEES ARE EXCUSED FROM THE BOARD MEETING.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE COMPANY'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE AT 904 N. PINES, SPOKANE VALLEY, WA 99206, MONDAY THROUGH FRIDAY, BETWEEN THE HOURS OF 7:30 A.M. AND 4:30 P.M. UPON REQUEST.

Schedule	0	(Form	990	or	990-EZ	2016

Page 2

Name of the organization

MODERN ELECTRIC WATER COMPANY

91-0323430

Employer identification number

FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

BOOK TO TAX DEPRECIATION ADJUSTMENT

TOTAL \$ 12,232. 12,232.