

FLUNG RELIEF VCP

200712

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2007 calendar year, or tax year beginning 2007, and ending 20

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: Black Boulder Mesa Water Association. D Employer identification number: 87-0649551. E Telephone number: (801) 355-4365. F Group Exemption Number.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting method: Cash, Accrual, Other (specify).

I Website: N/A. H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one): 501(c)(12) (insert no), 4947(a)(1) or 527.

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L 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. \$ 2,114

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 2,114. Expenses total: 1,987. Net Assets total: 126,755.

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.

Table with 7 rows for Balance Sheets. (A) Beginning of year, (B) End of year. Total assets: 126,628. Total liabilities: N/A. Net assets or fund balances: 126,755.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 106421 Form 990-EZ (2007)

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Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)		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? Provide Culinary Water to Members 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.			
28	Operated and maintained water well, storage, pipeline, and pumping equipment to distribute culinary water to BBMWA members. 9 members were benefited. (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	1,987
29	 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses. Add lines 28a through 31a	32	1,987

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Scott Gutting 4285 Mt. Olympus Way, Salt Lake City, UT 84124	Trustee/President - 0	0	0	0
David Brems 161 Young Oak Road, Salt Lake City, UT 84108	Trustee/Secretary - 0	0	0	0
Teri Schadeck 9544 Maple Court, Carmel, CA 93923	Trustee/Treasurer - .5	0	0	0
(See Attachment 1 for Six Additional Trustees)				

Part V Other Information (Note the statement requirement in General Instruction V.)			Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	33		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0	
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		✓
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b		
39	501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	39a		
b	Gross receipts, included on line 9, for public use of club facilities	39b		

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____

b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation . . .

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ _____

d Enter amount of tax on line 40c reimbursed by the organization . . . ▶ _____

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . . ▶ _____

	Yes	No
40b		
40c		
40d		
40e		✓

41 List the states with which a copy of this return is filed ▶ Utah

42a The books are in care of ▶ Teri Schadeck Telephone no. ▶ (831) 625-5211
 Located at ▶ 9544 Maple Court, Carmel, CA ZIP + 4 ▶ 93923-8543

b 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)? . . .

If "Yes," enter the name of the foreign country: ▶ _____

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.

c At any time during the calendar year, did the organization maintain an office outside of the U S ? . . .

If "Yes," enter the name of the foreign country: ▶ _____

	Yes	No
42b		✓
42c		✓

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here . . . ▶
 and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43

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.

Please Sign Here

Signature of officer: [Signature] Date: 9-1-2010
 Type or print name and title: Scott Gutting, President

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: _____ Preparer's SSN or PTIN (See Gen Inst X): _____
 EIN: _____ Phone no: () _____

ATTACHMENT 1

2007 IRS FORM 990-EZ
BLACK BOULDER MESA WATER ASSOCIATION

PART IV - List of Officers, Directors, Trustees, and Key Employees (continued)

<u>(a) Name-Address</u>	<u>(b) Title-Hrs/week</u>	<u>(c) Compensation</u>	<u>(d) Benefits, etc.</u>	<u>(e) Expenses</u>
Stacy Phillips P.O. Box 2505 Park City, UT 84060	Trustee - 0	0	0	0
Kell Purcell P.O. Box 517 Driggs, ID 83422	Trustee - 0	0	0	0
David Elliott 1481 E. Penrose Drive Salt Lake City, UT 84103	Trustee - 0	0	0	0
Claire Bartelt P.O. Box 1359 Boulder, UT 84716	Trustee - 0	0	0	0
Kathy Borshanian 5551 Emigration Canyon Salt Lake City, UT 84108	Trustee - 0	0	0	0
Brad Traver 4815 E. Cedar Drive Rimrock, AZ 85335	Trustee - 0	0	0	0