	٠٠,							(1909)
•	<b>_ 99</b>	U,	Return of Organization Exempt	From	Inco	me Tax	,	OMB No-1545-6047
FOR	m 🕶	•	Under section 501(c), 527, or 4947(a)(1) of the Internal Reven					2018
_			Do not enter social security numbers on this for					Open to Public
Dep	sartment of i mai Revenu	the Treasury by Service	► Go to www.irs.gov/Form990 for instructions a				$\mathcal{U}$	Inspection
A	For the			018, and	ending	Sep		,2019
B	Check if a	pplicable <sup>,</sup>	Name of organization FIFTY-ONE EAST WATER INC			P		r Identification number
닠	Address	-	Doing business as					78221
	Name ch		Number and street (or P.O. box if mail is not delivered to street address) PO BOX 2051	"   "	om/suite	١٠	•	372-1151
H	Initial retu	im Vterminated	City or town, state or province, country, and ZIP or foreign postal code			<del></del>	(405)	372-1151
	Amended		STILLWATER, OK 74076			G	Gross rea	celpts \$ 1,064,461.
			Name and address of principal officer:					ubordinates? 🗌 Yes 🗵 No
			JAN HARRIS, 8601 N PERKINS RD, STILLWATE	R, OK	74.075			
	Tax-exem	pt status:	□ 501(c)(3)   Sol(c) ( 1.2)   (insert no.) □ 4947(s)(1	1) or 🔲	527			list. (see instructions)
J	Website:		/A	A 16		H(c) Group ex		
	Form of o			L Year of	formation	13.131	M State	of legal domicile. OK
۲		Summa Priofit dos	ary scribe the organization's mission or most significant activ	ities r	T1170G	ב הפשת פ	י אוא רוי	ייים איי
0	1		RESIDENTS AND BUSINESSES OF PAYNE COUNT				H.MA	<u> </u>
Activities & Governance								
Ę	2	Check this	s box 🕨 🗌 if the organization discontinued its operations	or dispo	sed of	more than 2	5% of i	ts net assets.
00	3	Number o	f voting members of the governing body (Part VI, line 1a)				3	5_
85	4	Number o	of independent voting members of the governing body (Pa	art VI, lin	e 1b)		4	<u>5</u>
itie	5		ber of individuals employed in calendar year 2018 (Part V	/, line 28	1)		5	
CEN	6	Total num	hber of volunteers (estimate if necessary)	,			7a	0
ď		Total unre	plated business revenue from Part VIII, column (C), line 12 ated business taxable income from Form 990-T, line 38				7b	0.
	b	Net unrei	ated business taxable income month only ose 1, and os	<del></del>		Prior Year	,	Current Year
æ	8		ions and grants (Part VIII, line 1h)	)		44,	200.	27,200.
Revenue	9	Program :	service revenue (Part VIII, fine 2g)	20,	20,178. 13,77			
æ	10 11	Other revi	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11	1e) .	838,	176.	709,913.	
	12	Total reve	nue-add lines 8 through 11 (must equal Part VIII, column	(A), line	12)	902,	554.	750,888.
	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1-3).		· <u> </u>			
	14	Benefits (	paid to or for members (Part IX, column (A), line 4)		: <u> </u>		<del></del>	740.067
Ses	15	Salaries, o	other compensation, employee benefits (Part IX, column (A),	lines 5-1	<sup>10)</sup>	223,	445.	248,867.
ens	16a	Professio	nal fundraising fees (Part IX, column (A), line 11e)		N. S.	CONTRACT S		
Expen	b 1.5	Total fund	draising expenses (Part IX, column (D), line 25)  censes (Part IX, column (A), lines 11a-11d, 11f-24e) .				252.	415,470.
_	1   17   18	Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), li	ine 25)			697.	664,337.
	19	Revenue	less expenses. Subtract line 18 from line 12	· <u>· · · · · · · · · · · · · · · · · · </u>		271,	857.	86,551.
<u>ہ</u>		11010110			8e	ginning of Curr		End of Year
Nel Assets or	<u>§</u> 20	Total ass	ets (Part X, line 16)		_	5,438,		5,492,957.
S	<u>9</u> 21		ulities (Part X, line 26)		• ⊢	1,503,		1,459,936. 4,033,021.
_			ts or fund balances. Subtract line 21 from line 20	<u></u>	• !	3,934,	. 044.	±10331024.
L	art II	Signal	ture Block  ry, I declare that I have examined this return, including accompanying so	hedules ar	nd stateme	ents, and to the	best of (	my knowledge and bellef, it is
tr	Inder pena rue, comec	ities of penu t, and compl	ry, I declare that I have examined this facini, including decembrarying belief. Declaration of preparer (other than officer) is based on all information	of which	preparer h	as any knowled	ige	
_								910
Si	ign	Şign	eture of officer	•		Date	H	27/10/1
	ere	JA	N HARRIS, CHAIRMAN AM IN	Mes			• 1 1	
_			o or print name and title		Date			PTIN
P	aid	I	6011	- DD	11	/5/19	Check self-em	ployed P00139828
	repare	· ·	n R. Onley  DUNCAN, ONLEY & WATKINS, PC			Firm'		73-1416084
U	lse On	ly Firm's r	name. > DUNCAN, ONLEY & WATKINS, PC	, ok	74074			105) 372-7744
		1 1 111111 0 0						

624

X Yes | No

Form **990** (2018)

REV 05/20/19 PRO

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

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

Form 99	90 (2018)		Page 2
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:		
	PROVIDE TREATED WATER TO THE		
	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	B	
	prior Form 990 or 990-EZ?	☐ Yes	⊠ No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		⊠ No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all the total expenses, and revenue, if any, for each program service reported.	s, as meas ocations to	sured by others,
4a	(Code: ) (Expenses \$including grants of \$) (Revenue \$		_)
	FIFTY-ONE EAST WATER PROVIDED TREATED WATER TO OVER 1.000 RURAL HOUSEHOLD AND BUSINESSES IN PAYNE COUNTY, OKLAHOMA IN 2018-2019.	<u>)s</u>	
	411111111111111111111111111111111111111	·	
		<b>,</b> ,	
		********	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_,)
	***************************************		
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	·· <del>·····</del>	1
4¢	(Code:) (Expenses \$including grants of \$) (Hevenue \$		′ 
		40000000	
		********	
	***************************************		<b></b>
- <u>4d</u>			
	(Expenses \$ including grants of \$ ) (Revenue \$ )		
_ <del>4e</del>	Total program service expenses ▶  BEV 05/20/19 PRO	Form	<b>390</b> (2018)

Form 990 (2018)

DVD

Page 3

Part I	V Checklist of Required Schedules			
			Yet	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? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
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 counselling, 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	v	×
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total agents reported in Part X, line 16? If "Yes." complete Schedule D, Part VIII	110		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11d		×
ė	Dud the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<b> </b>	L×.
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	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the Office States?	148	-	<u>×</u>
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundralsing, 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.	145		×
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 of 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 of	18	_	×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		×
20 a	Did the presentation operate one or more hospital facilities? If "Yes," complete Schedule H	208	$\overline{}$	×
b	If IIVos" to log 202, did the organization attach a CODY of Its augited financial statements to this return:	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 17 Keylesdus especials Schedule I, Parts I and II			×
	##III	Fo	nn 99	<b>O</b> (201

Page 4

Form 99			P	age 4
Part	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 27 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		_×_
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		_ ×
C	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		<u>×</u>
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	_	<del></del>
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.	25þ		
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):	28a		×
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	-204		
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28b		×
¢	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			
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		×
31	Onservation contributions in res, complete Schedule N, Part I Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	<u> </u>		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
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	<u> </u>	×
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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-character organization? If "Yes," complete Schedule R. Part V. line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and the introoped as a partner but 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 116 and 192 Note. All Form 990 filers are required to complete Schedule O.	38	×	
Par	The second second to the second secon	•	Yes	, L
				NO
1a	Enter the number reported in Box 3 of Form 1096. Enter "U- II not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	reportable gaming (gambling) winnings to prize winners?			
	Teperitario gening (Seriesia)	Fo	rm 99	0 (201

Form 990 (2018) Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a × If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . 3b 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 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). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . 5a × Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b × 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 chantable contributions? . . . . . . . . 6a × If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? . 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was If "Yes," indicate the number of Forms 8282 filed during the year . . . . . Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 71 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 9 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? . . . 8 Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? . . . 9a 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations, Enter: Initiation fees and capital contributions included on Part VIII, line 12 . . . 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . Section 501(c)(12) organizations. Enter: **11a** 968,1<u>11</u> a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources 11**b** | 988, 562 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 128 b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which |13b the organization is licensed to issue qualified health plans Did the organization receive any payments for indoor tanning services during the tax year? . . . . 14b b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? . . . . 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? If "Yes," complete Form 4720, Schedule O. Form 990 (2018)

Form 88	0 (2018)		p	age 6
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	ee ins	or a truction	"No"
Section	on A. Governing Body and Management	<del></del>	····	<u> </u>
	and and the state of the state	- 1	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a5	200	**	
	If there are material differences in voting rights among members of the governing body, or			eli (i
	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		Y	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
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_	×	
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	×	~' a,
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a 8b	×	
b	Each committee with authority to act on behalf of the governing body?		<del>-^</del> -	
9 <del></del>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9	ode )	_ <u>×</u> _
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue cc	Yes	No
40-	Did the organization have local chapters, branches, or affiliates?	10a		<u>×</u>
10a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	1		
D	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 filling the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u>×</u> _
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	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		<u> </u>
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?			
a	The organization's CEO, Executive Director, or top management official	15a	×	
þ	Other officers or key employees of the organization	150		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	· · · · · · · · · · · · · · · · · · ·	in . The seal	
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		×
	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		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed NOK.  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.	T (Sec	tion 5	01(c)
	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 in	terest	oolicy	r, and
	financial statements available to the public during the tax year.	norde	-	
20	State the name, address, and telephone number of the person who possesses the organization's books and reduncan, onley & Watkins, PC, 808 S Main STE 314, STILLWATER, OK 74074 (405)	372	- -774	14
	DUNCAN, ONLEY & WATKINS, PC, 808 S MAIN SIE 314, SITHEMATER, OR 11072 (102	Form	990	(2018)

Form 990 (2018)

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

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

Ta 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	<u>d org</u>	anız	atic	n c	ompe	กระ	ted any curren	t officer, director	r, or trustee.	
(A) Name and Title	Average hours per wook (list any hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					ee)	(D) Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other	
	related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(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)	J		L	_	_		_				
(2)				_	_		_				
(8) (9)	<u> </u>	_	-	_	-		_				
(10)	<u> </u>		-			-	_			·	
(11)			-	-			-				
(12)				-	-		-				
(13)				-		-		<del></del>			
(14)			-			-					
	<del></del>	REVO	5/20/	19 PR	<u>~</u>		ـــــ	<u> </u>		Form <b>990</b> (2018	

	(A) Name and title	(B) Average hours per week (list any	dilloca card a director occ				than one both	one n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other
		hours for related organizations below dotted line)	ndfwidua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizationa (W-2/1099-MIS		compensation from the organization and related organizations
15)			_				&_				+	
16)											+	
											-	
						_				<del></del>	+	
						-		-			+	<u>.</u>
20)								_			+	
											+	
			<b>_</b>			_		-		<del></del> -		
			-	-		_		-			-}-	<u></u> -,-
			_		_	_		L				
								_				
25)							_		0.		0 .	
c	Sub-total .  Total from continuation sheets to Pa Total (add lines 1b and 1c) .	ırt VII, Sectio	n A		•		, . , ,	<b>&gt;</b>	0.		0.	
2	Total number of individuals (including I reportable compensation from the organization)	out not limited anization ►	d to th	1056	list	ted	abov	a) w	/ho received m	ore than \$100	,000 c	
3	Did the organization list any former employee on line 1a? If "Yes," complete	officer, direc	tor, o	or ti uch	rust <i>ind</i>	ee, Ivid	key ( µal	emp	oloyee, or high	nest compens	ated	Yes 3
4	For any individual listed on line 1a, is organization and related organization individual	ho num of re	noda	hla	con ,000	npe )? /	nsatio	!S, "	and other composite Sci	pensation from medule J for	n the such	4
5	Did any person listed on line 1a receiv for services rendered to the organization	e or accrue c	ompe co <i>mp</i>	nsa lete	tion Sci	fro hed	m an	y ur for	nrelated organi such person	zation or indiv	ndual	5
ectio	on B. Independent Contractors										#100	000 -6
1	Complete this table for your five highe compensation from the organization. If year.	st compensate Report compe	ted in ensati	dep on f	end or t	he d	cont	raci dar	year ending wi	ed more than th or within th	e orga	mization's tax
	(A) Name and business	address						L	(B) Description of	services	0	(C) ompensation
					_			+				
								1				

Form, 990 (2018) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or exempt function (A) Total revenue Revenue excluded from tax under sections 512-514 DUSIDOSS Contributions, Gifts, Grants and Other Similer Amounts Federated campaigns . . Membership dues 1b 27,200 Fundraising events . 10 Related organizations , 14 Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f: \$ Total, Add lines la-If . Program Service Revenue Business Code 2я All other program service revenue. Total. Add lines 2a-2f . Investment income (including dividends, interest, and other similar amounts) . . . . . . . . 13,674 13,674 Income from investment of tax-exempt bond proceeds▶ 5 (i) Real (d) Personal Gross rents . . 62 Less: rental expenses Rental income or (loss) Net rental income or (loss) (i) Securities (ii) Other Gross amount from sales of assets other than inventory 76,000. Less, cost or other basis and sales expenses . 75,899 Gain or (loss) . 101 C 101 Net gain or (loss) d Other Revenue Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . b Less: direct expenses . c Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 . . . . b Less: direct expenses . . . b c Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances 927,671 Less: cost of goods sold . . . 237,674 Net income or (loss) from sales of inventory . . . 689,997 Business Code Miscellaneous Revenue ٥. 221000 19,916 11a MEMBER FINANCE CHARGES All other revenue 19,916. Total. Add lines 11a-11d . 13,775. 750,888, 709,913. Total revenue. See instructions Form 990 (2018) REV 05/20/19 PRO

Form 990 (2018) Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns, All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service (C) Management and (D) Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses ехрелаев Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . Grants and other assistance to domestic individuals. See Part IV, line 22 . , , . Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . Benefits paid to or for members . . . . Compensation of current officers, directors, trustees, and key employees . . . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages . . . . . . 191,537. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) <u>4,8</u>30. 35<u>,04</u>8. Other employee benefits . . . 17,452. 10 Fees for services (non-employees): 11 4,043. 16,375 c Accounting . . . . . Professional fundraising services. See Part IV, line 17 Investment management fees . . . . . . f Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . 2,500. 2,527. 12 23,993. 13 Office expenses . . . . 14 Information technology 24,216. 16 Occupancy . . . . . 13,002. Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 1,706. Conferences, conventions, and meetings . 19 53,101. 20 21 185,757. 22 Depreciation, depletion, and amortization . 26,430. 23 Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 22,996. a REPAIR & MAINTENANCE 14,948 SUPPLIES b 6,320. c TELEPHONE 3,368. d DUES & LICENSE 14,188. All other expenses

Total functional expenses. Add lines 1 through 24e 664,337. 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 following SOP 98-2 (ASC 958-720) Form 990 (2018)

Form 990 (2018) Page 11 Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 241,449. 204,494. 1 2 2 234,952. 301,979. 3 3 4 98,846. 94.872. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . 6 7 276,116. 289,844. 8 14,595. 14,954. 9 9 Prepaid expenses and deferred charges . . . Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 103 4,159,934. 10c 4,187,256. 2,226,255. 10b b Less: accumulated depreciation . . . . 386,274. 401,687. 11 11 Investments—publicly traded securities . . . . . . 12 Investments-other securities. See Part IV, line 11 . . . 12 13 Investments-program-related. See Part IV, line 11 . . . 13 14 14 11,599. 12,137. 15 15 16 5,492,957. 5,438,031. Total assets. Add lines 1 through 15 (must equal line 34) . . . . 16 98,778. 61,938. 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L . . . . . . . . 1,361,158. 1,441,449. 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 1,459,936. 1,503,387. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗵 and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 3,878,114. 3,972,474. 27 27 60,547. 56,530. 28 28 29 29 Permanently restricted net assets . Organizations that do not follow SFAS 117 (ASC 958), check here Fig. and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . . 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 4,033,021. 3,934,644. 33 33 5,492,957. 5,438,031. 34 Total liabilities and net assets/fund balances Form **990** (2018)

Form 99	90 (2018)			Pag	e 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part Xi				$\mathbf{x}$
1	Total revenue (must equal Part VIII, column (A), line 12)	1		0,88	88.
2	Total expenses (must equal Part IX, column (A), line 25)	2	66	4,33	7,
3	Revenue less expenses. Subtract line 2 from line 1	3	8	6,55	1,
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,93	4,64	4.
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	4,02	1,19	<u>5.</u>
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	· • · ·	• •	<u> </u>	Щ
			REAL BRANCO N	Yes	No
1	Accounting method used to prepare the Form 990:   Cash Accrual Other		40		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
_	Schedule O.		2a		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2d	(222)	
	If "Yes," check a box below to indicate whether the financial statements for the year were com	plied or		7	
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		2b	X	12
ь	Were the organization's financial statements audited by an independent accountant?	don a			er en en
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	su un a	77.2		
	separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis		7		O E
	Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versight			
C	of the audit, review, or compilation of its financial statements and selection of an independent accounts.	intant?	2c	×	
	If the organization changed either its oversight process or selection process during the tax year, ex	olain in		<sup>all</sup> = ja(	
	Schedule O.	•			
20	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
3a	the Single Audit Act and OMB Circular A-133?		3a	×	
L	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo the			
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b	×	
	19991140 49001 41 480011 419 419 419 419 419 419 419 419 419 4		Form	990 (	2018)

OMB No. 1545-0047

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.

Inspection

Name of the organization

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

FIFI	Y-ONE EAST WATER INC		23-7378221
Part			ds or Accounts.
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year , . , .		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year	<u> </u>	
5	Did the organization inform all donors and donor funds are the organization's property, subject to the	advisors in writing that the assets he	in donor advised i? No. □ Yes □ No.
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the bene	ing gonor agyisors in writing that gran	or any other purpose
	conferring impermissible private benefit?	int of the donor of donor advisor, or re	Yes No
Dart	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., recrea	tion or education) Preservation of	a historically important land area
	Protection of natural habitat	☐ Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution	n in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements	· · ·	2a
b	Total acreage restricted by conservation easemen	ts	2b
C	Number of conservation easements on a certified	historic structure included in (a)	2c
đ	Number of conservation easements included in		2d
_	historic structure listed in the National Register .  Number of conservation easements modified, tran	atomod colonged sytinguished or tem	
3		Sterred, released, extilliguismes, or terr	milated by the eigenization suring the
	tax year ►  Number of states where property subject to conse	on/ation easement is located ▶	
4 5	Does the organization have a written policy re	garding the periodic monitoring, ins	pection, handling of
3	violations, and enforcement of the conservation ea	sements it holds?	⊔ Yes ∐ No
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enforcin	g conservation easements during the year
•			
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing	conservation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements of	r section 170(n)(4)(B)(I)
	and section 170(h)(4)(B)(ii)?		Yes   No
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text	conservation easements in its revenue	nancial statements that describes the
	organization's accounting for conservation easem	of the loothole to the organization o m	
0		e of Art Historical Treasures. Of	Other Similar Assets.
Pari	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.	
	If the executation elected, as permitted under \$	EAS 116 (ASC 958), not to report in its	s revenue statement and balance sneet
10	works of art historical treasures or other similar	r assets held for public exhibition, e	ducation, of fesearch in furtherance of
	public service, provide, in Part XIII, the text of the	footnote to its financial statements the	it deachdes mese rems.
ь	If the succession alcohol, as parmitted under	SEAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar	ir assets held for public exhibition, e	ducation, or research in furtherance of
	public service, provide the following amounts rela	ting to these items:	
	(i) Revenue included on Form 990, Part VIII, line	1	5
	WAR A to to dead on Const One Doort V		
2	If the organization received or held works of an	t, historical treasures, or other simila	tassets for initational gain, provide the
	following amounts required to be reported under	SEAS 116 (ASC 956) reizing to these i	<b>•</b> •
a	Revenue included on Form 990, Part VIII, line 1		• • • • • • • • • • • • • • • • • • •
<u>b</u>	Assets included in Form 990, Part X		Schedule D (Form 990) 2018

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

REV 11/12/18 PRO

BAA

Schedul	e D (Form 990) 2018								Pago <b>2</b>
Part	II Organizations Maintaining	Collections	of Art, Hist	orical Trea	asures, c	or Oth	er Similar Ass	ets (contin	nued)
3	Using the organization's acquisition, collection items (check all that apply):	-	d other recor	ds, check a	iny of the	followir	ng that are a sig	ınıficant us	e of its
а	Public exhibition		a [	Loan or	exchange	progra	ms		
b	Scholarly research								
	☐ Preservation for future generations	S	_		***********	•••••			
4	Provide a description of the organizar XIII.		ns and expla	in how they	further th	e orga	nization's exemp	ot purpose	ın Part
5	During the year, did the organization assets to be sold to raise funds rather								□ No
Part				· · · · · ·					
	Complete if the organization 990, Part X, line 21.		es" on Forr	n 990, Par	t IV, line 9	9, or re	eported an amo	ount on Fo	m
1a	is the organization an agent, trustee	. custodian or	other interm	ediary for c	ontribution	ns or c	ther assets not		
	included on Form 990, Part X?							☐ Yes	□ No
b	If "Yes," explain the arrangement in P								
_	.,,,			J			Am	ount	
С	Beginning balance					10			
ď	<del>-</del>					1d	,,-,,		
8	Distributions during the year					1e			
f	Ending halance					11			
2a	Did the organization include an amou	nt on Form 990	), Part X, line	21, for escr	ow or cus	todial a	account liability?	☐ Yes	□ No
 b	If "Yes," explain the arrangement in P	art XIII. Check	here if the ex	planation h	as been pr	rovided	on Part XIII .	· · · · · · · · · · · · · · · · · · ·	
Par	Endowment Funds.								
	Complete if the organization	answered "	res" on Fon	n 990, Par	t IV, line	10.			
		(a) Current yea	r (b) Pric	ryear (c	) Two years t	back (	d) Three years back	(e) Four year	rs back
1a	Beginning of year balance		· ·						
b	Contributions								
c	Net investment earnings, gains, and								
_	losses								
d	Grants or scholarships								
e	Other expenditures for facilities and							i	
•	programs								
f	Administrative expenses								
ġ	End of year balance							<u> </u>	
2	Provide the estimated percentage of	the current yes	ar end balanc	e (line 1g, c	olumn (a))	held a	ŝ:		
a	Board designated or quasi-endowme	ent 🟲	%						
b	Permanent endowment	%							
c	Temporarily restricted endowment	•	%						
_	The percentages on lines 2a, 2b, and	2c should ear	ial 100%.						
3a	Are there endowment funds not in the	ne possession	of the organi	zation that a	are held a	nd adn	ninistered for the	•	
	organization by:							Ye	s No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	<del></del>
b	If "Yes" on line 3a(ii), are the related	organizations (	isted as requi	red on Sche	edule R?			3b	
4	Describe in Part XIII the intended use	s of the organ	ization's end	owment fund	ds.				
Par	Land, Buildings, and Equi Complete if the organizatio	<b>pment.</b> n answered "	Yes" on For	m 9 <u>90, Pa</u>	rt IV, line	11a. S	See Form 990,	Part X, line	e 10
	Description of property	(a) Cos	t or other basis vestment)	(b) Cost or o (other	other basis (	(c) A de <sub>l</sub>	preciation	(a) Book va	
10	Land	. +	0.	37	7,926.	4. * # */ * */ * */ * */ */ */ */ */ */ */ */			,926.
1a	Land			212	2,425.		115,859.	96	,566.
b	Leasehold improvements	:							
Ç		· ·		714	1,798.		337,784.		,014.
d e	Other	1		5,448	3,362.		,772,612.		,750.
Total	. Add lines 1a through 1e. (Column (d)	must equal Fo	rm 990, Part	X, column (l	B), line 10d	c.)	, , .▶	4,187	,256.

Schedule D (Fo				age S
Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes" on For		ine 11b. See Form 990, Part X, line 1	2.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financial		<u> </u>		
	neld equity interests			
(3) Other				
(A)				
(B) (C)				
(C)				
(E)	pp			
(F)				
(G)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
( <del>U</del> )		<del></del>		
	b) must equal Form 990, Part X, col. (B) line 12.) ▶	<u> </u>		
Part VIII	Investments—Program Related.	L.—		President A
وبنيوسدها	Complete if the organization answered "Yes" on For	m 990. Part IV. lir	ne 11c. See Form 990. Part X. line 1:	3
	(a) Description of Investment	(b) Book value	(c) Method of valuation:	<del></del>
	(-) Cook provide a final control of the control of	(5) 55=11 1225	Cost or end-of-year market value	
(1)		<del></del>		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)	· · · · · · · · · · · · · · · · · · ·			
(8)	· · · · · · · · · · · · · · · · · · ·			
(9)	1		The state of the s	18 miles
	b) must equal Form 990, Part X, col. (B) line 13.) > Other Assets.	L		A
Part IX	Complete if the organization answered "Yes" on For	m 990 Part IV lis	ne 11d. See Form 990. Part X. line 1	5
	(a) Description	711 030, 7 411 19, 111	(b) Book value	<del></del>
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)	<del> </del>	<u> </u>	
Part X	Other Liabilities.	000 Dart IV III	no 110 or 11f Coa Form 990 Part Y	
	Complete if the organization answered "Yes" on For line 25.	m 990, Fait IV, III	ne Tie di Tit. See Pollitaao, Part A	,
1.	(a) Description of Rability (b) Book value	\$27 (W-76-17); (F		61000
(1) Federal in				
(2)				
(3)				
(4)				
(5)				
(6)				1
(7)				
(8)				
(9)		3.0		
Total. (Column (I	b) must equal Form 990, Part X, col. (B) line 25.) ▶			WE
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the footner	ote to the organization	on's financial statements that reports the	_
organization'	s liability for uncertain tax positions under FIN 48 (ASC 740). Che	ck here if the text of	the rootnote has been provided in Part XIII	<u> </u>

Schedule D (Form 990) 2018

	le D (Form 990) 2018				Page 4
Par	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,			r Return.	
1	Total revenue, gains, and other support per audited financial statements			1 4 7	762,715.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			7653000	/62,/15.
a	Net unrealized gains (losses) on investments	2a	11,826	14 P	
b	Donated services and use of facilities	2b	21,020		
C	Recoveries of prior year grants	2c		100	
d	Other (Describe in Part XIII.)	2d		16.5	
e	Add lines 2a through 2d			2е	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:				750,000.
a	Investment expenses not included on Form 990, Part VIII, line 7b	48			
ь	Other (Describe in Part XIII.)	4b		- 強数	
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	XII Reconciliation of Expenses per Audited Financial Statem				1.
	Complete if the organization answered "Yes" on Form 990,				••
1				11	664,337.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				002144
a	Donated services and use of facilities	2a			
ь	Prior year adjustments	2b			
	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
и е	Add lines 2a through 2d			20	
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:	<u> </u>		(A) (A) (A)	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a	Other (Describe in Part XIII.)	4b	·		
þ	·	<u> </u>		4c	
	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lir	ne 18.) .		5	664,337.
5	XIII Supplemental Information.				
Const	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4. Part	IV. lines 1b and 2	b; Part V, I	ine 4; Part X, line
Provid	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provid	te any additional	information	١.
2, Fai	t Al, lilles 20 and 40, and t are Ali, lilles 20 and 451, 402 being the part		· · ·		
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744	REV 11/12/18 PRO			Sche	dule D (Form 990) 20
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Schedule D (For	m 990) 2018 Supplemental Information (continued)	Page 5
Part XIII	Supplemental Information (continued)	
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		Schedule D (Form 990) 2018
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(i) Pooled financing Yes No Yes No × Schedule K (Form 990) 2018 Employer identification number Open to Public Inspection OMB No 1545-0047 ş 201 (N) On Dehalf of issuer × ۵ 23-7378221 Yes (gt) Defeased Yes No × PURCHASE METER READING BOULP ş O (f) Description of purpose Yes ► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, complete if the organizations, and any additional information in Part VI. ş Supplemental Information on Tax-Exempt Bonds ► Go to www.irs.gov/Form990 for instructions and the latest information. 0 Cat No. 50193E Yes 191,142. (e) Issue price 2018 71,047 191,142, 191,142 ş × × ► Attach to Form 990. ⋖ Yes 000000000 10/31/2017 (d) Date Issued × × Were the bonds issued as part of a refunding issue of taxable bonds (or, if Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, Does the organization maintain adequate books and records to support the (c) CUSIP # For Paperwork Reduction Act Notice, see the Instructions for Form 990. 23-7378221 (b) Issuer EIN issued prior to 2018, an advance refunding issue)? if issued prior to 2018, a current refunding issue)? Has the final allocation of proceeds been made? Working capital expenditures from proceeds Year of substantial completion . . . Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows. A FIRTY-ONE EAST WATER INC Issuance costs from proceeds FIFTY-ONE EAST WATER INC final allocation of proceeds? Other unspent proceeds . Other spent proceeds. Amount of bonds retired (a) Issuer name Total proceeds of issue Bond Issues Proceeds Name of the organization Department of the Treasury Infernel Revenue Service SCHEDULEK (Form 990) Part II Part ! 5 7 5 9 9 a 42 N 4 D Ø 2 |∓ 17 8 O

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REV 11/05/18 PRO

	A	-	8		_	ပ	1	Ω
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	<u>چ</u> >	Yes	No	Yes	No	Yes	ž
2 Are there any lease arrangements that may result in private business use of bond-financed property?		( x						
3a Are there any management or service contracts that may result in private business use of bond-financed property?		×						
b 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 agreements that may result in private business use of bond-financed property?		×						
ntinely engage bo								
4 Enter the percentage of financed property used in a private business use by entitles other than a section 501(c)(3) organization or a state or tocal government.	0.00	% 0000 0		8		8		
5 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, another continue 6016043 are an attachment another continue 6016043.	6	à		2		70		
6 Total of lines 4 and 5	0 0	% 0000 0		8 8		\$ 8		
l		×						
8a Has there been a sake 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 percentage of bond-financed property sold or disposed of		%		8		8		
emedial action taken pursu	 		 					
9 Has the organization established written procedures to ensure that all nonqualitied bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		×	* <u>**</u>					
Part IV Arbitrage								
	4		#		S		Q	
Has the issuer filed Form 8038-1, Arotrage Hebate, Yield Heduction and Penalty in Lieu of Arbitrage Rebate?	Yes	Ş×	<u>8</u>	8	Yes	S S	Yes	2
2 If "No" to line 1, did the following apply?								
Rebate not due yet?	×	+	+		1			
b Exception to rebate?		+	+				1	
1				_				

Page 3 Schedule K (Form 990) 2018 ĝ g Yes Yes ŝ ŝ Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions Yes ¥8 õ £ 8 Yes Yes ş × ş × × × × REV 11/05/18 PRO ¥es Yes Has the organization established written procedures to monitor the Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under Has the organization or the governmental issuer entered into a qualified Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Were any gross proceeds invested beyond an available temporary period? Were gross proceeds invested in a guaranteed investment contract (GIC)? Procedures To Undertake Corrective Action hedge with respect to the bond issue? Was the hedge superintegrated? requirements of section 148? Part IV Arbitrage (Continued) Was the hedge terminated? applicable regulations? b Name of provider Name of provider Term of GIC . c Term of hedge Schedule K (Form 990) 2018 Part VI Part V BAA ψ σ ž O Q ۵ ø 4

hadrile K (Form 990) 2018		Page 4
art VI Supplemental Information	Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions (Continued)	.
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441	REV 11/05/18 PRO Schedule K (Form 990) 2018	) 2018

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,

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

ame of the organization Employer identification number		
FIFTY-ONE EAST WATER INC	23-7378221	
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 EXPIRE	S, 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 N	EEDS 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 M	EETING 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		
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. BAS. No. 51056K	Schedule O (Farm 990 or 990-EZ) (2018)	

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	***************************************
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Total: \$43	
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	Schedule O (Form 990 or 990-EZ) (2018