Form 990

## **Return of Organization Exempt From Income Tax**

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

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

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

OMB No 1545-0047

Openito Rublic Unspection

Department of the Treasury Internal Revenue Service

SCANNED MAY 1 2 2021

Ā	For the	e 2017 calendar year, or tax year beginning 11/	n1 . 20	17, and endir	ng 10/31	Tavation.	2018	
_		applicable C	<u> </u>	,	•	mployer identifi		
_		ress change DAVIS & WEBER COUNTIES (	TANAT. COMPANY		ءِ ا	37-01279	40	
	$\vdash$	ne change 138 W 1300 N	CANAL COMPANI			elephone numbe		
	$\vdash$	SUNSET, UT 84015					4-6373	
	$\vdash$	(801) 77	4-63/3					
	1,7	return/terminated			ا م		0 010 700	
	$\vdash$	ended return			H(a) Is this a group	ross receipts \$	1 1	
	App		CHARD SMITH		1		H'''	
_		SAME AS C ABOVE		l Ison	H(b) Are all subord If 'No,' attach	a list (see instr	uctions) Tes No	
Ļ		1 107 1 17 12 7	nsert no ) 4947(a)(1	) or 527	4			
J		site: ► N/A		т.	H(c) Group exempt			
K		of organization X Corporation Trust Association	Other •	L Year of forma	tion 1894	M State of leg	gal domicile UT	
Pa		Summary						
		Briefly describe the organization's mission or most						
9		AND SECONDARY WATER TO ITS MEMBE	ERS THROUGHOUT	PARTS O	F MEREK W	DAVIZ	COUNTIES IN	
Governance		<u>UTAH.</u>						
er	2	Check this box F I if the organization discontinu			oro than 25% o			
õ	3	Number of voting members of the governing body (		ilshosed of III	ore man 25 /6 0	3		
		Number of independent voting members of the gov		line 1b)		4	9	
Activities &		Fotal number of individuals employed in calendar y			1	5	18	
Œ	6	Total number of volunteers (estimate if necessary)	, ,	,	•	6	0	
₽G	7a <sup>-</sup>	Total unrelated business revenue from Part VIII, co	lumn (C), line 12			7a	0.	
	b l	Net unrelated business taxable income from Form	990-T COME 24 E 1\/	<b>ED</b> 7		7b	0.	
			- VEOLIVE	-D	Prior \	rear	Current Year	
d)	1	Contributions and grants (Part VIII, line 1h)	69	3,247.	337,781.			
ž	•	Program service revenue (Part VIII, line 2g)	7,38	3,827.	7,578,679.			
Revenue		nvestment income (Part VIII, column (A), lines 3,		9,488.	96,307.			
Œ		Other revenue (Part VIII, column (A), lines 5, 6d,		9,281.	70,797.			
		Total revenue – add lines 8 through 11 (must equa		<del>), Inc. 12</del> )	8,33	5,843.	8,083,564.	
		Grants and similar amounts paid (Part IX, column (						
	l .	Benefits paid to or for members (Part IX, column (		6,730.	1,013,782.			
Ś	i		s, other compensation, employee benefits (Part IX, column (A), lines 5-10)					
Expenses	16a	Professional fundraising fees (Part IX, column (A),	line 11e)					
×	b ·	Total fundraising expenses (Part IX, column (D), lir	ne 25) 🟲					
ш	17	Other expenses (Part IX, column (A), lines 11a-11c	d, 11f-24e)		4,18	4,697.	4,553,977.	
	18	Total expenses Add lines 13-17 (must equal Part I	X, column (A), line 25	5)	5,22	1,427.	5,567,759.	
	19	Revenue less expenses Subtract line 18 from line	12		3,11	4,416.	2,515,805.	
5 g					Beginning of C	Current Year	End of Year	
Assets or i Balances	20	Total assets (Part X, line 16)			63,17	3,214.	64,032,570.	
A A	21	Total liabilities (Part X, line 26)			40,40	1,487.	38,812,337.	
F S	22	Net assets or fund balances Subtract line 21 from	line 20		22,77	1,727.	25,220,233.	
Ρį	ırt    <b>B</b>	Signature Block				•		
Und	er penalti	es of perjury, I declare that I have examined this return, including a claration of preparer (other than officer) is based on all information	companying schedules and	statements, and to	the best of my know	vledge and belie	f, it is true, correct, and	
com	piete De	claration of preparer (other than officer) is based on all information of	of which preparer has any kn	iowieage				
		Mornard Donas			Date /	24/20		
Sig	gn	Signature of officer				ı		
He	re	RICHARD SMITH			MANAGER			
		Type or print name and title	<del></del>				NT(1)	
		Print/Type preparer's name Preparer's sig		Date	Check	, U"	PTIN	
Pa		STEVEN L. CARVER, CPA STEVEN		PA 3/01	/19   self-e	mployed [	200413607	
	epare							
Use Only   Firm's address   ► 2246 N. UNIVERSITY PARK BLVD   Firm's EIN ► 52-2408237								
LAYTON, UT 84041 Phone no 801-926-1177								
		RS discuss this return with the preparer shown abo		)			X Yes No	
ВА	A For	Paperwork Reduction Act Notice, see the separate	e instructions.	TE	EA0113L 08/08/17		Form <b>990</b> (2017)	

BAA		TEEA0102L 12/05/17		Form <b>990</b>	(2017)				
	Total program service expenses	5, 476, 546.		,,					
	Other program services (Describe in Scher Expenses \$ ir		enue \$	`					
	Other program con use (December 2)	11.0)							
-									
-									
-									
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4 c	(Code) (Expenses \$	including grants of \$	) (Revenue \$		)				
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4 b	(Code ) (Expenses \$	including grants of \$	) (Revenue \$		)				
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			<del>-</del>						
-	WATER WAS PROVIDED TO THE	MEMBERS FOR AGRICULTURAL AND SECO	NDARY_USES						
		476,546. including grants of \$		7,578,6	79.)				
	and revenue, if any, for each program serv	rice reported							
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses								
	f 'Yes,' describe these changes on Sched								
3 (	Old the organization cease conducting, or	make significant changes in how it conducts, any pro	ogram services?	Yes X	No				
	-orm 990 or 990-EZ/ If 'Yes,' describe these new services on So	chedule O		Yes X	No				
	Did the organization undertake any significant Form 990 or 990-EZ?	program services during the year which were not listed	on the prior						
	PARTS OF WEBER AND DAVIS C	OUNTIES IN UTAH.							
		IRRIGATION AND SECONDARY WATER TO	ITS MEMBERS	THROUGHOU'	<u>T</u>				
	Briefly describe the organization's mission		<del></del>						
Part		ponse or note to any line in this Part III			П				
	990 (2017) DAVIS & WEBER COUN		87-012	27940	Page 2				
_									

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	163	X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6	:	Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
•	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	11 a	Х	
١	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	11 b		X
•	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
(	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part IX	11 d		Х
(	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ı	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х

Form 990 (2017) DAVIS & WEBER COUNTIES CANAL COMPANY

Partity Checklist of Required Schedules (continued)

			res	NO
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited 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 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		х
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25a	24a		х
ŀ	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		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
l	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		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
6	<b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28a		Х
ı	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c 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		X
	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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Х	
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ŀ	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		Х
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11h and 19?  Note. All Form 990 filors are required to complete Schedule O	38	Х	
BAA		Form	990	(2017)

Form 990 (2017) DAVIS & WEBER COUNTIES CANAL COMPANY

Rant Vi Statements Regarding Other IRS Filings and Tax Compliance

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

Check if Schedule O contains a response or note to any line in this Part V	•								
			Yes	No					
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1 a	14							
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1 b	0	4.7	C 3					
c Did the organization comply with backup withholding rules for reportable payments to vendors and re (gambling) winnings to prize winners?	eportable gaming	1 c	X						
2 a 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	2 a	18							
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment		2 b	X	الكناك					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in:		6-965-X	静物						
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year	•	3 a	1000000	X					
<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule Q</i>									
4 a 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)?									
<b>b</b> If 'Yes,' enter the name of the foreign country		<b>1000</b>							
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (FBAR)								
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the ta	x year <sup>9</sup>	5 a		Х					
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt	er transaction?	5 b		Х					
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c							
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	6 a		Х					
b If 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?	ions or gifts were	6 b							
7 Organizations that may receive deductible contributions under section 170(c).			Carrier La						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and p	artly for goods and		232						
services provided to the payor?	, g	7 a							
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b							
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v Form 8282?	vas required to file	7.							
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d	7 c	::::::::::::::::::::::::::::::::::::::						
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	· *·I	7 e							
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben		7 f							
g If the organization received a contribution of qualified intellectual property, did the organization file f		/ .							
as required?	01111 0033	7 g							
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	J	7 h							
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the sponsoring		YAAX.						
organization have excess business holdings at any time during the year?		155000	<b>46.</b> 57	\$ 00 YE					
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?		***********	723.10						
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related per	con?	9 a							
10 Section 501(c)(7) organizations. Enter	50117	9 b	2.650 0	60 JK					
a Initiation fees and capital contributions included on Part VIII, line 12	10 a								
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b								
11 Section 501(c)(12) organizations. Enter									
a Gross income from members or shareholders	11a 7,104,299	9							
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ).	11b 641,484								
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o	011/10	12 a	ئى <u>مەسىللىنىد</u> ر.						
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	i de	January 1						
13 Section 501(c)(29) qualified nonprofit health insurance issuers.									
a is the organization licensed to issue qualified health plans in more than one state?		13 a							
Note. See the instructions for additional information the organization must report on Schedul	e O	7 4	No.						
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in	1	Se Carrie	100,000 justices (100,000) 200,000 justices (100						
which the organization is licensed to issue qualified health plans	13b		3						
c Enter the amount of reserves on hand	13c	107	COL.	V					
14a Did the organization receive any payments for indoor tanning services during the tax year?	Sahadula O	14a	<u> </u>	X					
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in S	Scriedule U	Form	990	<u> </u> (2017					
TEEAUTOL 00/00/17		1 0111	. 550	(2017)					

Form 990 (2017) DAVIS & WEBER COUNTIES CANAL COMPANY 87-0127940 Page 6 Rart Miss Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year 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 1 a b Enter the number of voting members included in line 1a, above, who are independent 1 b 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 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents X since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Χ 6 Did the organization have members or stockholders? 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? SEE SCHEDULE O 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, SEE SCH O stockholders, or persons other than the governing body? 7 b Х **X** Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х a The governing body? 8 a 8 b X b Each committee with authority to act on behalf of the governing body? 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Х 10 a Did the organization have local chapters, branches, or affiliates? 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 48 X(\*\*\*)X b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 Х 12 a 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 Х Schedule O how this was done 12 c 13 13 Did the organization have a written whistleblower policy? 14 X 14 Did the organization have a written document retention and destruction policy? 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? Х a The organization's CEO, Executive Director, or top management official SEE SCHEDULE Q 15 a Х **b** Other officers or key employees of the organization SEE SCHEDULE O 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a 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 16 b organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website |X|Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

BAA

Form 990 (2017)

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

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

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

- 1 a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee										
				(C)	)					
(A) Name and Title	(B) Average hours per	director/trustee)					on	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) SCOTT PAXMAN	11					-				
PRESIDENT	0	X		X				4,606.	1,852.	0.
(2) GRANT COOPER	1									_
VICE PRESIDENT	0	X		Х				2,209.	2,484.	0.
(3) JAY RITCHIE	1									
TRUSTEE	0	1 x						1,402.	1,110.	0.
(4) BOYD DAVIS	1			_				•		
TRUSTEE	0	x						2,282.	0.	0.
(5) STEVE ULM	1							• • • • • • • • • • • • • • • • • • • •		
TRUSTEE	0	x						2,741.	0.1	0.
(6) ANDY THOMPSON	1								-	
TRUSTEE	0	x						2,529.	0.	0.
(7) ROBERT WHITLEY	1									
TRUSTEE	0	x						1,123.	1,781.	0.
(8) RICHARD SMITH	20									<del></del>
MANAGER	0	1		Х		ŀ		51,060.	51,059.	0.
(9) KAYLEEN MEIKLE	27							<u> </u>		
SECRETARY		1		Х				33,695.	16,848.	0.
(10)									20,010.	
(11)										<del></del>
(10)										
(12)										
(13)										
(14)								<u> </u>		
					L					

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Partivil Section A. Officers, Directors, Tr		Key	Em			es,	and	d Highest Com	pensated Emp	loyees (continued)
	(B)			((	•					
(A) Name and title	Average hours per week	offic	, unle	SS PE	erson direct	than is both or/trus	h an tee)	(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other
	(list any hours for related organiza - tions	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099 MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	below dotted line)	rustee	trustee		/ee	npensated				
(15)										
(16)										
(17)										
(18)										
<u>(19)</u>										
(20)										
(21)										
(22)	<del> </del>									
(23)										
(24)										
(25)						<b></b>				
1 b Sub-total				<u> </u>	<u> </u>	l	<b>&gt;</b>	101,647.	75,134.	0.
c Total from continuation sheets to Part VII, Sec	tion A						<b>•</b>	0.	0.	0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limite	d to those I	isted	aho		who	recei	ved	101,647.	75,134.	0.
from the organization > 0	a to mose i		rii,a i	<b>v</b> e/ ·	WIIO		veu	mail \$100,00		
3 Did the organization list any <b>former</b> officer, dire on line 1a? If 'Yes,' complete Schedule J for su	ctor, or tru ch ındıvıdı	ıstee, <i>ıal</i>	, key	, en	nplo	yee,	or h	nighest compensa	ted employee	Yes No
4 For any individual listed on line 1a, is the sum the organization and related organizations great such individual	of reportab ter than \$1	le co 150,0	mpe	ensa If "\	ation Yes,	and con	oth <i>nple</i>	ner compensation te Schedule J for	from	4 X
<ul> <li>5 Did any person listed on line 1a receive or accrefor services rendered to the organization? If 'Ye</li> </ul>	ue comper	nsatio	n fr	om	any	unre	late	ed organization or	ındıvıdual	4 X 5 X
Section B. Independent Contractors	.s, comp.c		31100	1010	<u></u>	, 540	,,, ρ			
Complete this table for your five highest compecompensation from the organization. Report compe	nsation for	epen the c	den alen	t co dar	ntra year	ctors endı	tha ng v	at received more t with or within the or	han \$100,000 of ganization's tax yea	r
(A) Name and business address  (B) Description of services  (C) Compensation										
2 Total number of independent contractors (including	but not lim	ited to	o thr	)SE I	ister	l abo	ve)	who received more	than	<u> </u>
\$100,000 of compensation from the organization			5 (1)(				,	received more		

Part VIII Statement of Revenue

	Check if Schedule O contains a response or note to any line in this Part VIII									
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
nts nts		Federated campaigns		а			the state of the			
žra ou		Membership dues		b						
S, C		Fundraising events		c				5.7		
Gift lar		Related organizations		d		4-3-5-3				
ß,	е	Government grants (contribution	ons) 1	e 337,781.						
is S	f	All other contributions, gifts, o	rants, and							
혈		All other contributions, gifts, g similar amounts not included	above	<u>  f                                   </u>						
d of	g	Noncash contributions included	In lines 1a-1f	\$	38.2					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			337,701.		Oliming, Johnson, Albanian, Al	pouring a distribution designation of the		
Jue				Business Code						
ev ev		ANNUAL WATER FI		_	4,759,180.	4,759,180.				
ě	b	WATER STOCK AS:	<u>SESSMENT</u>	<u>S</u>	2,819,499.	2,819,499.				
Ş.	C			_						
လွ	d	'		_	_					
ram	e	All -11		-						
Program Service Revenue		All other program service	ce revenue		7 500 600					
<u>n.</u>		Total. Add lines 2a-2f			7,578,679					
	3	Investment income (incother similar amounts)	luaing aiviae	nds, interest and	66,707.	66,707.				
	4	Income from investmen	it of tax-exer	npt bond proceeds	. 00,707.	00,707.				
	5	Royalties		•						
	_		(ı) Real	(ii) Personal						
	6 a	Gross rents								
	b	Less rental expenses								
	С	Rental income or (loss)								
	d	Net rental income or (lo	ss)	•						
	7 a	Gross amount from sales of	(i) Securitie	s (II) Other	10 1 S 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
		assets other than inventory		164,829.						
	Ь	Less cost or other basis			100					
		and sales expenses		135,229.						
		Gain or (loss)		29,600.		<b>1</b> (1.5 m) (1.5 m)	2.75			
	<u></u> d	Net gain or-(loss)	- 3		29,600.	29,600.		construction and a construction of the constru		
ā	8 a	Gross income from fund	draising ever	nts		no con the construction		District Million of the Control of t		
ē		(not including \$of contributions reported	d on line 1e)	_		2.4				
ě		See Part IV, line 18	d on line 1c)		6.26					
7	<b>h</b>	Less directle penses :		a	Marian Milliandan Milliandan	Alliande, Millionida (Aldangia).	ilania, al Ilando Callina Sar, al Maida	an Magaza Mainaga Maunik		
Other Revenu		Not income or (loss) fro		D events						
O						Secretaria de la Contraction d				
	9 a	Gross income from gan See Part IV, line 19	ning activitie	5 <b>a</b>						
		Less direct expenses		b				Park (#5		
		Net income or (loss) fro	m gaming a	ctivities						
							4			
	iva	Gross sales of inventory and allowances	y, iess returi	a			7.7			
	b	Less cost of goods sole	d	ь			2.0			
	с	Net income or (loss) fro	m sales of i	nventory						
		Miscellaneous Revenu	ue	Business Code			March Control (March Control)	en communa y comprese de		
		<u>LEASE_INCOME</u> _			41,594.	41,594.				
	þ	AFFILIATE EQUIT	<u>TY_INCOM</u>	E	29,203.	29,203.				
	C	T.= =								
		All other revenue					Lie zan www.			
		Total. Add lines 11a-11			10, 191.	Eddinid Stronominist strandinom	William Managaran			
	12	Total revenue. See inst	ructions	· · · · · · · · · · · · · · · · · · ·	8,083,564.	7,745,783.	0.	0.		

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete

Sec	tion 501(c)(3) and 501(c)(4) organizations must cor	nplete all columns All or	ther organizations must c	omplete column (A)				
Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> 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	Compensation of current officers, directors, trustees, and key employees	101,647.	101,647.	0.	0.			
6	Compensation not included above, to	101,047.	101,047.	<u> </u>	0.			
·	disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.			
7	***	572,746.	515,471.	57,275.	<u> </u>			
8	Pension plan accruals and contributions	<u> </u>	020/2.2.	0.72.91				
•	(include section 401(k) and 403(b) employer contributions)	142,609.	128,348.	14 261				
9	Other employee benefits	120,155.	108,140.	14,261. 12,015.				
10	Payroll taxes	76,625.	68,963.	7,662.				
	Fees for services (non-employees)	70,023.	00, 303.	7,002.				
	<b>a</b> Management							
	<b>b</b> Legal	8,755.	8,755.					
	c Accounting	48,301.	48,301.					
	<b>d</b> Lobbying							
	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 0 ) Advertising and promotion	174,787.	174,787.					
13		67,162.	67,162.					
14	Information technology	- 0,,101.	0,7102.					
15	Royalties	<del>-</del>						
16	Occupancy	-						
17	Travel							
,18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19								
20	Interest	1,284,856.	1,284,856.					
21	,	1 604 050	1 604 050					
22 23	Depreciation, depletion, and amortization Insurance	1,624,270.	1,624,270.					
23	_ :	84,336.	84,336.					
	covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10%				J. 100 11 15 10 10 10 10 10 10 10 10 10 10 10 10 10			
	of line 25, column (A) amount, list line 24e				A Action to			
	expenses on Schedule O)	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A CONTRACTOR OF THE SECOND SEC					
	a CANAL ASSESSMENTS	501,338.	501,338.					
	b CANAL OPERATIONS & MAINT	465,080.	465,080.					
	C WATER ASSESSMENT	145,770.	145,770.	-				
	d ENGINEERING	104,234.	104,234.					
	e All other expenses  Total functional expenses Add lines_1_through 24e	45,088. 5,567,759.	45,088. 5,476,546.	91,213.	0.			
	· · · · · · · · · · · · · · · · · · ·	- 5,501,139.	3,4/0,346.	91,213.				
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							
BAA	SOP 98-2 (ASC 958-720)	<u> </u>	<u></u>	<u> </u>	Form <b>990</b> (2017)			
		TEE 401101 0						

Part X Balance Sheet

BAA

Form 990 (2017)

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year **(B)** End of year Cash - non-interest-bearing 100 1 100. Savings and temporary cash investments 2 2 3,702,318. 3,930,177. Pledges and grants receivable, net 3 Accounts receivable, net 232,711 4 141,148 Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 342,002 281,687 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D **S** 10 a 76, 469, 783 b Less accumulated depreciation 10b 23,058,169 52,586,002 10 c 53,411,614 Investments - publicly traded securities. 11 11 2,132,543. 2,065,323. Investments - other securities See Part IV, line 11 12 12 2,172,165. 2,201,368. Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 2,001,153. 2,001,153. 15 Other assets See Part IV, line 11 15 4,220 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 63, 173, 214 64,032,570. Accounts payable and accrued expenses 17 845,788 17 943,227. 18 Grants payable 18 Deferred revenue 19 19 2,500,000 2,500,000. 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees. 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 37,046,207 35,346,985. Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 9,492 Total liabilities. Add lines 17 through 25-26 40,401,487. 38,812,337. Organizations that follow SFAS 117 (ASC 958), check here or this or the strain rackynin ar mutu im mau i X and complete Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 22,771,727. 25,220,233 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. þ Capital stock or trust principal, or current funds 30 30 Net Assets 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 33 22,771,727. 25,220,233. 34 Total liabilities and net assets/fund balances 63,173,214 34 64,032,570.

TEEA0111L 08/08/17

Forn	n 990 (2017) DAVIS & WEBER COUNTIES CANAL COMPANY	87-012794	.0 Pa	age <b>12</b>
Pai	t∛XI <b>ਡ</b> Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,083,	564.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,567,	759.
3	Revenue less expenses Subtract line 2 from line 1	3	2,515,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,771,	
5	Net unrealized gains (losses) on investments	5	-67,	
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	25,220,	233.
Pai	rtiXII∰ Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		-	
2 :	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis	viewed on a		
l	b Were the organization's financial statements audited by an independent accountant?		2 b X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sebasis, consolidated basis, or both  X Separate basis Consolidated basis Both consolidated and separate basis	eparate		
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	audit,	2c X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	_	3 a	X
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	d audit	3 b	
BAA			Form <b>990</b>	(2017)

TEEA0112L 08/08/17

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

2017 Open to Public Inspection

OMB No 1545-0047

Employer identification number

	DAVIS & WEBER COUNTIES CAN	AL COMPANY		87-0127940
Pai	Organizations Maintaining Dono Complete if the organization ans	or Advised Funds or Other ! wered 'Yes' on Form 990, P	<b>Similar Funds or A</b> o art IV, line 6	ccounts.
		(a) Donor advised fund	ds (b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and dorare the organization's property, subject to the	nor advisors in writing that the ass organization's exclusive legal con	ets held in donor advise trol?	ed funds Yes No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing to the donor or donor advisor, or	hat grant funds can be of for any other purpose of	used only onferring Yes No
Pai	Conservation Easements.			
1.ai	Complete if the organization ans	wered 'Yes' on Form 990 P	art IV line 7	
1	Purpose(s) of conservation easements held by			· · · · · · · · · · · · · · · · · · ·
•	Preservation of land for public use (e.g., r			cally important land area
	Protection of natural habitat	· —	Preservation of a certifie	•
	Preservation of open space	Ш'	reservation of a certific	a filstoffe structure
2	Complete lines 2a through 2d if the organization it last day of the tax year	neld a qualified conservation contribu	ition in the form of a cons	ervation easement on the
	•			Held at the End of the Tax Year
	a Total number of conservation easements		2 a	
ı	Total acreage restricted by conservation ease	ments	2 b	
	Number of conservation easements on a certi	fied historic structure included in (	<del> </del>	
•	Number of conservation easements included in structure listed in the National Register	n (c) acquired after 7/25/06, and r	not on a historic 2 d	
3	Number of conservation easements modified, trar tax year ►	nsferred, released, extinguished, or to	erminated by the organiza	tion during the
4	Number of states where property subject to conse	rvation easement is located >		
5	Does the organization have a written policy re and enforcement of the conservation easemen		nspection, handling of v	olations, Yes No
6	Staff and voluntcer hours devoted to monitoring, i	inspecting, handling of violations, and	d enforcing conservation of	easements during the year
7	Amount of expenses incurred in monitoring, insper ▶\$	ecting, handling of violations, and enf	orcing conservation ease	ments during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requir	ements of section 170(h	n)(4)(B)(ı) Yes No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote conservation easements	conservation easements in its rever to the organization's financial state	nue and expense stateme ements that describes th	nt, and balance sheet, and ne organization's accounting for
Par	Organizations Maintaining Colle Complete If the organization ans	ctions of Art, Historical Tre wered 'Yes' on Form 990, P	easures, or Other S art IV, line 8	imilar Assets.
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	eld for public exhibition, education, or	research in furtherance o	nent and balance sheet works of public service, provide,
ŀ	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items	r SFAS 116 (ASC 958), to report ii or public exhibition, education, or res	n its revenue statement earch in furtherance of pu	and balance sheet works of art, iblic service, provide the
	(i) Revenue included on Form 990, Part VIII,	line 1		<b>►</b> \$
	(ii) Assets included in Form 990, Part X			<b>▶</b> \$
2	If the organization received or held works of art, hamounts required to be reported under SFAS	nistorical treasures, or other similar a 116 (ASC 958) relating to these iti	ssets for financial gain, p ems	rovide the following
ā	Revenue included on Form 990, Part VIII, line			<b>►</b> \$
Ŀ	Assets included in Form 990, Part X			▶\$

Schedule D (Form 990) 2017 DAVIS				87-0127 Other Similar Asse	
3 Using the organization's acquisition					
items (check all that apply)					
a Public exhibition		<b>—</b>	xchange programs		
<b>b</b> Scholarly research		e Other	<del></del>		
c Preservation for future gener					
4 Provide a description of the organiz Part XIII					
5 During the year, did the organiza to be sold to raise funds rather the	han to be maintained	as part of the organ	nization's collection?		Yes No
Escrow and Custodia line 9, or reported an	I Arrangements. amount on Form	Complete if the 990. Part X. line	organization answ 21.	vered 'Yes' on For	m 990, Part IV,
1 a Is the organization an agent, trus	·			assets not included	
on Form 990, Part X?					Yes No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII and com	plete the following t	able		
				,	Amount
<b>c</b> Beginning balance				1 c	
<b>d</b> Additions during the year				1 d	
e Distributions during the year				1 e	
f Ending balance				1 f	
2a Did the organization include an a					Yes No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII Check h	nere if the explanation	on has been provided o	on Part XIII	
Part V Endowment Funds. C	omplete if the or	ganization answ	<u>ered 'Yes' on Forr</u>	n 990, Part IV, Iın	e 10.
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance.					
<b>b</b> Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships				***	
<ul> <li>Other expenditures for facilities and programs</li> </ul>					
f Administrative expenses					
<b>g</b> End of year balance	-				
2 Provide the estimated percentag	e of the current year	end balance (line 1	g, column (a)) held as		
a Board designated or quasi-endowm	ent ►	%	• • • •		
<b>b</b> Permanent endowment ►	%	<del></del>			
c Temporarily restricted endowmer	<u>nt</u> ►	o, o			
The percentages on lines 2a, 2b, a	nd 2c should equal 100	<del>)</del> %			

**3 a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

**b** If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

	Yes	No
3a(i)		
3a(ii)		
3b		

### RartiVII Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		1,408,633.		1,408,633.
<b>b</b> Buildings		811,529.	473,807.	337,722.
c Leasehold improvements		<u> </u>		
<b>d</b> Equipment		74,249,621.	22,584,362.	51,665,259.
<b>e</b> Other		,		
Total. Add lines 1a through 1e (Column (d)	must equal Form 990, Part X, c	olumn (B), line 10c )	<b>&gt;</b>	53,411,614.

Schedule **D** (Form 990) 2017

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Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost	or end-of-year market value
(1) Financial derivatives	· · · · · · · · · · · · · · · · · · ·		
(2) Closely-held equity interests			· · · · · ·
(3) Other			
(A)			
(B)			
(C)			
(D)	•		
(E)		-	
(F)			
(l)			<del>-</del>
Total. (Column (b) must equal Form 990, Part X, column (B) line 12)			
Part VIII Investments - Program Related			
Part VIII Investments – Program Related. Complete if the organization answered	d 'Yes' on Form 99	90. Part IV. line 11c See Fo	orm 990. Part X. lin
(a) Description of investment	(b) Book value	(c) Method of valuation Cost	or end-of-year market v
(1)			
(2)			<del>-</del> ·
(3)			<del></del>
(4)			
			<del></del>
(5)			
(6)	-		
(7)		<u>-</u>	
(8)			
(9)			
(10)		5.3.3.50° 200 N. 12 200 N. 400 N. 5.1 1000 N. 5.2 1000	IV. As arranged a special true succession. Special
Total (Column (b) must equal Form 990, Part X, column (B) line 13)	• <u> </u>		
	/		
Partix Uther Assets.  Complete if the organization answered	N/ d 'Yes' on Form 90	A O Part IV line 11d See Fr	orm 990 Part Y Jun
Complete if the organization answered	d 'Yes' on Form 99	A 90, Part IV, line 11d. See Fo	
Complete if the organization answered (a) De	N/d 'Yes' on Form 99	A 90, Part IV, line 11d. See Fo	
Complete if the organization answered (a) De (1)	d 'Yes' on Form 99	A 90, Part IV, line 11d. See Fo	
Complete if the organization answered (a) De (1) (2)	d 'Yes' on Form 99	A 90, Part IV, line 11d. See Fo	
Complete if the organization answered  (a) De  (1)  (2)  (3)	d 'Yes' on Form 99	A 90, Part IV, line 11d. See Fo	
Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)	d 'Yes' on Form 99	A 90, Part IV, line 11d. See Fo	
Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)	d 'Yes' on Form 99	A 90, Part IV, line 11d. See Fo	
Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)	d 'Yes' on Form 99	A 90, Part IV, line 11d. See Fo	
Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)	d 'Yes' on Form 99	A 90, Part IV, line 11d. See Fo	
Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)	d 'Yes' on Form 99	A 90, Part IV, line 11d. See Fo	
Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)	d 'Yes' on Form 99	A 90, Part IV, line 11d. See Fo	
Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)	d 'Yes' on Form 99	A 90, Part IV, line 11d. See Fo	
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (c)	d 'Yes' on Form 99	A 90, Part IV, line 11d. See Fo	(b) Book valu
Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (c)  Part X Other Liabilities.	d 'Yes' on Form 99 escription	90, Part IV, line 11d. See Fo	(b) Book valu
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (c)	d 'Yes' on Form 99 escription	11e or 11f. See Form 990, Part X,	(b) Book valu
Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (b)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on F	B) line 15)	11e or 11f. See Form 990, Part X, e	(b) Book valu
Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (column)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Final Description of liability  (1) Federal income taxes  (2) UNCLAIMED STOCK	B) line 15)	11e or 11f. See Form 990, Part X,	(b) Book valu
Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X)  Complete if the organization answered 'Yes' on F  (a) Description of liability  (1) Federal income taxes  (2) UNCLAIMED STOCK  (3)	B) line 15) Form 990, Part IV, line (b) Book valu	11e or 11f. See Form 990, Part X, e 25.	(b) Book valu
Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X)  Complete if the organization answered 'Yes' on F  (a) Description of liability  (1) Federal income taxes  (2) UNCLAIMED STOCK  (3)  (4)	B) line 15) Form 990, Part IV, line (b) Book valu	11e or 11f. See Form 990, Part X, e 25.	(b) Book valu
Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description of liability  (1) Federal income taxes  (2) UNCLAIMED STOCK  (3)  (4)  (5)	B) line 15) Form 990, Part IV, line (b) Book valu	11e or 11f. See Form 990, Part X, e	(b) Book valu
Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Factor (a) Description of liability  (1) Federal income taxes  (2) UNCLAIMED STOCK  (3)  (4)  (5)  (6)	B) line 15) Form 990, Part IV, line (b) Book valu	11e or 11f. See Form 990, Part X, e	(b) Book valu
Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Factor (a) Description of liability  (1) Federal income taxes  (2) UNCLAIMED STOCK  (3)  (4)  (5)  (6)  (7)	B) line 15) Form 990, Part IV, line (b) Book valu	11e or 11f. See Form 990, Part X, e	(b) Book value
Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Factor (a) Description of liability  (1) Federal income taxes  (2) UNCLAIMED STOCK  (3)  (4)  (5)  (6)  (7)  (8)	B) line 15) Form 990, Part IV, line (b) Book valu	11e or 11f. See Form 990, Part X, e	(b) Book valu
Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Factor (a) Description of liability  (1) Federal income taxes  (2) UNCLAIMED STOCK  (3)  (4)  (5)  (6)  (7)	B) line 15) Form 990, Part IV, line (b) Book valu	11e or 11f. See Form 990, Part X, e	(b) Book valu
Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Factor (a) Description of liability  (1) Federal income taxes  (2) UNCLAIMED STOCK  (3)  (4)  (5)  (6)  (7)  (8)	B) line 15) Form 990, Part IV, line (b) Book valu	11e or 11f. See Form 990, Part X, e	(b) Book valu
Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Factorial income taxes  (2) UNCLAIMED STOCK  (3)  (4)  (5)  (6)  (7)  (8)  (9)	B) line 15) Form 990, Part IV, line (b) Book valu	11e or 11f. See Form 990, Part X, e	(b) Book valu

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule <b>D</b> (Forr	m 990) 2017	DAVIS	Æ٠	WEBER	COUNTIES	CANAL.	COMPANY

Schedule D (Form 990) 2017 DAVIS & WEBER COUNTIES CANAL COMP.			-0127	940 Page
Part XI Reconciliation of Revenue per Audited Financial Stateme			eturn.	, <u> </u>
Complete if the organization answered 'Yes' on Form 990,	Part IV, I	ıne 12a.		
1 Total revenue, gains, and other support per audited financial statements	<u> </u>		1	8,016,265
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			26.2	
a Net unrealized gains (losses) on investments	2 a	-67,299.		
<b>b</b> Donated services and use of facilities	2 b	· · · · · · · · · · · · · · · · · · ·		
c Recoveries of prior year grants	2 c			
d Other (Describe in Part XIII )	2 d	•		
e Add lines 2a through 2d	L		2 e	-67,299
3 Subtract line 2e from line 1			3	8,083,564
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		<b>39</b> 1	<u> </u>
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		* 1	
<b>b</b> Other (Describe in Part XIII )	4 b			
c Add lines 4a and 4b	<del></del>		4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	)		5	8,083,564
Part+XII Reconciliation of Expenses per Audited Financial Statement	ents With	Expenses per	Return	
Complete if the organization answered 'Yes' on Form 990,				
Total expenses and losses per audited financial statements			1	5,567,759
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			100	
a Donated services and use of facilities	2 a			
<b>b</b> Prior year adjustments	2 b			
c Other losses	2 c			
d Other (Describe in Part XIII )	2 d			
e Add lines 2a through 2d	L	·	2 e	
3 Subtract line 2e from line 1			3	5,567,759
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	4 a			
<b>b</b> Other (Describe in Part XIII )	4 b	·		
c Add lines 4a and 4b	<u> </u>		4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	)		5	5,567,759
PartiXIII Supplemental Information.				

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

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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.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

Open to Rublic Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

87-0127940

FORM 990 - EXPLANATION OF AMENDED RETURN

DAVIS & WEBER COUNTIES CANAL COMPANY

AMENDING TO CORRECT THE MEMBER INCOME AS SHOWN ON PART V LINE 11A, WHICH PREVIOUSLY ONLY SHOWED A PORTION OF OUR MEMBER ASSESSMENTS; ALSO TO CORRECT TOTAL INCOME ON 11B, WHICH ERRONEOUSLY INCLUDED GOVERNMENT GRANTS.

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

EACH SHARE HAS ONE VOTE. ENTITIES SUCH AS CITIES AND OTHER WATER DISTRICTS HAVE ENOUGH VOTES THAT THEY CAN HAVE REPRESENTATION ON THE BOARD.

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS

THE ORGANIZATION HOLDS AN ANNUAL SHAREHOLDERS MEETING WHERE THE AUDITED FINANCIAL STATEMENTS AND BUDGET ARE PRESENTED. NEW BOARD MEMBERS ARE ELECTED. FROM TIME TO TIME THE MEMBERS ARE ASKED TO APPROVE PLANS OF ACTION PROPOSED BY THE BOARD.

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

THE 990 IS DISTRIBUTED TO EACH BOARD MEMBER PRIOR TO FILING.

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

AN EXECUTIVE COMMITTEE OF THE BOARD DETERMINES THE PAY OF THE MANAGER AND

SUPERVISING EMPLOYEES BASED ON COMPARABLE WAGE DATA.

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

AN EXECUTIVE COMMITTEE OF THE BOARD DETERMINES THE PAY OF THE MANAGER AND SUPERVISING EMPLOYEES BASED ON COMPARABLE WAGE DATA.

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

DOCUMENTS ARE AVAILABLE UPON REQUEST AT THE MAIN OFFICE.

SCHEDULE R (Form 990)

Name of the organization

& WEBER COUNTIES CANAL COMPANY

DAVIS

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.Attach to Form 990. Go to www irs.gov/Form990 for instructions and the latest information.

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OMB No 1545-0047

Open to Public Inspection

Employer identification number

87-0127940

(g) Sec 512(b)(13) controlled entity? ž (f)
Direct controlling entity × Yes Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. (f) Direct controlling entity N/A (e) End-of-year assets (e)
Public charity status (if section 501(c)(3)) Part I Identification of Disregarded Entities. Complete If the organization answered 'Yes' on Form 990, Part IV, line 33. (d) Total income (d) Exempt Code section 501C12 (c)
Legal domicile (state or foreign country) (c)
Legal domicile (state or foreign country) H (b)
Primary activity Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization Ξ¦ (2) ଚ୍ଚ¦ \<u>@</u>

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

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Schedule R (Form 990) 2017

Page 2

87-0127940

Schedule R (Form 950) 2017 DAVIS & WEBER COUNTIES CANAL COMPANY

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

(k) Percentage ownership (i) Sec 512(b)(13) controlled entity? 8 Schedule R (Form 990) 2017 Part IV, Yes (j) General or managing partner? ŝ Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. (h) Percentage ownership Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-of-year assets Dispropor-tionate allocations? £ Ξ Yes (f) Share of total income Share of end-of-year assets 9 (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
Direct
controlling
entity TEEA5002L 11/29/17 (e)
Predominant income (related, excluded from tax under sections 512-514) (c) Legal domicile (state or foreign country) (d)
Direc:
controlling
entity (b) Primary activity (c) Legal domicile (state or foreign country) (a)
Name, address, and EIN of related organization 1 (b) Primary activity (a) ne, address, and EIN of related organization Part IV Name, 1 BAA  $\mathbf{\Xi}_{\mathbf{i}}^{\mathbf{l}}$ E ୟ' ଫ୍ର¦ Ø, ଚ୍ଚ¦

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Part IV
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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	rganizations listed in Parts II-IV?				٦
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1 a		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)			1 p		×
c Gift, grant, or capital contribution from related organization(s)			1 c		×
d Loans or loan guarantees to or for related organization(s)			٦ <b>٩</b>		×
(a) and the restriction of the state of the			,		>
e Loans or loan guarantees by related organization(s)			ע		<u>-</u> ا>
f Dividends from related organization(s)			=		]×
			2		$ \times$
			4		×
			;=		×
i Lease of facilities, equipment, or other assets to related organization(s)			: :=		: ×
			1		:[
k Lease of facilities, equipment, or other assets from related organization(s)			녹		$ \times$
1 Performance of services or membership or fundraising solicitations for related organization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)			1m		×
n Sharing of faci ities, equipment, mailing lists, or other assets with related organization(s)			1 n	×	
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>			10	Х	
					$\Box$
p Reimbursement paid to related organization(s) for expenses			1p		×
q Reimbursement paid by related organization(s) for expenses			19	×	
			1	<u> </u> 	٦
r Other transfer of cash or property to related organization(s)			-		×
s Other transfer of cash or property from related organization(s)			18		×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ncluding covered relationships and trar	saction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	etermin etormin avolved	guir
(1) WEBER RIVEF WATER USERS	O	201,004.	AMT REIN	REIMBURSED	ED
(2)					
(3)					
(4)					[
(5)					
(9)					
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Schedule R (Form 990) 2017

87-0127940

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Part VI | Unrelated Organizations Taxable as a Partnership. Complete If the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) may was not a related organization. See instructions regaining exclusion for certain investinent partitions.	למנוסון סבב ווופוו חבוו	ons regarding exercis	IOI IOI COLIGIII IIIM	comicine band	edinie in					•
(a) Name, address, and EIN of entity	(b) Primary activity	Legal domicile (state or foreign country)	(d) Predominant Income (related, unre-	(e) Are all partners section 501(c)(3)	(f) rs Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule	(j) General or managing partner?	(k) Percentage ownership
			lated, excluded from tax under sections 512-514)	organizations/	<u>.</u> 1.		No SAN	(Form 1065)	Vec	
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Provide additional information for responses to questions on Schedule R. See instructions.