2949306018916 OMB No 1545-0047

Return of Organization Exempt From Income Tax

2018

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.

Open to Public

Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2018 calendar year, or tax year beginning , 2018, and ending .2019 Oct 1 D Employer identification number C Name of organization FTETY-ONE EAST WATER INC Check if applicable Doing business as 23-7378221 Address change Room/suite E Telephone number Number and street (or P O box if mail is not delivered to street address) Name change (405)372 - 1151Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated STILLWATER, OK 74076 **G** Gross receipts \$ 1,064,461. Amended return H(a) Is this a group return for subordinates? Yes X No Application pending F Name and address of principal officer JAN HARRIS, 8601 N PERKINS RD. STILLWATER, OK 174075 H(b) Are all subordinates included? Tes No **区** 501(c) (12) **◄** (insert no) ☐ 4947(a)(1) or If "No," attach a list (see instructions) 501(c)(3) Tax-exempt status H(c) Group exemption number ▶ Website: ▶ Form of organization
☐ Corporation ☐ Trust ☐ Association ☐ Other ► 1973 M State of legal domicile OK L Year of formation Part I Briefly describe the organization's mission or most significant activities: PROVIDE TREATED WATER TO THE RURAL RESIDENTS AND BUSINESSES OF PAYNE COUNTY, OKLAHOMA. Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets. 2 3 Number of voting members of the governing body (Part VI, line 1a) . . . 5 Number of independent voting members of the governing body (Part VI, line 1b) 4 9 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 38 7b 0. **Current Year** 44,200 27,200. 8 Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 9 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 20,178 13,775. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 838,176. 709,913. 11 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 902,554 750,888. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 Benefits paid to or for members (Part IX, column (A), line 4) 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 223,445 248,867. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 407,252. 415,470. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 664,337. Total expenses. Add lines 13-17 (must equal-Part I) 630,697. 18 Revenue less expenses. Subtract line 18 from REGEIVED 271,857. 86,551. 19 Beginning of Current Year End of Year Ö 5,438,031 5,492,957. 20 Total assets (Part X, line 16) 1,459,936. 1,503,387. 21 Total liabilities (Part X, line 26) . . 3,934,644. 4,033,021. 22 Net assets or fund balances. Subtract line: Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here JAN HARRIS, CHAIRMAN Type or print name and title Print/Type preparer's name Preparer's signature Check I if Paid self-employed P00139828 Edwin R. Onley Preparer Firm's EIN ► 73-1416084 Firm's name ► DUNCAN, ONLEY & WATKINS, Use Only

🔀 Yes 🗌 No Form 990 (2018)

Phone no (405) 372-7744

Firm's address ▶ 808 S. Main, Ste 314, Stillwater,

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

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	DROUTE MERAMED WAMED MO MUE
	RURAL RESIDENTS AND BUSINESSES OF PAYNE COUNTY, OKLAHOMA.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
^	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
7	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	FIFTY-ONE EAST WATER PROVIDED TREATED WATER TO OVER 1,000 RURAL HOUSEHOLDS
	AND BUSINESSES IN PAYNE COUNTY, OKLAHOMA IN 2018-2019.
4b	(Code.) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶



Part				
			Yes	No
ĭ	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? <i>If "Yes," complete Schedule D, Part III </i>	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 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		×
_	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	. , .		×
b	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		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
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? Did the organization report more than \$5,000 of greats or other apprehenses to any democracy organization or	20b		
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? ###################################	21		×

Part	Checklist of Required Schedules (Continued)			
o b	Did the control of the description of the descripti		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		×
	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 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	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
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		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	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		×
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				_
	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			
С	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)			
			Yes	No
Ìа	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 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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. ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			<u> </u>
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>×</u> _
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
_	If "Yes," did the organization include with every solicitation an express statement that such contributions or	~ L		1
_	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		1
b	and services provided to the payor?	7b		
		70		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	. I	1
	If "Yes," indicate the number of Forms 8282 filed during the year	70		1
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
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		
_	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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b'		
10	Section 501(c)(7) organizations. Enter			
а	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 . 10b			100
	Section 501(c)(12) organizations. Enter			-^ ` γ}
	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			i l
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		_
L	- · · · · · · · · · · · · · · · · · · ·			
	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		}	
	Enter the amount of reserves on hand		ĺ	1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		_^
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	, ,,		
	excess parachute payment(s) during the year?	15	Į	×
	If "Yes," see instructions and file Form 4720, Schedule N			
	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.			

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	Gee ins	structi	ons.
Secti	on A. Governing Body and Management	• •	<u> </u>	<u> </u>
00011	on an action may be a y and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5			1
	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 . 1b 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?			×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	_	×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6	×	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	×	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	×	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			لــــا
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		×
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c		
13	Did the organization have a written whistleblower policy?	13		×
14	Did the organization have a written document retention and destruction policy?	14		×
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	×	
b	Other officers or key employees of the organization	15b		×
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		
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?	16b		
Secti	on C. Disclosure	100	L—	
17	Let the states with which a copy of this Form 990 is required to be filed OK			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re DUNCAN, ONLEY & WATKINS, PC, 808 S MAIN STE 314, STILLWATER, OK 74074 (405			14

Form 990 (2018)

Part VII Compensation of Officers, Directors, Trustees, 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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do x, office Individual or direction	unles	Pos neck ss pe	rson	than other is or thrust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) 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)		 								
(12)										
(13)										
(14)		-								

REV 05/20/19 PRO

•	(A) Name and title	(B) Average hours per week (list any	box,	unles	eck s pe	ition more	e than o is both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation fr	ortable Estimate		nated unt of	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		compe from organ and r	ensation in the ization elated zations	
(15)														
(16)														
(17)			-						·					
(18)										-			_	
(19)														
(20)												 <u>-</u> .		
(21)					_							<u> </u>		
(22)							-							
(23)									:					
(24)		_									+			
(25)														
1b	Sub-total			<u> </u>			<u> </u>		0.		0.			0.
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio						>	0.		0.			0.
2	Total number of individuals (including but reportable compensation from the organi	not limited					above	e) w				of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete s							emp	oloyee, or high	est compens	sated	3	Yes	No ×
4	For any individual listed on line 1a, is the organization and related organizations individual	greater the	an \$1	150,	000	npei)? /	f "Ye	s, "	and other comp complete Sch	ensation fror edule J for	n the such	4		×
5	Did any person listed on line 1a receive of for services rendered to the organization'		ompe		tion			un/			idual ,	5		×
	on B. Independent Contractors										2400			
1	Complete this table for your five highest compensation from the organization. Repyear.	compensat oort compe	ed inc nsatio	on fo	end or tł	ent ne c	contralend	acti lar y	ors that receive year ending wit	h or within th	\$100,0 e orga	nızatic	n's ta	IX
	(A) Name and business add	ress							(B) Description of s	ervices	C	(C) ompens	ation	
		-			-			<u> </u>						
2	Total number of independent contractor received more than \$100,000 of compens							th	nose listed abo	ove) who	-			

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Pari	VIII	Statement of Reve Check if Schedule C			any line in this	Dort VIII		
	<u> </u>	Check ii Scheddie C	Contains a res	Sorise of Hote to	(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 Membership dues . Fundraising events . Related organizations Government grants (con All other contributions, g and similar amounts not inc Noncash contributions include	tributions) 1b 1c 1c 1d 1tributions) 1e 1tributed above 1f	27,200.				
Cor	<u>h</u>	Total. Add lines 1a-1		<u></u> . >	27,200.			
Program Service Revenue	2a b c d e f	All other program ser	vice revenue .	Business Code				
<u>~</u>	9	Total. Add lines 2a-2						
	3 4 5	Investment income and other similar amount income from investmen Royalties	ounts)	•	13,674.	0.	0.	13,674.
	6a b c d	Gross rents Less rental expenses Rental income or (loss) Net rental income or Gross amount from sales of	(ı) Securities	> (ii) Other				
	b c d	assets other than inventory Less cost or other basis and sales expenses Gain or (loss) . Net gain or (loss)	76,000. 75,899. 101.		101.	0.	0.	101.
Other Revenue	8a	Gross income from fuevents (not including \$ of contributions reporte See Part IV, line 18						·
the care	ь	Less. direct expenses	-				ļ	دسیر د د د
O	С	Net income or (loss) f Gross income from ga	rom fundraising	events . ►				A STATE OF THE STA
	С	Less. direct expenses Net income or (loss) f Gross sales of in returns and allowance	rom gaming acti	vities ► 927,671.				
	ı	Less: cost of goods s Net income or (loss) f	rom sales of inve	237,674. entory ▶	689,997.	689,997.	0.	0.
	11a b c	Miscellaneous F MEMBER FINANCE	CHARGES	Business Code 221000	19,916.	19,916.	0.	0.
	d e 12	All other revenue . Total. Add lines 11a-	 11d		19,916.	709 913	0	13 775

	90 (2018)				Page 10
	IX Statement of Functional Expenses				
Section	n 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respons				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
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.			
11	Fees for services (non-employees)				
a	Management	4 042			· · · · · · · · · · · · · · · · · · ·
b	Legal	4,043. 16,375.			
c d	Lobbying	10,3/3.			
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,500.			
12	Advertising and promotion	2,527.			
13	Office expenses	23,993.			
14	Information technology				
15	Royalties				
16	Occupancy	24,216.			
17 18	Travel	13,002.			
10	for any federal, state, or local public officials				
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]	
	above (List miscellaneous expenses in line 24e. If		,		- ,, والأورو , ,
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				";
	• • • • • • • • • • • • • • • • • • • •	22.006			
a	REPAIR & MAINTENANCE	22,996. 14,948.			
b C	SUPPLIES TELEPHONE	6,320.			 -
d	TELEPHONE DUES & LICENSE	3,368.			
e	All other expenses	14,188.			
25	Total functional expenses. Add lines 1 through 24e	664,337.			
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part'X Balance Sheet

	artA	Charlest Cahadula O contains a reasons or	note to any line in this Bar	4 V		
- -		Check if Schedule O contains a response or	note to any line in this Par			· · · · · · <u>· · · · </u>
				(A) Beginning of year		(B) End of year
	1			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 f	ormer officers, directors,			
		trustees, key employees, and highest co	mpensated employees.			
		Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons described in section 4958(c)(3)(B), and 4958(f)(1)), persons described in section 4958(c)(3)(B), and 4958(f)(1)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)	d contributing employers and			
		sponsoring organizations of section 501(c)(9) volunt organizations (see instructions). Complete Part II of Schero			 -	
Assets	_	- · · · · · · · · · · · · · · · · · · ·	<u> </u>		6	
1SS	7	Notes and loans receivable, net	Г	200 044	7	276 116
`	8	Inventories for sale or use		289,844. 14,595.	8	276,116.
	9 10a	Prepaid expenses and deferred charges		14,595.	9	14,954.
	IVa	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 6,413,511.		1	
		·	10a 6,413,511. 10b 2,226,255.	4,159,934.	10c	4,187,256.
	b	Less accumulated depreciation		386,274.	111	401,687.
	11 12	Investments—publicly traded securities Investments—other securities. See Part IV, line 1		300,274.	12	401,007.
	13	Investments—other securities. See Part IV, line Investments—program-related. See Part IV, line	7-		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 equa	F	5,438,031.	16	5,492,957.
	17	Accounts payable and accrued expenses		61,938.	17	98,778.
	18	Grants payable		01,750.	18	50,770.
	19	Deferred revenue		19		
	20				20	
	21	Escrow or custodial account liability. Complete F	F		21	
S	22	Loans and other payables to current and fo	F-			. 1
Liabilities	22	trustees, key employees, highest compens				Ì
ig		disqualified persons. Complete Part II of Schedu			22	
Lia	23	Secured mortgages and notes payable to unrelate	⊢	1,441,449.	23	1,361,158.
	24	Unsecured notes and loans payable to unrelated		_ 	24	
	25	Other liabilities (including federal income tax, p	· · · · · · · · · · · · · · · · · · ·			
		parties, and other liabilities not included on lines				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25 .		1,503,387.	26	1,459,936.
ces		Organizations that follow SFAS 117 (ASC 958) complete lines 27 through 29, and lines 33 and				
au	27	Unrestricted net assets		3,878,114.	27	3,972,474.
Ва	28	Temporarily restricted net assets	<u>-</u>	56,530.	28	60,547.
g	29	Permanently restricted net assets	L-		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 95 complete lines 30 through 34.	8), check here ► ☐ and			
ts	30	Capital stock or trust principal, or current funds	[30	
SSE	31	Paid-in or capital surplus, or land, building, or eq	uipment fund [31	
¥	32	Retained earnings, endowment, accumulated inc	P-		32	
Š	33	Total net assets or fund balances		3,934,644.	33	4,033,021.
	34	Total liabilities and net assets/fund balances	<u></u>	5,438,031.	34	5,492,957.
						Form 990 (2018)

Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u>.</u>		×
1	Total revenue (must equal Part VIII, column (A), line 12)	1		50,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	64,3	37.
3	Revenue less expenses. Subtract line 2 from line 1	3		86,5	51.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,9	34,6	44.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	4,0	<u>21,1</u>	95.
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		
			Γ	Yes	No
1	Accounting method used to prepare the Form 990. Cash Accrual Other		_		l
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	olain	ın		
0-					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				×
	If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both.	шеа о	or	f	1
	Separate basis Consolidated basis, consolidated basis, or both.				
h	Were the organization's financial statements audited by an independent accountant?		. 2b	×	
U	If "Yes," check a box below to indicate whether the financial statements for the year were audited by an independent accountant?	 		├ ^	
	separate basis, consolidated basis, or both.	u on	a		
	Separate basis Consolidated basis Both consolidated and separate basis			'	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	ersial	ht		
·	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.	p.a			l
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ın		
- Ou	the Single Audit Act and OMB Circular A-133?			×	
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b	×	
			For	n 990	(2018)

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name o	the organization		Employer identification number
FIF'	TY-ONE EAST WATER INC		23-7378221
	Organizations Maintaining Donor Ad	vised Funds or Other Similar Fur	nds or Accounts.
	Complete if the organization answered		
	<u> </u>	(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 Did the organization inform all donors and dono	r advisors in writing that the assets h	hold in donor advised
5	funds are the organization's property, subject to the	he organization's exclusive legal contr	ol? □ Yes □ No
•			
6	Did the organization inform all grantees, donors, only for charitable purposes and not for the bene		
			· · · · · · L Yes L No
Par	Conservation Easements.	"\\" F 000 Port IV line 7	
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea		
	Protection of natural habitat	☐ Preservation o	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	ield 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 easemer		. 2b
С	Number of conservation easements on a certified		
d	Number of conservation easements included in	(c) acquired after 7/25/06, and not	on a
	THOUGHT OF AUGUST AND A TOTAL		· · 2d
3	Number of conservation easements modified, tran	isferred, released, extinguished, or ter	minated by the organization during the
	tax year ►		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re	egarding the periodic monitoring, ins	spection, handling of
	violations, and enforcement of the conservation e	asements it holds?	· · · · · · · · Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enforcir	ng conservation easements during the year
	•		
7	Amount of expenses incurred in monitoring, inspecti	ing, handling of violations, and enforcing	conservation easements during the year
	▶\$		
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements o	of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · · · · · Yes 🗆 No
9	In Part XIII, describe how the organization reports	conservation easements in its revenu-	e and expense statement, and
•	balance sheet, and include, if applicable, the text	of the footnote to the organization's fil	nancial statements that describes the
	organization's accounting for conservation easem		
Par	Organizations Maintaining Collection	ns of Art, Historical Treasures, o	r Other Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under S	FAS 116 (ASC 958), not to report in it	s revenue statement and balance sheet
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under	SFAS 116 (ASC 958), to report in its	revenue statement and balance sheet
-	works of art, historical treasures, or other similar		
	public service, provide the following amounts rela		
			▶ \$
	(i) Revenue included on Form 990, Part VIII, line(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of ar	t historical treasures or other similar	ar assets for financial dain provide the
2	following amounts required to be reported under		
_			
a	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		· · · · •
n	ASSEIS INCIDOED III FOITH 990, PAR A		5

Part									
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and oth	ner reco	rds, ched	ck any of the	follow	ing that are a sig	gnificant u	se of its
а	☐ Public exhibition		d	Loan	or exchange	progra	ams		
b	☐ Scholarly research		е	Othe	r	- 			
С	☐ Preservation for future generations								
4	Provide a description of the organizat XIII								e in Part
5	During the year, did the organization assets to be sold to raise funds rather							Yes	□ No
Part	IV Escrow and Custodial Arra		_			_			i
	Complete if the organization 990, Part X, line 21.								orm
	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 comple	te the fo	ollowing t	able [.]		An	nount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amour								∐ No
	If "Yes," explain the arrangement in Pa	art XIII Check here	of the e	xplanatio	n has been p	provide	d on Part XIII .		Ш
Par				000	D = -4 11/ 1/ 1/ -	10			
	Complete if the organization	(a) Current year		or year	(c) Two years		(d) Three years back	(e) Four ye	ars back
_	D. visa sa afaran balanca	(a) Current year	(0) [Oi yeai	(c) Two years	back	(d) Tiree years back	(e) toda ye	
1a	Beginning of year balance								
b	Contributions					-			
С	losses								
d	Grants or scholarships								
	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t	he current year en	d baland	ce (line 1ç	g, column (a))	held a	s		
а	Board designated or quasi-endowmer		%						
b	Permanent endowment ▶	%							
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and								
3a	Are there endowment funds not in the	e possession of th	e organ	zation th	at are held a	ınd adr	ninistered for the		1
	organization by.								es No
	(i) unrelated organizations							3a(i)	
								3a(ii)	-
b	If "Yes" on line 3a(ii), are the related of Describe in Part XIII the intended uses							3b	
4				JWITTELL	unus.				
Par	VI Land, Buildings, and Equip Complete if the organization		on Fo	m 990	Part IV line	112 9	See Form 990	Part X IIn	e 10
	Description of property	(a) Cost or oth	•	1	or other basis		ccumulated	(d) Book v	
	Description of property	(investme		1 ' '	other)		preciation	(a) DOOR V	aiuc
1a	Land		0.	 	37,926.			37	,926.
b	Buildings		<u> </u>	7	212,425.		115,859.		,566.
c	Leasehold improvements	-		†	- · · ·		· · · · · · · · · · · · · · · · · · ·		
d	Equipment			7	14,798.		337,784.	377	,014.
e	Other				48,362.	1,	772,612.		,750.
	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	0. Part				•		,256.

Part VII	Complete if the organizatio	nanswered res on r			11 330. Fall A. III 🖯 1
•	(a) Description of security or	category	(b) Book value	(c) Me	ethod of valuation
	(including name of secu	arity)		Cost or en	d-of-year market value
	I derivatives		·		
	held equity interests			 	<u> </u>
Other				ļ	
(A) (B)				-	· · · · · · · · · · · · · · · · · · ·
(C)				+	
(D)			····		
(E)				-	-
(F)					· · · · · · · · · · · · · · · · · · ·
(G)					
(H)				 	
al. (Column ((b) must equal Form 990, Part X, col (B) line	12] ▶			
art VIII	Investments-Program R				
	Complete if the organizatio	n answered "Yes" on F	orm 990, Part IV, Iir	ne 11c. See Forr	n 990, Part X, line 1
	(a) Description of investi	ment	(b) Book value		ethod of valuation d-of-year market value
)					
)					
)			···	 	·
<u>/</u>)				 	
)				 	
)			- 		
3)				Ţ -	
					-
)	(b) must equal Form 990, Part X, col (B) line	13) ▶			
3) 2) tal. (Column (Part IX	Other Assets.				
)) tal. (Column (n answered "Yes" on F	Form 990, Part IV, Iır	ne 11d. See Form	
)) t al. (Column (Other Assets.		Form 990, Part IV, Irr	ne 11d. See Form	n 990, Part X, line 1
o) ral. (Column (Part IX)	Other Assets.	n answered "Yes" on F	Form 990, Part IV, Iir	ne 11d. See Forr	
o) Part IX ()	Other Assets.	n answered "Yes" on F	Form 990, Part IV, Iır	ne 11d. See Forr	
) Part IX))	Other Assets.	n answered "Yes" on F	Form 990, Part IV, Iir	ne 11d. See Forr	
al. (Column (Part IX)	Other Assets.	n answered "Yes" on F	Form 990, Part IV, Iir	ne 11d. See Forr	
Part IX Column (Other Assets.	n answered "Yes" on F	Form 990, Part IV, IIr	ne 11d. See Forr	
) al. (Column (Part IX))))))	Other Assets.	n answered "Yes" on F	Form 990, Part IV, III	ne 11d. See Forr	
al. (Column (Other Assets.	n answered "Yes" on F	Form 990, Part IV, III	ne 11d. See Form	
) al. (Column (Other Assets.	n answered "Yes" on F	Form 990, Part IV, Iir	ne 11d. See Forr	
) al. (Column (art IX)))))))))))	Other Assets. Complete if the organizatio	n answered "Yes" on F	Form 990, Part IV, Irr		
) (Column (Co	Other Assets. Complete if the organizatio	n answered "Yes" on F	Form 990, Part IV, III	ne 11d. See Forr	
al. (Column (Other Assets. Complete if the organization mn (b) must equal Form 990, Pa Other Liabilities.	n answered "Yes" on F (a) Description rt X, col. (B) line 15)			(b) Book value
al. (Column (C	Other Assets. Complete if the organization mn (b) must equal Form 990, Pa Other Liabilities. Complete if the organization	n answered "Yes" on F (a) Description rt X, col. (B) line 15)			(b) Book value
al. (Column (Other Assets. Complete if the organization mn (b) must equal Form 990, Pa Other Liabilities.	n answered "Yes" on F (a) Description rt X, col. (B) line 15)	· ·		(b) Book value
al. (Column (Part IX)))))))) tal. (Colu	Other Assets. Complete if the organization Imm (b) must equal Form 990, Pa Other Liabilities. Complete if the organization line 25.	n answered "Yes" on F (a) Description ort X, col. (B) line 15) n answered "Yes" on F	· ·		(b) Book value
al. (Column (lart IX	Other Assets. Complete if the organization Imm (b) must equal Form 990, Pa Other Liabilities. Complete if the organization Ine 25. (a) Description of liability	n answered "Yes" on F (a) Description ort X, col. (B) line 15) n answered "Yes" on F	· ·		(b) Book value
) al. (Column (lart IX	Other Assets. Complete if the organization Imm (b) must equal Form 990, Pa Other Liabilities. Complete if the organization Ine 25. (a) Description of liability	n answered "Yes" on F (a) Description ort X, col. (B) line 15) n answered "Yes" on F	· ·		(b) Book value
) al. (Column (Part IX))))))) tal. (Column) Part X) Federal II)	Other Assets. Complete if the organization Imm (b) must equal Form 990, Pa Other Liabilities. Complete if the organization Ine 25. (a) Description of liability	n answered "Yes" on F (a) Description ort X, col. (B) line 15) n answered "Yes" on F	· ·		(b) Book value
) al. (Column (Part IX))))))) tal. (Column) Federal in))	Other Assets. Complete if the organization Imm (b) must equal Form 990, Pa Other Liabilities. Complete if the organization Ine 25. (a) Description of liability	n answered "Yes" on F (a) Description ort X, col. (B) line 15) n answered "Yes" on F	· ·		(b) Book value
) al. (Column (Part IX))))))))) tal. (Colu Part X) Federal II))))	Other Assets. Complete if the organization Imm (b) must equal Form 990, Pa Other Liabilities. Complete if the organization Ine 25. (a) Description of liability	n answered "Yes" on F (a) Description ort X, col. (B) line 15) n answered "Yes" on F	· ·		(b) Book value
) al. (Column (Part IX))))))) tal. (Column)) tal. (Column)))))))))))))	Other Assets. Complete if the organization Imm (b) must equal Form 990, Pa Other Liabilities. Complete if the organization Ine 25. (a) Description of liability	n answered "Yes" on F (a) Description ort X, col. (B) line 15) n answered "Yes" on F	· ·		(b) Book value
) Federal III	Other Assets. Complete if the organization Imm (b) must equal Form 990, Pa Other Liabilities. Complete if the organization Ine 25. (a) Description of liability	n answered "Yes" on F (a) Description ort X, col. (B) line 15) n answered "Yes" on F	· ·		(b) Book value
Part IX Par	Other Assets. Complete if the organization Imm (b) must equal Form 990, Pa Other Liabilities. Complete if the organization Ine 25. (a) Description of liability	n answered "Yes" on F (a) Description rt X, col. (B) line 15) n answered "Yes" on F (b) Book value	· ·		(b) Book value

Schedule D (Form 990) 2018

BAA

	Reconciliation of Revenue per Audited Financial Statements With Reve	-		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
`1	Total revenue, gains, and other support per audited financial statements		1	762,715.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		Ì	
а		.1,826.		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)		<u> </u>	11 006
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.			
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	750 000
5 Part		ancac na		750,889.
rait	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	-	i Neturi	••
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			004,557.
a	Donated services and use of facilities			
b	Prior year adjustments			
C	Other losses			
d	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			
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 expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	664,337.
	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines			
2, Par	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any ad			

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ichedule D (Fo		Page 5
Part XIII	Supplemental Information (continued)	
••••		
	·	
		
•••••		
		

SCHEDULE K (Form 990) FIFTY-ONE EAST WATER INC

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

2018

OMB No 1545-0047

Open to Public Inspection Employer identification number

23-7378221

Falkt Bond Issues								5		1
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Descriptio	(f) Description of purpose	(g) Defeased	behalf of	financing	gue
							Yes No	Yes No	Yes	ů
A FIFTY-ONE EAST WATER INC	23-7378221	000000000	10/31/2017	191,142.	PURCHASE METER	READING EQUIP	×	×		×
8										
							-			
O										
٥							-			
Part Proceeds										
				4	В	ပ		٥		
1 Amount of bonds retired				71,047.						
2 Amount of bonds legally defeased										
3 Total proceeds of issue				191,142.						
4 Gross proceeds in reserve funds										
5 Capitalized interest from proceeds .										
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds										
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds	spe		•							
10 Capital expenditures from proceeds		٠		191,142.						
11 Other spent proceeds										
12 Other unspent proceeds										
13 Year of substantial completion				2018						
			Yes	No	Yes No	Yes No	λ	Yes	No	
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or,	ding issue of tax-ex	kempt bonds	(or,		****					
if issued prior to 2018, a current refunding issue)?) issue)?		•	×						
15 Were the bonds issued as part of a refunding issue of taxab	nding issue of taxa	able bonds (or, if	or, If							
issued prior to 2018, an advance refunding issue)?	ig issue)?			×						
16 Has the final allocation of proceeds been made?	made?		× ·							
17 Does the organization maintain adequate books and records	books and record	Is to support the	_							
final allocation of proceeds?			×							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	actions for Form 990			Cat No	Cat No 50193E		Sched	Schedule K (Form 990) 2018	m 990) 2	2018

Part III	Private Business Use								
		A		B)	C	D	,
-	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	Š	Yes	No
	which owned property financed by tax-exempt bonds?		×						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		>	•					
3a	or service contract or service		×						
۵	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?		×						
O	Are there any research agreements that may result in private business use of bond-financed property?		×						
ס	zati Sh a								
4	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		0.000.0		%		%		%
လ	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, property carried on by your organization,		70000		ò		%		%
ي	Total of lines 4 and 5		0.0000.0		%		%		8
	Does the bond issue meet the private security or payment test?								
a	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?		×						
q	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
v	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								2
6	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	V Arbitrage								
•	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No.	Yes	S S	Yes	<u>۽</u> ساد	Yes	No
	•		×						
7	If "No" to line 1, did the following apply?	,							
e a	Rebate not due yet?	‹							!
1	No rebate due?								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
က	Is the bond issue a variable rate issue?		×						
								Schedule K (F	Schedule K (Form 990) 2018

		A		В		O		Δ	
4a		Yes	Š	Yes	No	Yes	Š	Yes	No
	hedge with respect to the bond issue?		×						
q	Name of provider								
ပ	Term of hedge								
ס	l								
Ð	Was the hedge terminated?								
5a			×						
۵									
ပ	1								
0									
9	1		×						
7	Has the organization established written procedures to monitor the requirements of section 148?		×						
Part V	W Procedures To Undertake Corrective Action								
		4		B	_	O		a	
	Has the organization established written procedures to ensure that violations	Yes	No	Yes	8	Yes	No	Yes	No
	of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under		,						
	ם		<						
Part VI	VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions	onses to qu	nestions (on Schedul	le K. See II	nstructions			
		in The Park							
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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.

2018

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No 1545-0047

23-7378221 FIFTY-ONE EAST WATER INC Pt VII, Col (F): ANYONE OWNING PROPERTY WITHIN THE RURAL WATER AREA MAY BUY A MEMBERSHIP IN THE CORPORATION AND PURCHASE WATER. Pt VI, Line 6: THERE IS ONLY ONE CLASS OF MEMBERSHIP Pt VI, Line 7a: WHEN A MEMBER OF THE GOVERNING BODY'S TERM EXPIRES, THE MEMBERSHIP NOMINATES AND VOTES AN ALL NEW BOARD MEMBERS. Pt VI, Line 7b: ANY CHANGES TO THE GOVERNING DOCUMENTS MUST BE VOTED ON AND APPROVED BY THE ENTIRE MEMBERSHIP. Pt VI, Line 11b: AFTER FORM 990 IS PREPARED, THE RETURN IS REVIEWED AT THE NEXT SCHEDULED BOARD MEETING BY THE GOVERNING BOARD. Pt VI, Line 15a: GOVERNING BOARD HOLDS EXECUTIVE SESSION ONCE PER YEAR TO REVIEW SYSTEM MANAGER'S COMPENSATION TO DETERMINE WHETHER COMPENSATION NEEDS TO BE ADJUSTED FOR THE YEAR. THE DETERMINATION IS RECORDED IN THE MINUTES OF THE MEETING. Pt VI, Line 19: FINANCIAL STATEMENTS ARE PROVIDED AT THE ANNUAL MEETING OF MEMBERS AS WELL AS HELD AT THE ORGANIZATION'S MAIN OFFICE FOR REVIEW. Pt XI: \$11,826 IS THE UNREALIZED GAIN ON INVESTMENTS Pt IX, Line 11g: Description: ENGINEERING FEES Total: \$2,500 Pt IX, Line 24e: Description: BAD DEBTS Total: \$3,565 Description: CREDIT CARD FEES Total: \$6,076 Description: MEALS & REFRESHMENTS Total: \$4,504

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
FIFTY-ONE EAST WATER INC	, 23-7378221
•	
Description: PENALTIES	
Total: \$43	
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