

Short Form

Return of Organization Exempt From Income Tax

2000

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, section 4947(a)(1) nonexempt charitable trust

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2000 calendar year, or tax year beginning, 2000, and ending, 20

B Check if applicable: Change of address, Change of name, Initial return, Final return, Amended return. C ALGODONES MUTUAL DOMESTIC WATER CONSUMER AND MUTUAL SEWAGE WORKS ASSOCIATION PO BOX 608 ALGODONES, NM 87001. D Employer identification number 85-0222188. E Telephone no 505-867-2419. F Check if application pending

G Accounting method: [X] Cash [] Accrual [] Other (specify) H Enter 4-digit group exemption no (GEN)

I Organization type (check only one)- [X] 501(c)(12) (insert no.) [] 527 or [] 4947(a)(1)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

J Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

K Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ \$ 30,942

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) [X]

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 34)

Table with 21 rows for revenue and expenses. Includes 'RECEIVED' stamps from STATE UNIT and TRN BRANCH OGDEN. Total revenue 30,942. Total expenses 28,089. Net assets at end of year 44,239.

Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See Specific Instructions on page 37)

Table with 7 rows for assets and liabilities. (A) Beginning of year, (B) End of year. Total assets 58,831. Total liabilities 14,592. Net assets or fund balances 44,239.

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Part III Statement of Program Service Accomplishments (See Specific Instructions on page 38.)

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Table with 5 columns: Line number, Description, (Grants \$), and Expense amount. Rows 28-32.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Specific Instructions on page 38.)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation, (E) Expense account and other allowances.

Part V Other Information (See Specific Instructions on page 38 and General Instruction V on page 14) Statement 5

Table with 3 columns: Question, Yes, No. Rows 33-43.

Please Sign Here. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. (Important: See General Instruction W, page 14.)

Paid Preparer's Use Only. Preparer's signature: MATTHEW J. TERRY, Date: 5-14-08, Check if self-employed: [], Preparer's SSN or PTIN: 01056844, Firm's name: Matthew J. Terry, CPA PC, Address: 4401 CENTRAL AVE NE, SUITE A, ALBUQUERQUE, NM 87108, Phone no: (505) 255-3300.

ALGODONES MUTUAL DOMESTIC WATER CONSUMER
AND MUTUAL SEWAGE WORKS ASSOCIATION

Statement 1
Form 990-EZ, Part I, Line 16
Other Expenses

BANK SERVICE CHARGES	\$	325
Depreciation		3,189
INSURANCE		1,324
Interest		752
LICENSES, FEES & PERMITS		33
REPAIRS & MAINTENANCE		212
SMALL TOOLS		1,124
Supplies		169
UTILITIES		3,462
Total	\$	<u>10,590</u>

Statement 2
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Accounts receivable	\$ 7,961	\$ 7,962
Miscellaneous	47,976	44,787
Total	\$ <u>55,937</u>	\$ <u>52,749</u>

Statement 3
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Mortgages and other notes payable	\$ 15,287	\$ 13,926
PAYROLL TAXES	143	666
Total	\$ <u>15,430</u>	\$ <u>14,592</u>

Statement 4
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title & avg. Hrs/wk devoted</u>	<u>Comp.</u>	<u>Employee Expense Ben. Pln Contrib.</u>	<u>Expense Account/ Other</u>
BENNY LOVATO GENERAL DELIVERY ALGODONES, NM 87001	PRESIDENT 0	\$ 0	0	0

ALGODONES MUTUAL DOMESTIC WATER CONSUMER AND MUTUAL SEWAGE WORKS ASSOCIATION

85-0222188

Statement 4 (continued) Form 990-EZ, Part IV List of Officers, Directors, Trustees, and Key Employees

Table with 5 columns: Name and Address, Title & avg. Hrs/wk devoted, Comp., Employee Ben. Plan Contrib., Expense Account/Other. Rows include RUBEL ROMERO, ESQUIPULA BARELA, JOE NEITO, and JOSE CERVANTES, with a Total row at the bottom.

Statement 5 Form 990-EZ, Part V Information Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No