Form 990

2949321206722 1 OMB No 1545-0047 **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

2018

Open to Public

| inte | | enue Service | Go to www.irs.gov/Form990 for instructions and the latest i | | MAI | Inspection | | | | | |
|--|--|----------------|--|------------------|--------------|-------------------------------------|--|--|--|--|--|
| <u>A</u> | For the | e 2018 cale | ndar year, or tax year beginning Oct 1, 2018, and endin | g Se | р 30 | , 20 1 9 | | | | | |
| В | Check i | ıf applicable | C Name of organization FIFTY-ONE EAST WATER INC | | D Employ | er identification number | | | | | |
| | Address | s change | Doing business as | | 23-7 | 378221_ | | | | | |
| | Name c | change | Number and street (or P O box if mail is not delivered to street address) Room/sui | ite | E Telepho | one number | | | | | |
| | Initial re | eturn | PO BOX 2051 | | (405 |)372-1151 | | | | | |
| | Final retu | urn/terminated | City or town, state or province, country, and ZIP or foreign postal code | | | | | | | | |
| ★ Amended return · STILLWATER, OK 74076 Gross receipts \$ | | | | | | | | | | | |
| | Application pending F Name and address of principal officer H(a) Is this a group return for subordinates? Yes X No | | | | | | | | | | |
| | | , , | JAN HARRIS, 8601 N PERKINS RD, STILLWATER, OK 7407 | • | | | | | | | |
| ı | Tax-exe | empt status | □ 501(c)(3) 🗵 501(c) (12) ◀ (insert no) □ 4947(a)(1) or □ 527 | 7 | | a list (see instructions) | | | | | |
| J | Website | | /A | H(c) Group | exemption | number > | | | | | |
| ĸ | Form of | | X Corporation ☐ Trust ☐ Association ☐ Other ► / L Year of formati | | | of legal domicile OK | | | | | |
| P | art I | Summ | | | | | | | | | |
| | 1 | | · · · · · · · · · · · · · · · · · · · | DE TREAT | red Wa | TER TO THE | | | | | |
| ě | | | RESIDENTS AND BUSINESSES OF PAYNE COUNTY, OKLAHO | | 1.77 | | | | | | |
| and | | | | | | | | | | | |
| Governance | 2 | Check the | s box ▶ ☐ If the organization discontinued its operations or disposed o | f more than | 25% of | its net assets. | | | | | |
| Š | 3 | | of voting members of the governing body (Part VI, line 1a) | | 3 | 5 | | | | | |
| | 4 | | of independent voting members of the governing body (Part VI, line 1b) | | 4 | 5 | | | | | |
| es | 5 | | iber of individuals employed in calendar year 2018 (Part V) line 和EC | EIVE | 5 | 9 | | | | | |
| Activities & | 6 | Total num | pher of volunteers (estimate if necessary) | | <u>इंग 6</u> | 0 | | | | | |
| Act | 7a | | elated business revenue from Part VIII, column (C), line 12 NOV .1 | 9 2020 | 7a | 0. | | | | | |
| | b | | elated business revenue from Part VIII, column (C), line 12 NOV .1 | | 2 7b | 0. | | | | | |
| Revenue | | | OGD | EN, Phor Ye | ar | Current Year | | | | | |
| | 8 | Contribut | ons and grants (Part VIII, line 1h) | | ,200. | 27,200. | | | | | |
| | 9 | | service revenue (Part VIII, line 2g) | <u></u> : | 7200. | 2.7200. | | | | | |
| šve | - | _ | nt income (Part VIII, column (A), lines 3, 4, and 7d) | 20 | ,178. | 13,775. | | | | | |
| č | 1 | | enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . | | ,176. | 709,913. | | | | | |
| | 12 | | nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 750,888 | | | | | | |
| | | | d similar amounts paid (Part IX, column (A), lines 1–3) | | / 55 1. | | | | | | |
| | | | aid to or for members (Part IX, column (A), line 4) | | | | | | | | |
| ß |) | | ther compensation, employee benefits (Part IX, column (A), lines 5-10) | 223 | ,445. | 248,867. | | | | | |
| ıse: | | | nal fundraising fees (Part IX, column (A), line 11e) | | , 110. | 240/001. | | | | | |
| ber | | | raising expenses (Part IX, column (D), line 25) ▶ | | , , | . · · · · · · · · · · · · · · · · · | | | | | |
| ŭ | | | enses (Part IX, column (A), lines 11a-11d, 11f-24e) | 407 | , 252. | 415,470. | | | | | |
| | | - | enses. Add lines 13–17 (must equal Part IX, column (A), line 25) | | ,697. | 664,337. | | | | | |
| | | | ess expenses. Subtract line 18 from line 12 | | ,857. | 86,551. | | | | | |
| : 8 | | | | eginning of Curi | | End of Year | | | | | |
| Fund Balances | 20 | Total asse | ts (Part X, line 16) | 5,438 | ,031. | 5,492,957. | | | | | |
| Ba | | | rties (Part X, line 26) | 1,503 | | 1,459,936. | | | | | |
| Ē | | | or fund balances. Subtract line 21 from line 20 | 3,934 | | 4,033,021. | | | | | |
| _ | rt II | | ire Block | | | | | | | | |
| _ | | | , I declare that I have examined this return, including accompanying schedules and statemin | ents, and to the | e best of m | y knowledge and belief, it is | | | | | |
| | | | e Reclaration of preparer (other than officer) is based on all information of which preparer h | | | | | | | | |
| | | V | Kan J Stannia | V | 11/ | 12/2020 | | | | | |
| ig | n | Signat | uve of officer | Date | , | | | | | | |
| lere Jan Harris, Chairman | | | | | | | | | | | |
| | | | or print name and title | | | | | | | | |
| ٠-: | d | Print/Type | preparer's name Preparer's signature Date | | Check | PTIN | | | | | |
| ai | | Edwin | R. Onley We have 11/ | /11/2020 | self-empl | oyed P00139828 | | | | | |
| | parer | | | | | 3-1416084 | | | | | |
| S | e Only | y | dress ► 808 S. Main, Ste 314, Stillwater, OK 74074 | | | 05) 372-7744 | | | | | |

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

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

REV 05/20/19 PRO

X Yes ☐ No Form 990 (2018)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$

Total program service expenses ▶

| Form 9 | 90 (2018) | | | Page |
|--------|--|-----|-----|------|
| Part | | | | |
| | | | 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 | | × |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | × |
| 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 | | × |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | × |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | × |
| 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 | | × |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | × |
| 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 | | × |
| 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 | | × |
| 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. | : | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | × | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | × |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | × |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | × |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | × |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | × |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | × | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | _× |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. | 14b | | × |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | × |
| 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 | | × |
| 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 | | × |
| 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 | | × |
| | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | × |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. | 20a | | × |

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

domestic government on Part IX, column (A), line 17 # EV GSO SPROPLETE Schedule I, Parts I and II .

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

20b

21

| Pari | Checklist of Required Schedules (continued) | | | |
|-----------|---|-----|--------------|----------|
| | | | Yes | No |
| 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 | | × |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J. | 23 | | <u>×</u> |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a | 24a | × | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | × |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | × |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | × |
| 25a | Section 501(c)(3), 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 | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | |
| 26 | 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 | | × |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | × |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | : . | , | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | × |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | × |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | × |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | × |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| 0.4 | conservation contributions? If "Yes," complete Schedule M | 30 | | × |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | 31 | | |
| 32 | complete Schedule N, Part II | 32 | | × |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. | 33 | | × |
| 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 | | × |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | <u>-</u> | × |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | | | |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | 35b | | |
| 36 | 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 | | × |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note . All Form 990 filers are required to complete Schedule O | 38 | × | |
| Part Part | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | | - | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | - |
| - | reportable gaming (gambling) winnings to prize winners? | 1c | × | |

| Part | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
|----------|--|-------------|--------------|-------------|
| | Fator the contract of analysis are added as Faco M.O. Tanasantal of Managed Tay | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | 1 | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 9 | | ١ | 1 |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | . × | |
| _ | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2- | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | × |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | <u> </u> | + |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | × |
| b | If "Yes," enter the name of the foreign country. | 4a | | +^ |
| b | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | ·** | ٠. | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | × |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | × |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | <u> </u> |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| - | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | × |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | ' |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | 7a | | |
| b | and services provided to the payor? | 7b | | 1 |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| C | required to file Form 8282? | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | - | - | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | _ | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | _ | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | - |
| 10 | Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 | ~ | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | ļ | | |
| | Section 501(c)(12) organizations. Enter. | - : | 4 2 | |
| | Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources | | · | |
| | against amounts due or received from them.) | , ; , | ` . : | |
| | | 12a | ļ | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b | ., | `, | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O | , | . | |
| | Effect the amount of reserves the organization is required to maintain by the states in miner. | | | |
| | the organization is licensed to issue qualified health plans | - 1 | | |
| | Enter the amount of reserves on hand | 40- | | |
| | | 14a | | × |
| | 100, had a felling a felli | 14b | | |
| | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 15 | 1 | × |
| | excess parachute payment(s) during the year? | | | |
| | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | ` ! | × |
| | If "Yes," complete Form 4720, Schedule O. | | | |
| | | | | |

| Par | | Management, and Disclosure For each "Yes" response to lines 2 the 8a, 8b, or 10b below, describe the circumstances, processes, or change. | = | | | |
|-------|---|--|---------------------|----------|--------|---------|
| | , | dule O contains a response or note to any line in this Part VI . | | | | X |
| Sect | tion A. Governing B | ody and Management | | | | |
| | | | 1 | | Yes | No |
| 1a | | voting members of the governing body at the end of the tax year | 1a 5 | : | | |
| | | differences in voting rights among members of the governing body, or | | | 3. | |
| | • | dy delegated broad authority to an executive committee or similar | | | | |
| | committee, explain ii | | 46 5 |] :: · | | |
| b | | voting members included in line 1a, above, who are independent . | 1b 5 | ٠٠, | -£ | l |
| 2 | any other officer, dire | ctor, trustee, or key employee have a family relationship or a business rector, trustee, or key employee? | | 2 | - | × |
| 3 | supervision of officers | delegate control over management duties customarily performed by or , directors, or trustees, or key employees to a management company or other | er person? | 3 | | × |
| 4 | - | ake any significant changes to its governing documents since the prior Form 99 | | 4 | ļ | × |
| 5 | | become aware during the year of a significant diversion of the organization | on's assets? | 5 | L | × |
| 6 | • | have members or stockholders? | | 6 | × | ļ |
| 7a | | have members, stockholders, or other persons who had the power to sof the governing body? | elect or appoint | 7a | × | |
| b | | e decisions of the organization reserved to (or subject to approval sons other than the governing body? | by) members, | 7b | × | |
| 8 | Did the organization the year by the follow | contemporaneously document the meetings held or written actions und | dertaken during | 33. | , r | |
| а | The governing body? | | | 8a | × | |
| b | | authority to act on behalf of the governing body? | | 8b | × | |
| 9 | | lirector, trustee, or key employee listed in Part VII, Section A, who canno uling address? <i>If "Yes," provide the names and addresses in Schedule O</i> | | 9 | | × |
| Sect | | Section B requests information about policies not required by the | | ue Co | ode.) | |
| | | | | | Yes | No |
| 10a | Did the organization I | nave local chapters, branches, or affiliates? | | 10a | | × |
| b | | nization have written policies and procedures governing the activities of es to ensure their operations are consistent with the organization's exemp | | 10b | | |
| 11a | Has the organization pro | ovided a complete copy of this Form 990 to all members of its governing body befo | re filing the form? | 11a | × | |
| b | Describe in Schedule | O the process, if any, used by the organization to review this Form 990. | | | | |
| 12a | <u> </u> | nave a written conflict of interest policy? If "No," go to line 13 | | 12a | | × |
| b | | or trustees, and key employees required to disclose annually interests that could give | | 12b | | |
| С | - | regularly and consistently monitor and enforce compliance with the p O how this was done | olicy? If "Yes," | 12c | | |
| 13 | Did the organization h | nave a written whistleblower policy? | | 13 | | × |
| 14 | Did the organization h | nave a written document retention and destruction policy? | | 14 | | × |
| 15 | | determining compensation of the following persons include a review all comparability data, and contemporaneous substantiation of the deliberation | | | | |
| a | | O, Executive Director, or top management official | | 15a | × | |
| b | • | | [| 15b | | × |
| | If "Yes" to line 15a or | 15b, describe the process in Schedule O (see instructions) | | 5 | F '4 | |
| 16a | | invest in, contribute assets to, or participate in a joint venture or similal luring the year? | ai airangement į | * 16a | द्य | × |
| b | If "Yes," did the orga | inization follow a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and take steps to | | . ; | , | |
| | | t status with respect to such arrangements? | | 16b | | |
| Secti | on C. Disclosure | | | | | |
| 17 | List the states with wh | nich a copy of this Form 990 is required to be filed FOK | | | | |
| 18 | | an organization to make its Forms 1023 (1024 or 1024-A if applicable) public inspection. Indicate how you made these available. Check all that | , 990, and 990-T | | | |
| | | ☐ Another's website | | | | |
| 19 | _ | O whether (and if so, how) the organization made its governing documen | | rest r | nolicy | and |
| | financial statements a | vailable to the public during the tax year. | | | | , αι ΙΟ |
| 20 | | ess, and telephone number of the person who possesses the organization. WATKINS PC 808 S MAIN STE 314. STILLWATER. OK | | | | Δ |

Form 990 (2018)

| Part VII | Compensation of Officers, | Directors, Trustee | s, Key Employees | , Highest | Compensated | Employees, | , and |
|----------|---------------------------|--------------------|------------------|-----------|-------------|------------|-------|
| | Independent Contractors | | | | | | |

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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 no | r any relate | d org | anız | | | ompe | nsa | ated any currer | t officer, director | r, or trustee. |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|--|
| (A) Name and Title | (B) Average hours per week (list any | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
| | hours for related organizations below dotted line) | | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) JAN HARRIS CHAIRMAN | 1.00 | × | | × | | | | 0. | 0. | 0. |
| (2) MONTY BRUNER VICE-CHAIRMAN | 1.00 | × | | × | | | | 0. | 0. | 0. |
| (3) JIM ARTHUR SECTY/TREAS | 1.00 | × | | × | | | | 0. | 0. | 0. |
| (4) LYLE ALLEN DIRECTOR | 1.00 | × | | | | | | 0. | 0. | 0. |
| (5) NORM SMOLA DIRECTOR | 1.00 | × | | | | | | 0. | 0. | 0. |
| (6) | | | | | | | | | | |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | - | | | | | | | |
| (11) | | 1 | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

| | (A) Name and title | | (B) Average hours per reek (list any hours for | | | | | h an tee) | (D) Reportable compensation from | (E) Reportable compensation from related | | (F) Estimated amount of other | |
|--------------|--|-------------------------|--|-----------------------|------------|--------------|------------------------------|---------------|--|---|---|--|--|
| | | , , , | | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizat (W-2/1099- | ions | compensation from the organization and related organizations | |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |
| (17) | | | | | - | | | | | | | | |
| (18) | | | _ | | | | | | | | | | |
| (19) | | | | - | | | | | | | 1 | | |
| (20) | | | | | _ | | | | | | | · ·- | |
| (21) | | | | | | | | | | | | | |
| | | | | _ | | | | | | | | | |
| (22) | | | | | | | | | | | _ | ~ | |
| (23) | | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | _ | |
| (25) | | | | | | | | | | | | | |
| 1b c d | Sub-total Total from continuation sheets to Part Total (add lines 1b and 1c) | VII, Section | 1 A | | l · · | | | ▶ ▶ | 0. | | 0. | 0. | |
| 2 | Total number of individuals (including but reportable compensation from the organization) | | to the | ose | liste | ed a | bove | e) wh | no received mo | ore than \$1 | 00,000 | of | |
| 3 | Did the organization list any former off employee on line 1a? If "Yes," complete S | icer, direct | | | | | | mpl | oyee, or high | est compe | ensated | Yes No | |
| 4 | For any individual listed on line 1a, is the organization and related organizations individual | greater tha | ın \$1 | 50,0 | 001 | ? If | "Yes | s," (| complete Sche | edule J fo | or such | 4 × | |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization? | | | | | | | | | ation or ind | dıvıdual | 5 × | |
| Section | n B. Independent Contractors | | | | | | | | | | | | |
| 1 | Complete this table for your five highest compensation from the organization. Repyear. | ompensate ort compen | d ind isatio | eper n for | nde the | nt c | ontra ilenda | acto ar ye | ear ending with | d more than or within | the org | anızatıon's tax | |
| | (A) Name and business addr | ess | | | | | | | (B) Description of se | rvices | | (C) Compensation | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 | Total number of independent contractor received more than \$100,000 of compensa | s (including | g but | no | t lir | nite | d to | tho | se listed abo | ve) who | ا الم الما الما الما الما الما الما الما | | |

| Par | t VIII | Statement of Revenue | | | | | . 490 |
|--|-----------------------------|--|-----------------------|-------------------|--|--|--|
| | S VIII | Check if Schedule O contains a res | nonse or note | to any line in th | is Part VIII | | _ |
| | : | 2 | pende di note | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a b c d e f | Federated campaigns 1a Membership dues . 1b Fundraising events . 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f \$ | 27,200 | | | | |
| Con | h | Total. Add lines 1a–1f | - | 27,200. | | | |
| | 2a | Totali, Acci ililos 14 11 | Business Code | 21,200. | | | |
| Program Service Revenue | b c d e f | All other program service revenue . | | | | | |
| <u>a</u> | _ g | Total. Add lines 2a-2f | | | | | |
| | 3 4 5 | and other similar amounts) Income from investment of tax-exempt be Royalties | • | 13,674. | 0. | 0. | 13,674. |
| | 6a b c | Gross rents Less. rental expenses Rental income or (loss) | (ii) Personal | | | | |
| | d | Net rental income or (loss) | | | | | |
| | 7a | Gross amount from sales of assets other than inventory 76,000. | (II) Other | . | | ÷. " | (7 |
| | b c d | Less cost or other basis and sales expenses . 75,899. Gain or (loss) . 101. Net gain or (loss) | • | 101. | 0. | 0. | 101. |
| venue | 8a | Gross income from fundraising events (not including \$ | | | · | | |
| Other Revenue | | of contributions reported on line 1c) See Part IV, line 18 a | | • | | | |
| ₹ | | Less direct expenses . , b | | , i | | | |
| | | Net income or (loss) from fundraising e Gross income from gaming activities See Part IV, line 19 | events . ► | | | Walter State of the State of th | |
| | с 10а | Lcss: direct expenses . b Net income or (loss) from gaming activ Gross sales of inventory, less returns and allowances a | 927, 671. | | | | |
| | | Less. cost of goods sold b Net income or (loss) from sales of inver | 237,674. ntory . ► | 689,997. | 689,997. | 0. | 0. |
| L | | Miscellaneous Revenue | Business Code | | | ~ | ** |
| | 11a b c | MEMBER FINANCE CHARGES 2 | 221000 | 19,916. | 19,916. | 0. | 0. |
| | | All other revenue | • | 19,916. | 709.913. | | 13.775 |

Part IX: Statement of Functional Expenses

| Sect | ion 501(c)(3) and 501(c)(4) organizations must co | omplete all columns | All other organization | ons must complete c | olumn (A) |
|----------|--|--|---|--|--|
| | Check if Schedule O contains a respo | nse or note to any | line in this Part IX | | |
| | ot include amounts reported on lines 6b, 7b, bb, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | The market of the land | A STATE OF THE STA |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 | | | STATE OF THE STATE | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 5 | Benefits paid to or for members . Compensation of current officers, directors, trustees, and key employees | | | \$ 1.43 TV Topological | the first the |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 191,537. | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 4,830. | | | |
| 9 | Other employee benefits | 35,048 | | | |
| 10 | Payroll taxes | 17,452. | | ļ | |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | | | | |
| b | Legal | 4,043. | | | |
| C. | Accounting | 16,375. | | | <u></u> |
| ď | Lobbying | <u> </u> | 1, 127. h : | क्ष्री के स्टब्स के किस के किसी क | |
| e | Professional fundraising services See Part IV, line 17 | | 1 4 4 4 4 4 4 5 1 1 1 1 1 1 1 1 1 1 1 1 | and the second of the second of the second | |
| f | Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column | ļ | | <u> </u> | <u> </u> |
| g | (A) amount, list line 11g expenses on Schedule O) | 2 500 | | | |
| 10 | | 2,500. | | | |
| 12 13 | Advertising and promotion | 23, 993. | | | |
| 14 | Information technology | 23,993. | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 24,216. | | | |
| 17 | Travel | 13,002. | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 13,002. | | | |
| 19 | Conferences, conventions, and meetings . | 1,706. | | | |
| 20 | Interest | 53,101. | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization . | 185,757. | | | |
| 23 | Insurance | 26,430. | | | |
| 24 | Other expenses Itemize expenses not covered | The state of the state of the state of | 新疆湖湖 | | 美国教育的 |
| | above (List miscellaneous expenses in line 24e. If | | | Agent and a factor of the | The state of the second |
| | line 24e amount exceeds 10% of line 25, column | | | | The state of the s |
| | (A) amount, list line 24e expenses on Schedule O) | | The state of the state of the | THE SHALL SEE THE BEACH | - The state of a section of |
| а | REPAIR & MAINTENANCE | 22,996. | | | |
| b | SUPPLIES | 14,948. | | | |
| C | TELEPHONE | 6,320. | · | | |
| d | DUES & LICENSE | 3,368. | | | |
| е 25 | All other expenses Total functional expenses. Add lines 1 through 24e | 14,188. 664,337. | | | |
| 25 26 | Joint costs. Complete this line only if the | 004,337. | | | |
| | organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here Infollowing SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

| | | Check if Schedule O contains a response or note to any lin | e in this F | Part X | | · · [|
|-----------------------------|-----|---|--|---------------------------------------|---------|--|
| | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | | 241,449. | 1 | 204,494. |
| | 2 | Savings and temporary cash investments | | 234,952. | 2 | 301,979. |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | 98,846. | 4 | 94,872. | |
| | 5 | Loans and other receivables from current and former officers, trustees, key employees, and highest compensated er Complete Part II of Schedule L | The state of the s | 5 | | |
| sts | 6 | Loans and other receivables from other disqualified persons (as defined un 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing empsponsoring organizations of section 501(c)(9) voluntary employees' organizations (see instructions) Complete Part II of Schedule L. | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| Assets | 7 | Notes and loans receivable, net | | | 7 | |
| ĕ | 8 | Inventories for sale or use | | 289,844. | 8 | 276,116. |
| | 9 | Prepaid expenses and deferred charges | | 14,595. | 9 | 14,954. |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 6, 4 | 13,511. | | | |
| | Ь | | 26,255. | | 10c | 4,187,256. |
| | 11 | Investments – publicly traded securities | | 386,274. | 11 | 401,687. |
| | 12 | Investments—other securities. See Part IV, line 11 | | 12 | | |
| | 13 | Investments—program-related. See Part IV, line 11 | | 13 | | |
| | 14 | Intangible assets | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | 12,137. | 15 | 11,599. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 5,438,031. | 16 | 5,492,957. |
| | 17 | Accounts payable and accrued expenses | | 61,938. | 17 | 98,778. |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | 19 | | |
| | 20 | Tax-exempt bond liabilities | | 20 | | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedu | | 21 | | |
| Liabilities | 22 | Loans and other payables to current and former officers, of trustees, key employees, highest compensated employee disqualified persons Complete Part II of Schedule L | | | 22 | |
| ֡֞֝֞֞֞֞֞֞֞֞֞֞֞֞֞֞֡֞֡֡֡ | 23 | Secured mortgages and notes payable to unrelated third parties | | 1,441,449. | 23 | 1,361,158. |
| | 24 | Unsecured notes and loans payable to unrelated third parties | • | | 24 | - · |
| | 25 | Other liabilities (including federal income tax, payables to relative, and other liabilities not included on lines 17–24) Completed Cabadala P. | | | | |
| | 00 | of Schedule D | | 1 502 207 | 25 | 1 450 030 |
| | 26 | Total liabilities. Add lines 17 through 25 | (V) | 1,503,387. | 26 | 1,459,936. |
| Net Assets or Fund Balances | | Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. | | | | |
| a | 27 | Unrestricted net assets ' | | 3,878,114. | 27 | 3,972,474. |
| Ba | 28 | Temporarily restricted net assets | | 56,530. | 28 | 60,547. |
| ا ج | 29 | Permanently restricted net assets | | | 29 | |
| <u>ה</u> | | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ | and | | 77.0 | The state of the s |
| ō | | complete lines 30 through 34. | | | 100 m | |
| ا <u>ب</u> ا | 30 | Capital stock or trust principal, or current funds . | | 30 | | |
| SSE | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | | 31 | |
| t A | 32 | Retained earnings, endowment, accumulated income, or other fur | | | 32 | |
| S | 33 | Total net assets or fund balances | | 3,934,644. | 33 | 4,033,021 |
| \perp | 34 | Total liabilities and net assets/fund balances | | 5,438,031. | 34 | 5,492,957. |

| Pa | 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 | | 750,8 | 888. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 664,3 | 337. |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | 86, | 551. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 3, | 934,6 | 644. |
| 5 | Net unrealized gains (losses) on investments | 5 | | 11, | <u>3</u> 26. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | _ |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 33, column (B)) | 10 | 4,(| 033,0 | 021. |
| Par | Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u> </u> | , : - | \Box |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990. Cash Accrual Other | | _ | | ١. |
| | If the organization changed its method of accounting from a prior year or checked "Other," ex | plaın ıı | n [iki | | |
| _ | Schedule O. | | | | |
| 2a | , , , , , , , , , , , , , , , , , , , | | <u>2a</u> | | × |
| | If "Yes," check a box below to indicate whether the financial statements for the year were com | oiled o | or . | | |
| | reviewed on a separate basis, consolidated basis, or both. | | | 1 | |
| L | Separate basis Consolidated basis Both consolidated and separate basis | | ا م | | |
| D | Were the organization's financial statements audited by an independent accountant? | | 2b | × | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both. | ea on a | a ru | 1 | |
| | Separate basis Consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis | | | | ٠, " |
| _ | | | . | | |
| С | of the audit, review, or compilation of its financial statements and selection of an independent account | | | _× | |
| | If the organization changed either its oversight process or selection process during the tax year, ex | | | | |
| | Schedule O | piaii ii | | | • |
| 33 | As a result of a federal award, was the organization required to undergo an audit or audits as set | forth ir | , | | |
| Ja | the Single Audit Act and OMB Circular A-133?. | | ' 3a | × | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not under | rao the | | | |
| ~ | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a | _ | 3ь | x | |
| | | | For | m 990 | (2018) |

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047



| Name o | f the organization | | Employer identification number |
|--------|--|---|--|
| FIF | TY-ONE EAST WATER INC | | 23-7378221 |
| % Par | Organizations Maintaining Donor Adv Complete if the organization answered | | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) . | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor funds are the organization's property, subject to the | | |
| 6 | Did the organization inform all grantees, donors, a only for charitable purposes and not for the benefit conferring impermissible private benefit? | | ant funds can be used for any other purpose |
| Part | II Conservation Easements. | | |
| | Complete if the organization answered ' | 'Yes" on Form 990, Part IV, line 7 | • |
| 1 | Purpose(s) of conservation easements held by the | organization (check all that apply) | |
| | Preservation of land for public use (e.g., recreat | tion or education) 🔲 Preservation o | of a historically important land area |
| | Protection of natural habitat | ☐ Preservation of | of a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization he | eld a qualified conservation contributi | |
| | easement on the last day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements . | | . 2a |
| b | Total acreage restricted by conservation easements | s | 2b |
| | Number of conservation easements on a certified h | , , | 2c |
| | Number of conservation easements included in (historic structure listed in the National Register | | |
| | Number of conservation easements modified, trans tax year ► | ferred, released, extinguished, or ter | minated by the organization during the |
| 4 | Number of states where property subject to conser | vation easement is located ► | |
| | Does the organization have a written policy region violations, and enforcement of the conservation eas | | spection, handling of |
| 6 | Staff and volunteer hours devoted to monitoring, inspec | ting, handling of violations, and enforcing | ng conservation easements during the year |
| | Amount of expenses incurred in monitoring, inspecting \$ | g, handling of violations, and enforcing | conservation easements during the year |
| | Does each conservation easement reported on line and section 170(h)(4)(B)(ii)? | | |
| | n Part XIII, describe how the organization reports contained sheet, and include, if applicable, the text of organization's accounting for conservation easemen | the footnote to the organization's firnts | nancial statements that describes the |
| Part | Organizations Maintaining Collections Complete if the organization answered " | | |
| , | f the organization elected, as permitted under SFA works of art, historical treasures, or other similar abublic service, provide, in Part XIII, the text of the fo | assets held for public exhibition, ed | ducation, or research in furtherance of |
| , | f the organization elected, as permitted under SF works of art, historical treasures, or other similar a public service, provide the following amounts relatin | assets held for public exhibition, ed ig to these items | ducation, or research in furtherance of |
| (| Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| (| i) Revenue included on Form 990, Part VIII, line 1 ii) Assets included in Form 990, Part X | | > \$ |
| 2 i | f the organization received or held works of art, it belowing amounts required to be reported under SF | historical treasures, or other similar AS 116 (ASC 958) relating to these it | r assets for financial gain, provide the tems |
| a f | Revenue included on Form 990, Part VIII, line 1 | | ► \$ ► \$ |

| Schedule D | (Form | 990) | 2018 |
|------------|-------|------|------|

| 1.5 | Organizations Maintaining | | | | | | | | | | |
|-------|---|---------------------------|-------------|-------------|---|------------|--------------------------|----------|-------------|-------------|--------|
| 3 | Using the organization's acquisition, collection items (check all that apply) | | ther rec | ords, che | ck any of | the follo | wing that are | a sigi | nificant u | ıse | of its |
| а | Public exhibition | | d | ☐ Loar | n or exchar | nge prog | jrams | | | | |
| b | Scholarly research | | е | ☐ Othe | er | | | | | | |
| c | : Preservation for future generation: | S | | | *************************************** | | | | | | |
| 4 | Provide a description of the organiza XIII. | tion's collections | and exp | laın how | they furthe | r the or | ganızatıon's e | xemp | t purpos | e in | Par |
| 5 | During the year, did the organization assets to be sold to raise funds rather | | | | | | | | ☐ Yes | | l No |
| :Pa | t IV: Escrow and Custodial Arra | | | · | | | | | <u></u> | | |
| | Complete if the organization 990, Part X, line 21. | answered "Yes | | | | | · | | unt on F | orn | n |
| 1a | Is the organization an agent, trustee, included on Form 990, Part X? | | | | | | | | ☐ Yes | | No |
| b | If "Yes," explain the arrangement in Pa | art XIII and compl | ete the f | ollowing t | able | | | Amo | unt | — | |
| ¢ | Beginning balance | | • | • | | 10 | : | | | | |
| d | Additions during the year | | | | | 10 | | | | | |
| е | Distributions during the year | | | | • | 1€ | • | | | | |
| f | Ending balance | | | | | 1f | | | | | |
| 2a | Did the organization include an amour | nt on Form 990, P | art X, line | e 21, for e | escrow or c | ustodia | l account liab | lity? | ☐ Yes | | No |
| | If "Yes," explain the arrangement in Pa | art XIII Check her | e if the e | xplanatio | n has beer | provide | ed on Part XIII | | | | |
| ≵Pai | t V Endowment Funds. | | - | | | | | _ | | | |
| | Complete if the organization | answered "Yes | " on For | rm 990, I | | | | | | | |
| | | (a) Current year | (b) Pr | ior year | (c) Two yea | ars back | (d) Three years b | ack | (e) Four ye | ars b | ack |
| 1a | Beginning of year balance [| | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the | ne current year en | d balanc | e (line 1g | , column (a | a)) held a | as | <u> </u> | | | |
| а | Board designated or quasi-endowmen | | | | | | | | | | |
| b | Permanent endowment ► | | | | | | | | | | |
| С | Temporarily restricted endowment ▶ | ··· | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2 | c should equal 10 | 00%. | | | | | | | | |
| 3a | | • | | zation tha | at are held | and adi | ministered for | the | | | |
| | organization by | | | | | | | | Ye | s I | No |
| | (i) unrelated organizations | | | • | | | | . [| 3a(i) | \top | |
| | (ii) related organizations | | | • | | | | . | 3a(ii) | \top | |
| b | If "Yes" on line 3a(ii), are the related org | ganizations listed | as requi | red on Sc | chedule R? | | | - 1 | 3b | \top | |
| 4 | Describe in Part XIII the intended uses | of the organizatio | n's endo | wment fu | unds | | | · | | | |
| Part | VII Land, Buildings, and Equipr | ment. | | | | | | | | | |
| | Complete if the organization a | answered "Yes" | on For | m 990, F | art IV, line | e 11a. S | See Form 99 | 0, Pa | rt X, line | e 10 | j. |
| | Description of property | (a) Cost or oth (investme | er basis | (b) Cost o | r other basis ther) | (c) A | ccumulated preciation | | d) Book va | | |
| 1a | Land | | 0. | | 37,926. | | | | 37. | , 92 | 6. |
| b | Buildings | | | | 12,425. | | 115,859. | | | , 56 | |
| c | Leasehold improvements | | | | | | | | <u>_</u> | | |
| d | Equipment | | | 7 | 14,798. | - | 337,784. | | 377, | 01 | 4. |
| e | Other | | | | 48,362. | 1. | 772,612. | | 3,675, | | |
| otal. | Add lines 1a through 1e. (Column (d) mu | ıst equal Form 99 | 0. Part X | | | | > | | 4,187, | | |

| Part VII | Investments - Other Securiti | | rm 000 Port (V line | o 11h Coo Form | 000 Port V line 12 |
|-----------------|---|--|---------------------------------------|-----------------|---|
| | Complete if the organization a (a) Description of security or cate | | (b) Book value | | nod of valuation |
| | (including name of security) | gory | (b) Book value | | of-year market value |
| (1) Financial | | | | | |
| | neld equity interests | | | <u> </u> | ··· |
| (3) Other | | | | | |
| (A) | | | | | |
| (B) | | | | | |
| (C) | | | | | |
| (D) | | | | | |
| (E) | | | | | <u> </u> |
| (F) | | | | | ······································ |
| (G) | | | | · <u>-</u> | |
| (H) | | | | | |
| | n) must equal Form 990, Part X, col. (B) line 12.) | | | | · |
| Part VIII | Investments—Program Relat | | | | |
| | Complete if the organization ar | nswered "Yes" on For | m 990, Part IV, line | 11c. See Form | 990, Part X, line 13 |
| | (a) Description of investment | | (b) Book value | | od of valuation of-year market value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | ······································ | | | |
| (8) | | | | | |
| (9) | | | | | |
| | must equal Form 990, Part X, col (B) line 13) | • | | | |
| Part IX | Other Assets. | | · | | |
| | Complete if the organization an | swered "Yes" on For | m 990, Part IV, line | 11d. See Form | 990, Part X, line 15 |
| | | (a) Description | | Ī | (b) Book value |
| (1) | | | · · · · · · · · · · · · · · · · · · · | | |
| (2) | | | | | |
| (3) | | <u> </u> | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | n (b) must equal Form 990, Part X, | col (B) line 15) | | • | |
| Part X | Other Liabilities. | | | | |
| | Complete if the organization an | swered "Yes" on Forr | n 990, Part IV, line | 11e or 11f. See | Form 990, Part X, |
| | line 25. | #4 David -1000 | | | |
| l. | (a) Description of liability | (b) Book value | | | • |
| (1) Federal inc | ome taxes | | | | • |
| (2) | | | | · • | • |
| (3) | | <u> </u> | · | - - | |
| (4) | | | • | • | |
| (5) | | | | · · | * |
| (6) | | <u> </u> | | • | • • |
| (7) | | | . | - | |
| (8) | | | | , | |
| (9) | | | | | |
| | must equal Form 990, Part X, col (B) line 25) | | | | <u> </u> |
| • | ncertain tax positions. In Part XIII, pro- | | - | | |

| Par | Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | r Return. | |
|---------|---|-------------|-------------|
| | Total revenue, gains, and other support per audited financial statements | 11 | 762 715 |
| 1 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | 32 | 762,715. |
| a | Net unrealized gains (losses) on investments | -, | |
| a b | Donated services and use of facilities | 7.4 | |
| c | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII) | ┥・.┃ | |
| e | Add lines 2a through 2d | 2e | 11,826. |
| 3 | Subtract line 2e from line 1 | 3 | 750,889. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | - 75070051 |
| a | Investment expenses not included on Form 990, Part VIII, line 7b . 4a | | |
| b | Other (Describe in Part XIII) | ┥ | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 | 750,889. |
| Part | | er Return | 1. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | 1 | 664,337. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | 7 | |
| С | Other losses | 7: 1 | |
| ď | Other (Describe in Part XIII.) | ↑ `. | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | 664,337. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | | · · · · · · |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . 4a | = | |
| b | Other (Describe in Part XIII.) | | |
| C | Add lines 4a and 4b | 4c | |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5 | 664,337. |
| Pärt. | XIII Supplemental Information. | | |
| 2, Part | XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional in | nformation | |
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| Schedule D (For | m 990) 2018 | Page |
|-----------------|--|------|
| Part XIII | m 990) 2018 Supplemental Information (continued) | |
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SCHEDULE K (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Go to www.irs.gov/Form990 for instructions and the latest information. ► Attach to Form 990.

OMB No 1545-0047

் Open to Public

Employer identification number

| FIFTY-ONE EAST WATER INC | | | | | | 23-7378221 | entification 8221 | number |
|----------------------------|----------------|-------------|---|-----------------|---------------------------------------|--------------|---|-------------------------|
| Part Bond Issues | | | | | | | | |
| (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | (g) Defeased (h) On (i) Pooled behalf of financing issuer | (i) Pooled financing |
| A FIFTY-ONE EAST WATER INC | 23-7378221 | 000000000 | 000000000000000000000000000000000000000 | 191 142 | 191 142 DIRCHASE METER DEADTHC FOILTR | | Yes No Yes No | Yes No |
| | | | | . 71. 1 / 1 / 1 | י מייכיים הדוביי אבשבואפ בלסוד | | K | × |
| В | | | | | | | | <u> </u> |
| C | | | | | | | | |
| | | | | | | | | - |
| Q | | | | | | | | |
| Part II Proceeds | | | | | | | | |
| | | | | 4 | 8 | | | |

| | | ⋖ | | 8 | | O | | ۵ | |
|----|--|-----|----------------|-----|----|-----|---|-----|-----|
| - | Amount of bonds retired | 7 | 71,047. | | | | | | |
| 7 | Amount of bonds legally defeased | | | i | | | | | |
| က | Total proceeds of issue | 19 | 191.142. | | | | | | |
| 4 | Gross proceeds in reserve funds | | | | | ļ | | | |
| 2 | Capitalized interest from proceeds | | | | | | | | |
| 9 | Proceeds in refunding escrows. | | | | | | | | |
| 7 | Issuance costs from proceeds | | | | | | | | |
| 8 | Credit enhancement from proceeds | | | | | | | | |
| 6 | Working capital expenditures from proceeds | | | | | | | | |
| 10 | Capital expenditures from proceeds | 19 | 191,142. | | | | | | |
| # | Other spent proceeds . | | | | | | | | |
| 12 | Other unspent proceeds | | | | | | | | |
| 13 | Year of substantial completion | | 2018 | | | | | | |
| | | Yes | _o N | Yes | Ŷ. | Yes | ž | Yes | No. |
| 14 | Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, | | | | | | | | 2 |
| | if issued prior to 2018, a current refunding issue)? | | × | | | | | | |
| 15 | Were the bonds issued as part of a refunding issue of taxable bonds (or, if | | | | | | | | |
| | issued prior to 2018, an advance refunding issue)? | • | × | | | | | | |
| 16 | Has the final allocation of proceeds been made? | × | | | | | | | |
| 11 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | × | | į | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

BAA

Schedule K (Form 990) 2018

Cat No 50193E

| 2018 |
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| 990 |
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| Sch |

| | | | 4 | 8 | | • | _ | Ω | _ |
|---|--|-----|----------|-----|----|-----------|----------------|-----|----|
| Was the organization a partner in | Was the organization a partner in a partnership, or a member of an LLC, | Yes | No | Yes | No | Yes | No | Yes | No |
| which owned property financed by tax-exempt bonds? | by tax-exempt bonds? | | × | | | | | i | |
| 2 Are there any lease arrangemen bond-financed property? | Are there any lease arrangements that may result in private business use of bond-financed property? | | × | | | | | | |
| 3a Are there any management or service c business use of bond-financed property? | Are there any management or service contracts that may result in private business use of bond-financed property? | | × | | | | | | ļ |
| b If "Yes" to line 3a, does the organiza counsel to review any management of | If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | × | | | | | | |
| c Are there any research agreem bond-financed property? | Are there any research agreements that may result in private business use of bond-financed property? | | × | | | | | | |
| d If "Yes" to line 3c, does the organ outside counsel to review any rese | If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 Enter the percentage of financed other than a section 501(c)(3) organized | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | į | 0.0000% | | % | | % | | |
| 5 Enter the percentage of finance result of unrelated trade or bus | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization. | | | | | | | i | į |
| another section 501(c)(3) organiz | | | 0.0000.0 | | % | | % | | |
| 6 Total of lines 4 and 5. | | ļ | 0.0000% | | % | | % | | |
| 7 Does the bond issue meet the p | Does the bond issue meet the private security or payment test? | | × | | | | | | |
| 8a Has there been a sale or disposition nongovernmental person other than | Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | × | | | | | | |
| b If "Yes" to line 8a, enter the per | If "Yes" to line 8a, enter the percentage of bond-financed property sold or | | | | 3 | | , | | |
| | | | % | | 8 | | % | | |
| c If "Yes" to line 8a, was any reme sections 1.141-12 and 1.145-27 | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-27 | | | | | | | | |
| 9 Has the organization establishe nonqualified bonds of the issue requirements under Regulation | Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1,141-12 and 1,145-2? | | × | | | | | | |
| Part IV Arbitrage | | | | | | | | |] |
| | | | 4 | | В | ļ | S | | ۵ |
| Has the issuer filed Form 8038-T, Penalty in Lieu of Arbitrage Rebate? | Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | Yes | ° × | Yes | No | Yes | N _O | Yes | ž |
| 2 If "No" to line 1, did the following apply? | ing apply? | | | | | | | | |
| a Rebate not due yet? | | × | _ | | | | | | |
| b Exception to rebate? | | | | | | | | | |
| c No rebate due? | | | | | | i | | | |
| If "Yes" to line 2c, provide in performed | If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
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| Schedule K (Form 990) 2018 | | | | | | 6 |
|--|-------------------|------------------|--------------|-----|---------------|----------------------------|
| Part IV Arbitrage (Continued) | | | | | | 200 |
| | A | 89 | | C | | |
| 4a Has the organization or the governmental issuer entered into a qualified | Yes No | Yes | Yes | No. | Yes | S. |
| hedge with respect to the bond issue? | × | | | | | |
| b Name of provider | | | | | | |
| c Term of hedge | | | | | | |
| d Was the hedge superintegrated? | | | | | | |
| e Was the hedge terminated? | | | | | | |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | × | | - | | | |
| | | | | | | |
| c Term of GIC | | | | | | |
| 1 | | | | | | |
| | > | | | | | |
| 7 Has the organization established written procedures to monitor the | (| | | | | |
| requirements of section 148? | × | | | | | |
| Part,V. Procedures To Undertake Corrective Action | | | | | | |
| | A | В | | U | | |
| Has the organization established written procedures to ensure that violations | Yes | Yes | Yes | | Yes | 2 |
| of federal tax requirements are timely identified and corrected through the | | | - | _ | 2 | 2 |
| voluntary closing agreement program if self-remediation isn't available under applicable regulations? | × | | | _ | | |
| Straw Supplemental Information Drounds additional information for rooms | 1 | 7 | | | | |
| Author Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions | ises to duestions | on Schedule K. S | ee instructi | ons | | |
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| ВАА | REV 11/05/18 PRO | | | | Schedule K (F | Schedule K (Form 990) 2018 |
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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. ▶ Go to www irs gov/Form990 for the latest information.

Employer identification number

OMB No 1545-0047

Name of the organization

Internal Revenue Service

| 23-7378221 | | | |
|---|--|--|--|
| ZA MAY BUY | | | |
| A MEMBERSHIP IN THE CORPORATION AND PURCHASE WATER. | | | |
| | | | |
| S, THE MEMBERSHIP | | | |
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| TED ON AND | | | |
| | | | |
| Pt VI, Line 11b: AFTER FORM 990 IS PREPARED, THE RETURN IS REVIEWED AT THE NEXT | | | |
| | | | |
| YEAR TO REVIEW | | | |
| EEDS TO BE ADJUSTED | | | |
| MEETING. | | | |
| EETING OF MEMBERS | | | |
| AS WELL AS HELD AT THE ORGANIZATION'S MAIN OFFICE FOR REVIEW. | | | |
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| Name of the organization | Employer identification number |
|--------------------------|--|
| FIFTY-ONE EAST WATER INC | 23-7378221 |
| | |
| Description: PENALTIES | |
| Total: \$43 | • |
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