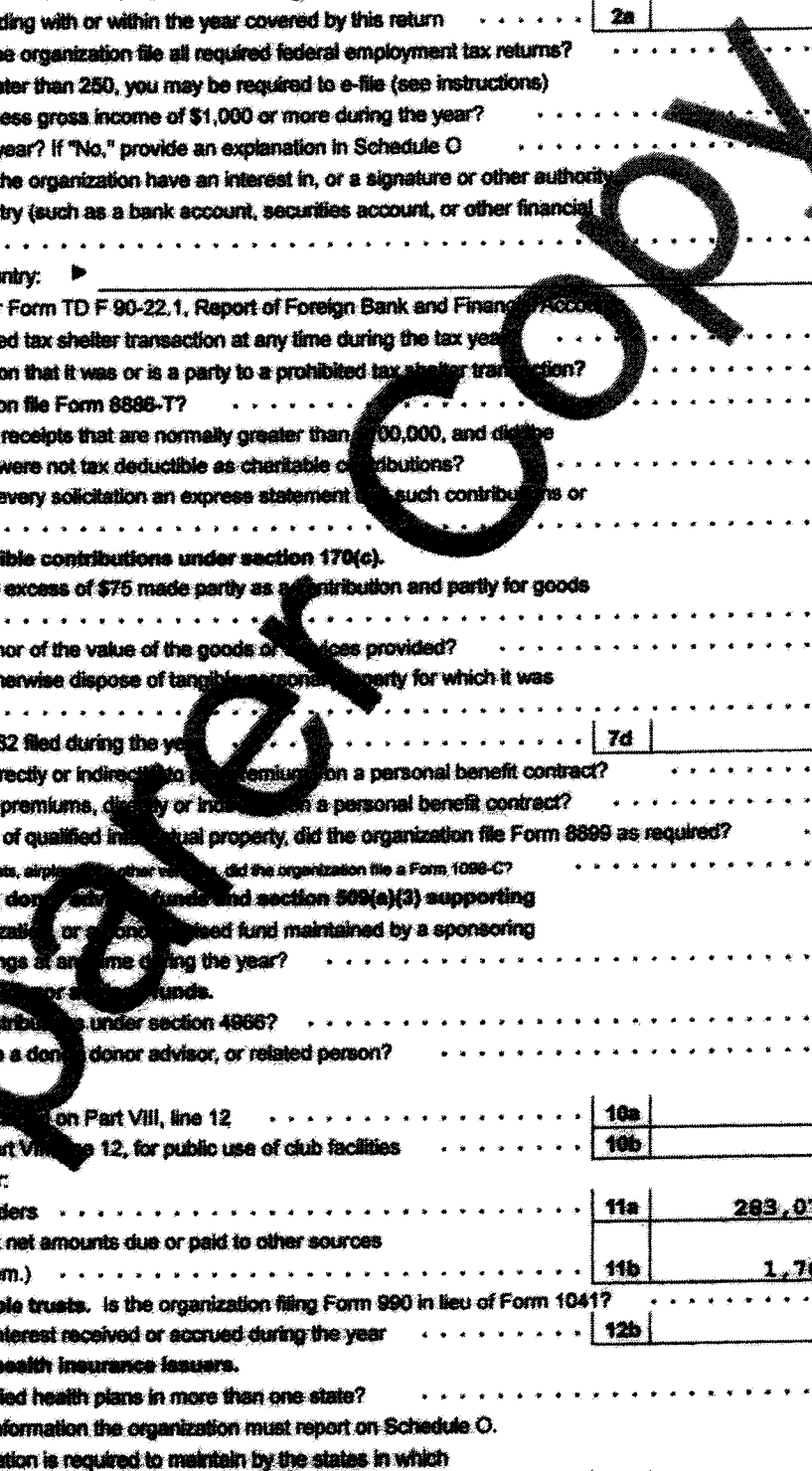


Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No response. Includes questions 1a through 14b regarding Form 1099, Form W-2, backup withholding, and other IRS filings.



Part VI 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. Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No checkboxes. Questions include: 1a. Enter the number of voting members of the governing body at the end of the tax year; 2. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3. Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4. Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5. Did the organization become aware during the year of a significant diversion of the organization's assets?; 6. Did the organization have members or stockholders?; 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?; 7b. Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a. The governing body? b. Each committee with authority to act on behalf of the governing body?; 9. Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for question number, description, and Yes/No checkboxes. Questions include: 10a. Did the organization have local chapters, branches, or affiliates?; 10b. 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?; 11a. Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 12a. Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b. Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c. Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13. Did the organization have a written whistleblower policy?; 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, comparable data, and contemporaneous substantiation of the deliberation and decision? a. The organization's CEO, Executive Director, or top management official; b. Other officers or key employees of the organization; 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?; 16b. 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?

Section C. Disclosure

Table with columns for question number, description, and Yes/No checkboxes. Questions include: 17. List the states with which a copy of this Form 990 is required to be filed; 18. Section 501(c)(3) 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, 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 interest policy, and financial statements available to the public during the tax year; 20. State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DENISE WIMBISH DIRECTOR	0.00	X					0	0		
(2) HARRISON ROMERO DIRECTOR	0.00	X					0	0		
(3) MANUEL RODRIGUEZ DIRECTOR	1.00	X					0	0		
(4) SANTOS MUNGUIA DIRECTOR	0.00	X					0	0		
(5) JOHN GOODWIN VICE PRES	1.00			X			0	0		
(6) PATSY RUSSELL PRESIDENT	1.00			X			0	0		
(7) ROBIN DONALDSON SEC / TREAS	1.00			X			0	0		
(8) GREGORIO RODRIGUEZ	40.00				X		42,780	0		
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Director	Officer	Key employee	Highest compensated employee	Former	Other			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										

1b Sub-total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	42,780	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, did the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

1 Complete the table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

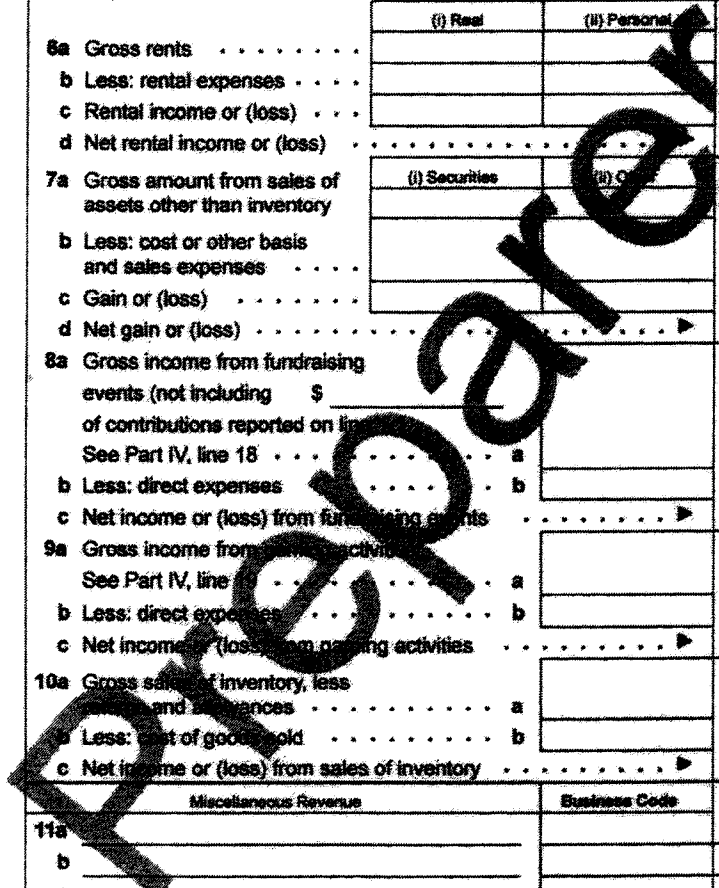
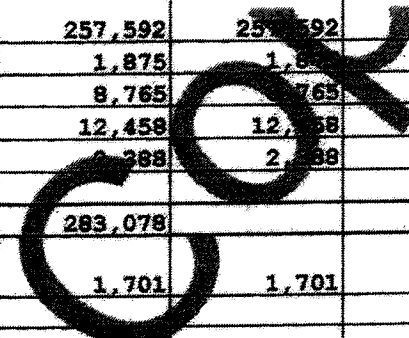
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

AVALON000923

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

Table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows include Contributions, Gifts, Grants, Program Service Revenue (Water & Sewer Sales, Connect Charges, etc.), and Other Revenue (Investment income, Rents, Fundraising events, etc.).



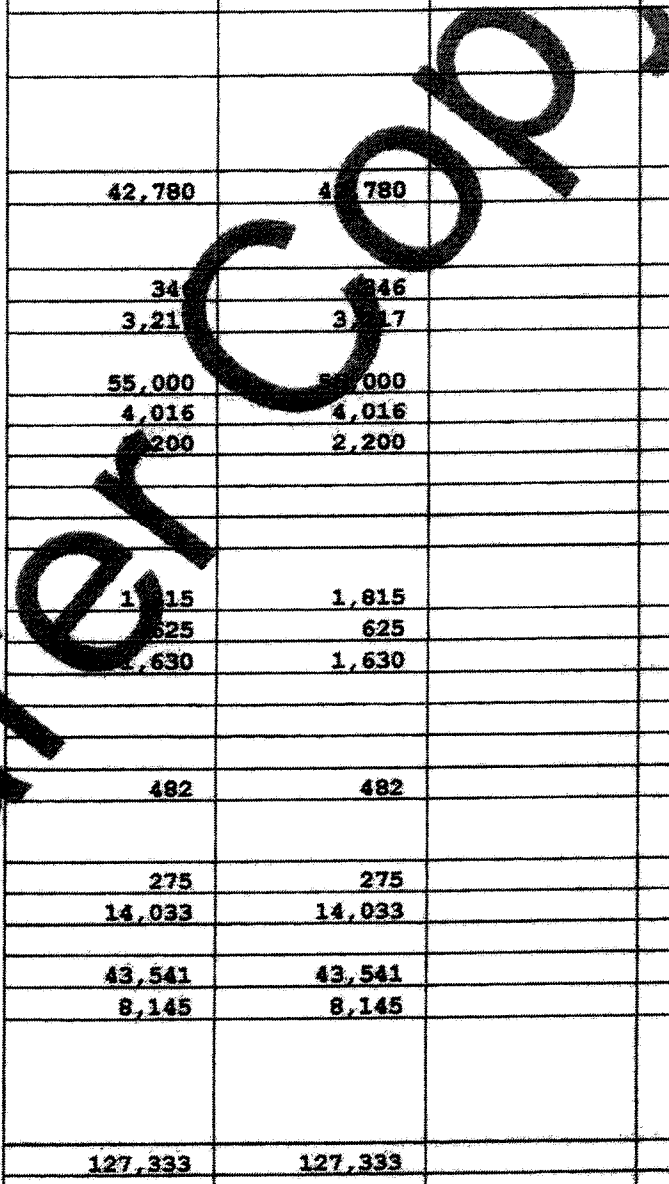
Part IX Statement of Functional Expenses

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 to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

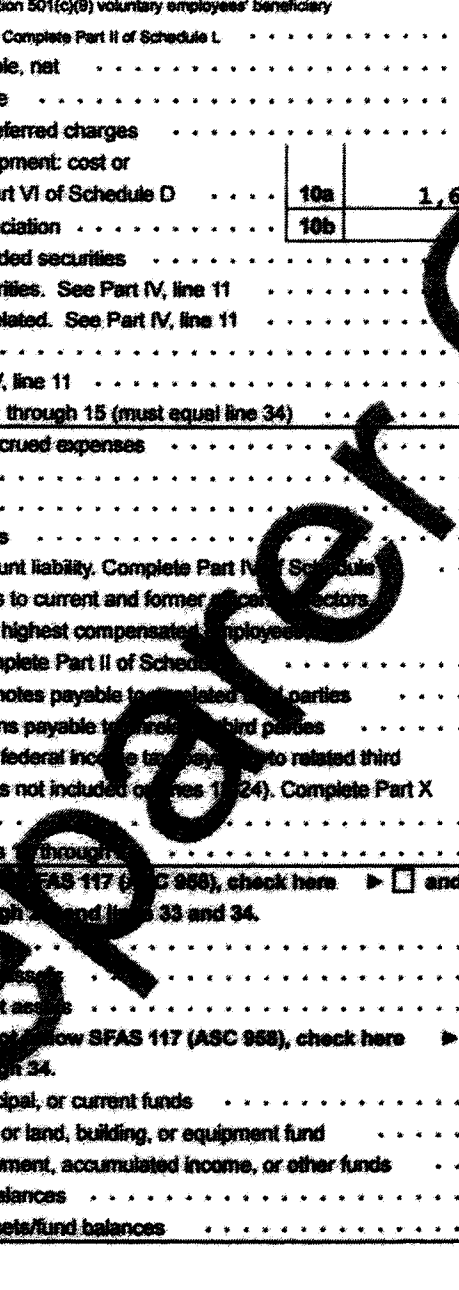
Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Pension, Travel, etc.



Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

Table with columns (A) Beginning of year, (B) End of year. Rows include Assets (Cash, Savings, Pledges, etc.) and Liabilities (Accounts payable, Grants payable, etc.).



Supplemental Financial Statements

2012

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization: AVALON WATER SUPPLY & SEWER SVC COR

Employer identification number

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easements is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include a copy of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Revenues, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items, 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

Supplemental Financial Statements

2012

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

Open to Public Inspection

Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

AVALON WATER SUPPLY & SEWER SVC COR

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation easement in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easements is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements? (Yes/No), 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No), 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: \$, \$, \$, \$, \$, \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items, b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required or held reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 2d |
| e Distributions during the year | 3e |
| f Ending balance | 4f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years 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 programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year endowment fund balance (column (a)) held as:
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ _____ %
 - c Temporarily restricted endowment ▶ _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the investments of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of asset	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	25,551			25,551
b Building	1,505,698		700,206	805,492
c Leasehold improvements				
d Equipment	75,519		68,511	7,008
e Other (See instructions)	41,502			41,502
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				879,551

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(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)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) WATER RIGHTS	41,510
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	41,510

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) MEMBERSHIP DEPOSITS	36,271
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	36,271

2. FIN 48 (ASC 740) Footnote. 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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 284,779.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 305,438.

Part XIII Supplemental Information

Complete this part to 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.

Series of horizontal lines provided for entering supplemental information.

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Federal Supporting Statements

2012 PG01

Name(s) as shown on return

AVALON WATER SUPPLY & SEWER SVC COR

FEIN

██████████

FORM 990, SCHEDULE D, PART VI, LINE 1E
INVESTMENTS - OTHER

STATEMENT #D1E

<u>DESCRIPTION OF INVESTMENT</u>	<u>COST/BASIS (INVESTMENT)</u>	<u>COST/BASIS (OTHER)</u>	<u>DEPR</u>	<u>BOOK VALUE</u>
CONSTRUCTION IN PROGRESS	41,502	0	0	41,502
TOTAL	41,502	0	0	41,502

Preparer Copy

Name(s) as shown on return

AVALON WATER SUPPLY & SEWER SVC COR

FEIN



OTHER FUNCTIONAL EXPENSES

Description	Amount
AUTO EXPENSE	\$ 5,581
CHEMICALS	8,091
DUES AND FEES	2,545
MISCELLANEOUS	2,418
PERMITS	1,250
REGULATORY FEES	5,803
RENTS	270
REPAIR AND MAINTENANCE	34,960
SUPPLIES	15,413
UTILITIES	42,813
WATER INSPECTION FEES	8,189
TOTAL:	\$ 127,333

Preparer Copy

**Tax Exempt
Diagnostic Summary**

2012

Name
AVALON WATER SUPPLY & SEWER SVC COR

Employer Identification #
[REDACTED]

Demographics

Mailing Address:
PO BOX 70
AVALON, TX 76623

Phone: (254) 687-2331

Resident State: TX

Diagnosics

Preparer: KENDALL STONE

Invoice:

Date: 11-11-2013

Return Information

Item on Return	2012 Federal	2011 Federal (If available)
Total Revenue	284,779	290,120
Total Expenses	305,438	290,857
Net Excess (Deficit)	(20,659)	(737)
Net Assets or Fund Balances	700,230	720,888

State/City Information

<u>State/City</u>	<u>Taxable Revenue</u>	<u>Total Expenses</u>	<u>Change Fund Balance</u>	<u>UBIT</u>	<u>Total Tax</u>	<u>Refund/ (Balance Due)</u>
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AVALON000933

Tax Exempt
Diagnostic Summary

Name
AVALON WATER SUPPLY & SEWER SVC COR

Employer Identification #

Demographics

Mailing Address:
PO BOX 70
AVALON, TX 76623

Phone: (254) 687-2331

Resident State: TX

Diagnostics

Preparer: KENDALL STONE

Invoice:

Date: 11-11-2013

Return Information

Item on Return	2012 Federal	2011 Federal (If available)
Total Revenue	284,779	290,120
Total Expenses	305,438	290,857
Net Excess (Deficit)	(20,659)	(737)
Net Assets or Fund Balances	700,230	720,888

State/City Information

<u>State/City</u>	<u>Taxable Revenue</u>	<u>Total Expenses</u>	<u>Change Fund Balance</u>	<u>UBIT</u>	<u>Total Tax</u>	<u>Refund/ (Balance Due)</u>
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Preparer

Copy

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

Name of the organization

Employer identification number

AVALON WATER SUPPLY & SEWER SVC COR

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)									
(2)													
(3)													
(4)													
(5)													

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990 or 990-EZ) 2012

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AVALON000934

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Open to Public
Inspection

▶ Attach to Form 990 or 990-EZ.

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

AVALON WATER SUPPLY & SEWER SVC COR

01. Members or stockholder classes and rights (Part VI, line 6)

MEMBERS ARE CUSTOMERS OF THE WATER AND SEWER SYSTEM AND HAVE TO PAY A MEMBERSHIP DEPOSIT

02. Member election for additional members (Part VI, line 7a)

MEMBERS ELECT THE BOARD OF DIRECTORS ANNUALLY

03. Form 990 governing body review (Part VI, line 11)

THE RETURN IS REVIEWED AT A BOARD MEETING PRIOR TO FILING.

04. Conflict of interest policy compliance (Part VI, line 12c)

THE BOARD MAINTAINS A CONFLICT OF INTEREST POLICY

05. Other officer or key employee compensation (Part VI, line 15b)

COMPENSATION OF THE DISTRICTS ONE EMPLOYEE WAS DETERMINED BY REVIEW OF SIMILAR COMPANIES

COMPENSATION ARRANGEMENTS

06. Governing documents available to public (Part VI, line 19)

THE BOARD, AT ITS ANNUAL MEETING, LETS MEMBERS KNOW THE RETURNS IS AVAILABLE FOR REVIEW

UPON REQUEST.

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue (284,779); Line 2: Total expenses (305,438); Line 3: Revenue less expenses (-20,659); Line 4: Net assets at beginning of year (720,886); Line 10: Net assets at end of year (700,229).

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

- 1 Accounting method used to prepare the Form 990: [] Cash [X] Accrual [] Other
2a Were the organization's financial statements compiled or reviewed by an independent accountant? [X]
b Were the organization's financial statements audited by an independent accountant? [X]
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? [X]

Table with 3 columns: Question, Yes, No. Rows 2a, 2b, 2c, 3a, 3b with 'X' marks in the Yes or No columns.

Form 990 (2012)

EEA

Prepared Copy watermark

Form 1096 Annual Summary and Transmittal of U.S. Information Returns OMB No. 1545-0108 2013

FILER'S name Avalon Water Supply & Sewer Service Corp Street address (including room or suite number) PO Box 70 City or town, province or state, country, and ZIP or foreign postal code Avalon TX 76623

Name of person to contact Telephone number Email address Fax number For Official Use Only

1 Employer identification number 2 Social security number 3 Total number of forms 4 Federal income tax withheld 5 Total amount reported with this Form 1096

Table with 18 columns for form types (W-2G, 1097-BTC, 1098, 1098-C, 1098-E, 1098-T, 1099-A, 1099-B, 1099-C, 1099-CAP, 1099-DIV, 1099-G, 1099-H, 1099-INT, 1099-K, 1099-LTC, 1099-MISC, 1099-ORD, 1099-PATR, 1099-Q, 1099-R, 1099-S, 1099-SA, 3921, 3922, 5498, 5498-ESA, 5498-SA) and checkboxes.

Return this entire page to the Internal Revenue Service. Photocopies are not acceptable.

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature > David C. Ward Title > President Date > 1/14/2014

Instructions

Future developments. For the latest information about developments related to Form 1096, such as legislation enacted after they were published, go to www.irs.gov/form1096.

Reminder. The only acceptable method of filing information returns with Internal Revenue Service/Information Returns Branch is electronically through the FIRE system. See Pub. 1220, Specifications for Filing Forms 1097, 1098, 1099, 3921, 3922, 5498, 8935, and W-2G Electronically.

Purpose of form. Use this form to transmit paper Forms 1097, 1098, 1099, 3921, 3922, 5498, and W-2G to the Internal Revenue Service. Do not use Form 1096 to transmit electronically. For electronic submissions, see Pub. 1220.

Caution: If you are required to file 250 or more information returns of any one type, you must file electronically. If you are required to file electronically but fail to do so, and you do not have an approved waiver, you may be subject to a penalty. For more information, see part F in the 2013 General Instructions for Certain Information Returns.

Who must file. The name, address, and TIN of the filer on this form must be the same as those you enter in the upper left area of Forms 1097, 1098, 1099, 3921, 3922, 5498, or W-2G. A filer is any person or entity who files any of the forms shown in line 6 above.

Enter the filer's name, address (including room, suite, or other unit number), and TIN in the spaces provided on the form.

When to file. File Form 1096 as follows.

- With Forms 1097, 1098, 1099, 3921, 3922, or W-2G, file by February 28, 2014.
• With Forms 5498, file by June 2, 2014.

Where To File

Send all information returns filed on paper with Form 1096 to the following:

If your principal business, office or agency, or legal residence in the case of an individual, is located in

Use the following three-line address

- Alabama, Arizona, Arkansas, Connecticut, Delaware, Florida, Georgia, Kentucky, Louisiana, Maine, Massachusetts, Mississippi, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Texas, Vermont, Virginia, West Virginia

Department of the Treasury Internal Revenue Service Center Austin, TX 73301

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PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. Avalon Water Supply & Sewer Service Corp PO Box 70 Avalon TX 76623		1 Rents \$	OMB No. 1545-0115 2013 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$		
		3 Other income \$	4 Federal income tax withheld \$	Copy A For Internal Revenue Service Center File with Form 1096.
PAYER'S federal identification number 	RECIPIENT'S identification number	5 Fishing boat proceeds \$	6 Medical and health care payments \$	
RECIPIENT'S name Cameron Carrell		7 Nonemployee compensation \$ 9697.50	8 Substitute payments in lieu of dividends or interest \$	For Privacy Act and Paperwork Reduction Act Notice, see the 2013 General Instructions for Certain Information Returns.
Street address (including apt. no.)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
City or town, province or state, country, and ZIP or foreign postal code		11 Foreign tax paid \$	12 Foreign country or U.S. possession	
Account number (see instructions)	2nd TIN not <input type="checkbox"/>	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no. \$	
		18 State income \$	19 State income \$	

Form 1099-MISC 16-0331690 www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service
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PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. Avalon Water Supply & Sewer Service Corp PO Box 70 Avalon TX 76623		1 Rents \$	OMB No. 1545-0115 2013 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$		
		3 Other income \$	4 Federal income tax withheld \$	Copy A For Internal Revenue Service Center File with Form 1096.
PAYER'S federal identification number 	RECIPIENT'S identification number	5 Fishing boat proceeds \$	6 Medical and health care payments \$	
RECIPIENT'S name Clint McCasland		7 Nonemployee compensation \$ 2110.97	8 Substitute payments in lieu of dividends or interest \$	For Privacy Act and Paperwork Reduction Act Notice, see the 2013 General Instructions for Certain Information Returns.
Street address (including apt. no.)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
City or town, province or state, country, and ZIP or foreign postal code		11 Foreign tax paid \$	12 Foreign country or U.S. possession	
Account number (see instructions)	2nd TIN not <input type="checkbox"/>	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no. \$	
		18 State income \$	19 State income \$	

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Form 1099-MISC 16-0331690 www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

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PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. Avalon Water Supply & Sewer Service Corp PO Box 70 Avalon TX 76623		1 Rents \$	OMB No. 1545-0115 2013 Form 1099-MISC		Miscellaneous Income
		2 Royalties \$			
		3 Other income \$	4 Federal income tax withheld \$		Copy A For Internal Revenue Service Center File with Form 1096.
PAYER'S federal identification number [REDACTED]		RECIPIENT'S identification number [REDACTED]		5 Fishing boat proceeds \$	
RECIPIENT'S name Dean Carroll		7 Nonemployee compensation \$ 10580.01		8 Medical and health care payments \$	
Street address (including apt. no.)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		10 Crop insurance proceeds \$	
City or town, province or state, country, and ZIP or foreign postal code		11 Foreign tax paid \$		12 Foreign country or U.S. possession \$	
Account number (see instructions)		2nd TIN not <input type="checkbox"/>		13 Excess golden parachute payments \$	
15a Section 409A deferrals \$		15b Section 409A income \$		14 Gross proceeds paid to an attorney \$	
		16 State tax withheld \$		17 State/Payer's state no. \$	
				18 State income \$	

Form 1099-MISC

16-0331690

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PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. Avalon Water Supply & Sewer Service Corp PO Box 70 Avalon TX 76623		1 Rents \$	OMB No. 1545-0115 2013 Form 1099-MISC		Miscellaneous Income
		2 Royalties \$			
		3 Other income \$	4 Federal income tax withheld \$		Copy A For Internal Revenue Service Center File with Form 1096.
PAYER'S federal identification number [REDACTED]		RECIPIENT'S identification number [REDACTED]		5 Fishing boat proceeds \$	
RECIPIENT'S name Gregg Rodriguez		7 Nonemployee compensation \$ 1311.12		8 Substituted payments in lieu of dividends or interest \$	
Street address (including apt. no.)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		10 Crop insurance proceeds \$	
City or town, province or state, country, and ZIP or foreign postal code		11 Foreign tax paid \$		12 Foreign country or U.S. possession \$	
Account number (see instructions)		2nd TIN not <input type="checkbox"/>		13 Excess golden parachute payments \$	
15a Section 409A deferrals \$		15b Section 409A income \$		14 Gross proceeds paid to an attorney \$	
		16 State tax withheld \$		17 State/Payer's state no. \$	
				18 State income \$	

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Form 1099-MISC

16-0331690

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Department of the Treasury - Internal Revenue Service

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. Avalon Water Supply & Sewer Service Corp PO Box 70 Avalon TX 76623		1 Rents \$	OMB No. 1545-0115 2013 Form 1099-MISC	Miscellaneous Income	
PAYER'S federal identification number 		2 Royalties \$	3 Other income \$	4 Federal income tax withheld \$	Copy A For Internal Revenue Service Center File with Form 1096.
RECIPIENT'S identification number		5 Fishing boat proceeds \$	6 Medical and health care payments \$	7 Nonemployee compensation \$ 1730.97	
RECIPIENT'S name Jacob Hopkins		8 Substitute payments in lieu of dividends or interest \$		For Privacy Act and Paperwork Reduction Act Notice, see the 2013 General Instructions for Certain Information Returns.	
Street address (including apt. no.)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$		
City or town, province or state, country, and ZIP or foreign postal code		11 Foreign tax paid \$	12 Foreign country or U.S. possession		
Account number (see instructions)	2nd TIN not <input type="checkbox"/>	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$		
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no.	18 State income \$	

Form 1099-MISC 16-0331690 www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service
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PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. Avalon Water Supply & Sewer Service Corp PO Box 70 Avalon TX 76623		1 Rents \$	OMB No. 1545-0115 2013 Form 1099-MISC	Miscellaneous Income	
PAYER'S federal identification number 		2 Royalties \$	3 Other income \$	4 Federal income tax withheld \$	Copy A For Internal Revenue Service Center File with Form 1096.
RECIPIENT'S identification number		5 Fishing boat proceeds \$	6 Medical and health care payments \$	7 Nonemployee compensation \$ 1822.50	
RECIPIENT'S name Justyn Henderson		8 Substitute payments in lieu of dividends or interest \$		For Privacy Act and Paperwork Reduction Act Notice, see the 2013 General Instructions for Certain Information Returns.	
Street address (including apt. no.)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$		
City or town, province or state, country, and ZIP or foreign postal code		11 Foreign tax paid \$	12 Foreign country or U.S. possession		
Account number (see instructions)	2nd TIN not <input type="checkbox"/>	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$		
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no.	18 State income \$	

Form 1099-MISC 16-0331690 www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service
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PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. Avalon Water Supply & Sewer Service Corp PO Box 70 Avalon TX 76623		1 Rents \$	OMB No. 1545-0115 2013 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$		
PAYER'S federal identification number [REDACTED]		RECIPIENT'S identification number		Copy A For Internal Revenue Service Center File with Form 1096.
RECIPIENT'S name Oscar Palacios		3 Other income \$	4 Federal income tax withheld \$	
Street address (including apt. no.)		5 Fishing boat proceeds \$	6 Medical and health care payments \$	For Privacy Act and Paperwork Reduction Act Notice, see the 2013 General Instructions for Certain Information Returns.
City or town, province or state, country, and ZIP or foreign postal code		7 Nonemployee compensation \$ 1670.00	8 Substitute payments in lieu of dividends or interest \$	
Account number (see instructions)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
2nd TIN not <input type="checkbox"/>		11 Foreign tax paid \$	12 Foreign country or U.S. possession \$	
15a Section 409A deferrals \$	15b Section 409A income \$	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
		16 State tax withheld \$	17 State/Payer's state no. \$	18 State income \$

Form 1099-MISC

16-0331690

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PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. Avalon Water Supply & Sewer Service Corp PO Box 70 Avalon TX 76623		1 Rents \$	OMB No. 1545-0115 2013 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$		
PAYER'S federal identification number [REDACTED]		RECIPIENT'S identification number		Copy A For Internal Revenue Service Center File with Form 1096.
RECIPIENT'S name Rebecca Boyd		3 Other income \$	4 Federal income tax withheld \$	
Street address (including apt. no.)		5 Fishing boat proceeds \$	6 Medical and health care payments \$	For Privacy Act and Paperwork Reduction Act Notice, see the 2013 General Instructions for Certain Information Returns.
City or town, province or state, country, and ZIP or foreign postal code		7 Nonemployee compensation \$ 926.25	8 Substitute payments in lieu of dividends or interest \$	
Account number (see instructions)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
2nd TIN not <input type="checkbox"/>		11 Foreign tax paid \$	12 Foreign country or U.S. possession \$	
15a Section 409A deferrals \$	15b Section 409A income \$	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
		16 State tax withheld \$	17 State/Payer's state no. \$	18 State income \$

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Form 1099-MISC

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PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. Avalon Water Supply & Sewer Service Corp PO Box 70 Avalon TX 76623		1 Rents \$	OMB No. 1545-0115 2013 Form 1099-MISC		Miscellaneous Income
		2 Royalties \$			
		3 Other income \$	4 Federal income tax withheld \$	Copy A For Internal Revenue Service Center File with Form 1096	
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds \$	6 Medical and health care payments \$		
RECIPIENT'S name Shawn Buckner		7 Nonemployee compensation \$ 5642.50	8 Substitute payments in lieu of dividends or interest \$	For Privacy Act and Paperwork Reduction Act Notice, see the 2013 General Instructions for Certain Information Returns.	
Street address (including apt. no.)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$		
City or town, province or state, country, and ZIP or foreign postal code		11 Foreign tax paid \$	12 Foreign country or U.S. possession		
Account number (see instructions)	2nd TIN no. <input type="checkbox"/>	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$		
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no. \$		

Form 1099-MISC

16-0331690

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PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no.		1 Rents \$	OMB No. 1545-0115 2013 Form 1099-MISC		Miscellaneous Income
		2 Royalties \$			
		3 Other income \$	4 Federal income tax withheld \$	Copy A For Internal Revenue Service Center File with Form 1096.	
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds \$	6 Medical and health care payments \$		
RECIPIENT'S name		7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$	For Privacy Act and Paperwork Reduction Act Notice, see the 2013 General Instructions for Certain Information Returns.	
Street address (including apt. no.)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$		
City or town, province or state, country, and ZIP or foreign postal code		11 Foreign tax paid \$	12 Foreign country or U.S. possession		
Account number (see instructions)	2nd TIN no. <input type="checkbox"/>	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$		
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no. \$		

AVALON000942

Form 1099-MISC

16-0331690

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

Form 1096 Department of the Treasury Internal Revenue Service	Annual Summary and Transmittal of U.S. Information Returns	OMB No. 1545-0108 2013
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FILER'S name Avalon Water Supply & Sewer Service Corp Street address (including room or suite number) PO Box 70 City or town, province or state, country, and ZIP or foreign postal code Avalon TX 76623	
--	--

Name of person to contact	Telephone number	For Official Use Only
Email address	Fax number	

1 Employer identification number	2 Social security number	3 Total number of forms 9	4 Federal income tax withheld \$	5 Total amount reported with this Form 1096 \$ 35491.82
---	---------------------------------	-------------------------------------	--	---

6 Enter an "X" in only one box below to indicate the type of form being filed.										7 If this is your final return, enter an "X" here.....								<input type="checkbox"/>
W-2G 32	1097-BTC 50	1098 81	1098-C 78	1098-E 84	1098-T 83	1098-A 80	1098-B 79	1098-C 85	1098-CAP 73	1098-DIV 91	1098-G 86	1098-H 71	1098-INT 92	1098-K 10	1098-LTC 93	1098-MISC 95	1098-OID 96	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1099-PATR 97	1099-Q 31	1099-R 98	1099-S 75	1099-SA 94	3921 25	3922 26	5498 28	5498-ESA 72	5498-SA 27									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									

Return this entire page to the Internal Revenue Service. Photocopies are not acceptable.

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

COPY

Signature _____ Title _____ Date _____

VOID CORRECTED

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. Avalon Water Supply & Sewer Service Corp PO Box 70 Avalon TX 76623		1 Rents \$ 2 Royalties \$ 3 Other income \$	OMB No. 1545-0115 2013 Form 1099-MISC	Miscellaneous Income	
PAYER'S federal identification number	RECIPIENT'S identification number	4 Federal income tax withheld \$	5 Fishing boat proceeds \$	Copy D File Copy	
		6 Medical and health care payments \$	7 Nonemployee compensation \$ 9697.50		
RECIPIENT'S name Cameron Carrell		8 Substitute payments in lieu of dividends or interest \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
Street address (including apt. no.)		11 Foreign tax paid \$	12 Foreign country or U.S. possession	13 Excess golden parachute payments \$	
City or town, province or state, country, and ZIP or foreign postal code		14 Gross proceeds paid to an attorney \$	15 State tax withheld \$	16 State/Payer's state no.	17 State income \$
Account number (see instructions)	2nd TIN not <input type="checkbox"/>	16a Section 408A deferrals \$	16b Section 408A income \$	18 State income \$	

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PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. Avalon Water Supply & Sewer Service Corp PO Box 70 Avalon TX 76623		1 Rents \$ 2 Royalties \$ 3 Other income \$	OMB No. 1545-0115 2013 Form 1099-MISC	Miscellaneous Income	
PAYER'S federal identification number	RECIPIENT'S identification number	4 Federal income tax withheld \$	5 Fishing boat proceeds \$	Copy D File Copy	
		6 Medical and health care payments \$	7 Nonemployee compensation \$ 2110.97		
RECIPIENT'S name Clint McCasland		8 Substitute payments in lieu of dividends or interest \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
Street address (including apt. no.)		11 Foreign tax paid \$	12 Foreign country or U.S. possession	13 Excess golden parachute payments \$	
City or town, province or state, country, and ZIP or foreign postal code		14 Gross proceeds paid to an attorney \$	15 State tax withheld \$	16 State/Payer's state no.	17 State income \$
Account number (see instructions)	2nd TIN not <input type="checkbox"/>	16a Section 408A deferrals \$	16b Section 408A income \$	18 State income \$	

AVALON000944

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no.

Avalon Water Supply & Sewer Service Corp
PO Box 70
Avalon TX 76623

1 Rents
\$
2 Royalties
\$

OMB No. 1545-0115
2013
Form 1099-MISC

Miscellaneous Income

3 Other income
\$

4 Federal income tax withheld
\$

Copy D
File Copy

PAYER'S federal identification number

RECIPIENT'S identification number

5 Fishing boat proceeds
\$

6 Medical and health care payments
\$

RECIPIENT'S name
Dean Carroll

7 Nonemployee compensation
\$ 10580.01

8 Substitute payments in lieu of dividends or interest
\$

Street address (including apt. no.)

9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale. r

10 Crop insurance proceeds
\$

City or town, province or state, country, and ZIP or foreign postal code

11 Foreign tax paid
\$

12 Foreign country or U.S. possession

Account number (see instructions)

2nd TIN not

13 Excess golden parachute payments
\$

14 Gross proceeds paid to an attorney
\$

15a Section 409A deferrals
\$

15b Section 409A income
\$

16 State tax withheld
\$

17 State/Payer's state no.
\$

18 State income
\$

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no.

Avalon Water Supply & Sewer Service Corp
PO Box 70
Avalon TX 76623

1 Rents
\$
2 Royalties
\$

OMB No. 1545-0115
2013
Form 1099-MISC

Miscellaneous Income

3 Other income
\$

4 Federal income tax withheld
\$

Copy D
File Copy

PAYER'S federal identification number

RECIPIENT'S identification number

5 Fishing boat proceeds
\$

6 Medical and health care payments
\$

RECIPIENT'S name
Gregg Rodriguez

7 Nonemployee compensation
\$ 1311.12

8 Substitute payments in lieu of dividends or interest
\$

Street address (including apt. no.)

9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale. r

10 Crop insurance proceeds
\$

City or town, province or state, country, and ZIP or foreign postal code

11 Foreign tax paid
\$

12 Foreign country or U.S. possession

Account number (see instructions)

2nd TIN not

13 Excess golden parachute payments
\$

14 Gross proceeds paid to an attorney
\$

15a Section 409A deferrals
\$

15b Section 409A income
\$

16 State tax withheld
\$

17 State/Payer's state no.
\$

18 State income
\$

AVALON600945

VOID CORRECTED

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. Avalon Water Supply & Sewer Service Corp PO Box 70 Avalon TX 76623		1 Rents \$	OMB No. 1545-0115 2013 Form 1099-MISC		Miscellaneous Income
PAYER'S federal identification number [REDACTED]		2 Royalties \$	4 Federal income tax withheld \$		
RECIPIENT'S identification number [REDACTED]		3 Other income \$	5 Fishing boat proceeds \$		Copy D File Copy
RECIPIENT'S name Jacob Hopkins Street address (including apt. no.) City or town, province or state, country, and ZIP or foreign postal code		6 Medical and health care payments \$	7 Nonemployee compensation \$ 1730.97		
Account number (see instructions) [REDACTED] 2nd TIN not. <input type="checkbox"/>		8 Substitute payments in lieu of dividends or interest \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		10 Crop insurance proceeds \$
15a Section 408A deferrals \$		11 Foreign tax paid \$	12 Foreign country or U.S. possession		13 Excess golden parachute payments \$
15b Section 408A income \$		14 Gross proceeds paid to an attorney \$	16 State tax withheld \$		17 State/Payer's state no. \$
		18 State income \$			19 State income \$

Form 1099-MISC DAA www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

VOID CORRECTED

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. Avalon Water Supply & Sewer Service Corp PO Box 70 Avalon TX 76623		1 Rents \$	OMB No. 1545-0115 2013 Form 1099-MISC		Miscellaneous Income
PAYER'S federal identification number [REDACTED]		2 Royalties \$	4 Federal income tax withheld \$		
RECIPIENT'S identification number [REDACTED]		3 Other income \$	5 Fishing boat proceeds \$		Copy D File Copy
RECIPIENT'S name Justin Henderson Street address (including apt. no.) City or town, province or state, country, and ZIP or foreign postal code		6 Medical and health care payments \$	7 Nonemployee compensation \$ 1822.50		
Account number (see instructions) [REDACTED] 2nd TIN not. <input type="checkbox"/>		8 Substitute payments in lieu of dividends or interest \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		10 Crop insurance proceeds \$
15a Section 408A deferrals \$		11 Foreign tax paid \$	12 Foreign country or U.S. possession		13 Excess golden parachute payments \$
15b Section 408A income \$		14 Gross proceeds paid to an attorney \$	16 State tax withheld \$		17 State/Payer's state no. \$
		18 State income \$			19 State income \$

Form 1099-MISC www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

AVALON000946

VOID CORRECTED

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no.

Avalon Water Supply & Sewer Service Corp
PO Box 70

Avalon TX 76623

1 Rents

\$

2 Royalties

\$

3 Other income

\$

5 Fishing boat proceeds

\$

7 Nonemployee compensation

\$ 1670.00

9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale r

11 Foreign tax paid

\$

13 Excess golden parachute payments

\$

16 State tax withheld

\$

\$

\$

OMB No. 1545-0115

2013

Form 1099-MISC

Miscellaneous Income

4 Federal income tax withheld

\$

6 Medical and health care payments

\$

8 Substitute payments in lieu of dividends or interest

\$

10 Crop insurance proceeds

12 Foreign country or U.S. possession

\$

14 Gross proceeds paid to an attorney

\$

17 State/Payer's state no.

\$

\$

\$

Copy D
File Copy

PAYER'S federal identification number

RECIPIENT'S identification number

RECIPIENT'S name

Oscar Palacios

Street address (including apt. no.)

City or town, province or state, country, and ZIP or foreign postal code

Account number (see instructions)

2nd TIN no.

15a Section 409A deferrals

\$

15b Section 409A income

\$

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

VOID CORRECTED

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no.

Avalon Water Supply & Sewer Service Corp
PO Box 70

Avalon TX 76623

1 Rents

\$

2 Royalties

\$

3 Other income

\$

5 Fishing boat proceeds

\$

7 Nonemployee compensation

\$ 926.25

9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale r

11 Foreign tax paid

\$

13 Excess golden parachute payments

\$

16 State tax withheld

\$

\$

\$

OMB No. 1545-0115

2013

Form 1099-MISC

Miscellaneous Income

4 Federal income tax withheld

\$

6 Medical and health care payments

\$

8 Substitute payments in lieu of dividends or interest

\$

10 Crop insurance proceeds

12 Foreign country or U.S. possession

\$

14 Gross proceeds paid to an attorney

\$

17 State/Payer's state no.

\$

\$

\$

Copy D
File Copy

PAYER'S federal identification number

RECIPIENT'S identification number

RECIPIENT'S name

Rebecca Boyd

Street address (including apt. no.)

City or town, province or state, country, and ZIP or foreign postal code

Account number (see instructions)

2nd TIN no.

15a Section 409A deferrals

\$

15b Section 409A income

\$

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

AVALON090947

Form 1099-MISC

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no.

Avalon Water Supply & Sewer Service Corp
PO Box 70
Avalon TX 76623

1 Rents
\$
2 Royalties
\$

OMB No. 1545-0115
2013
Form 1099-MISC

Miscellaneous Income

3 Other income
\$

4 Federal income tax withheld
\$

Copy D
File Copy

PAYER'S federal identification number

RECIPIENT'S identification number

5 Fishing boat proceeds
\$

6 Medical and health care payments
\$

RECIPIENT'S name
Shawn Buckner

7 Nonemployee compensation
\$ 5642.50

8 Substitute payments in lieu of dividends or interest
\$

Street address (including apt. no.)

9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale

10 Crop insurance proceeds
\$

City or town, province or state, country, and ZIP or foreign postal code

11 Foreign tax paid
\$

12 Foreign country or U.S. possession

Account number (see instructions)

2nd TIN not

13 Excess golden parachute payments
\$

14 Gross proceeds paid to an attorney
\$

15a Section 409A deferrals
\$

15b Section 409A income
\$

16 State tax withheld
\$

17 State/Payer's state no.

18 State income
\$

NONSUBMITTABLE

Do-Not Staple

Form 1096 Department of the Treasury Internal Revenue Service	Annual Summary and Transmittal of U.S. Information Returns	OMB No. 1545-0108 <div style="font-size: 24pt; font-weight: bold;">2014</div>
--	---	--

FILER'S name Avalon Water Supply & Sewer Service Corp Street address (including room or suite number) PO Box 70 City or town, state or province, county, and ZIP or foreign postal code Avalon TX 76023	
--	--

Name of person to contact	Telephone number	For Official Use Only <div style="border: 2px solid black; width: 100%; height: 30px; display: flex; justify-content: space-around;"> </div>
Email address	Fax number	

1 Employer identification number 75-1324886	2 Social security number	3 Total number of forms 2	4 Federal income tax withheld \$	5 Total amount reported with this Form 1096 \$ 31570.00
--	--------------------------	------------------------------	-------------------------------------	--

6 Enter an "X" in only one box below to indicate the type of form being filed.										7 If this is your final return, enter an "X" here							
W-2G 32	1097-BTC 50	1098 81	1098-C 78	1098-E 84	1098-T 83	1099-A 80	1099-B 79	1099-C 85	1099-CAP 73	1099-DIV 91	1099-G 86	1099-H 71	1099-INT 82	1099-K 10	1099-LTC 93	1099-MISC 95	1099-OID 96
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1099-PATR 97	1099-Q 31	1099-R 98	1099-S 75	1099-SA 94	3921 25	3922 26	5498 28	5498-ESA 72	5498-SA 27								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

Return this entire page to the Internal Revenue Service. Photocopies are not acceptable.

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

COPY

Signature _____	Title _____	Date _____
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CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Avalon Water Supply & Sewer Service Corp PO Box 70 Avalon TX 76623		1 Rents \$	OMB No. 1545-0115 2014 Form 1099-MISC	Miscellaneous Income
PAYER'S federal identification number [REDACTED]		2 Royalties \$	4 Federal income tax withheld \$	
RECIPIENT'S name H2O Steel Contractors LLC Street address (including apt. no.) 2000 Howard Road City or town, state or province, country, and ZIP or foreign postal code Waxahachie TX 75165		3 Other income \$	5 Fishing boat proceeds \$	Copy B For Recipient
RECIPIENT'S identification number [REDACTED]		6 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	7 Nonemployee compensation \$ 22500.00	
Account number (see instructions)		8 Substituted payments in lieu of dividends or interest \$	9 Medical and health care payments \$	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
15a Section 409A deferrals \$		10 Crop insurance proceeds \$	11 [REDACTED]	
15b Section 409A income \$		12 [REDACTED]	13 Excess golden parachute payments \$	14 State income \$
		14 Gross proceeds paid to an attorney \$	15 State/Payer's state no.	16 State tax withheld \$
		16 State tax withheld \$	17 State/Payer's state no.	17 State/Payer's state no. \$

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Avalon Water Supply & Sewer Service Corp PO Box 70 Avalon TX 76623		1 Rents \$	OMB No. 1545-0115 2014 Form 1099-MISC	Miscellaneous Income
PAYER'S federal identification number [REDACTED]		2 Royalties \$	4 Federal income tax withheld \$	
RECIPIENT'S name Law Office of Aimee Hess PC Street address (including apt. no.) 6967 SE County Rd 2385 City or town, state or province, country, and ZIP or foreign postal code Streetman TX 75859		3 Other income \$	5 Fishing boat proceeds \$	Copy B For Recipient
RECIPIENT'S identification number [REDACTED]		6 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	7 Nonemployee compensation \$ 9070.00	
Account number (see instructions)		8 Substituted payments in lieu of dividends or interest \$	9 Medical and health care payments \$	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
15a Section 409A deferrals \$		10 Crop insurance proceeds \$	11 [REDACTED]	
15b Section 409A income \$		12 [REDACTED]	13 Excess golden parachute payments \$	14 State income \$
		14 Gross proceeds paid to an attorney \$	15 State/Payer's state no.	16 State tax withheld \$
		16 State tax withheld \$	17 State/Payer's state no.	17 State/Payer's state no. \$

33333		a Control number 1		For Official Use Only OMB No. 1545-0008				
b Kind of Payer (Check one) R		941 Military <input checked="" type="checkbox"/> 942 Hshld. emp. <input type="checkbox"/> 943 Medicare govt. emp. <input type="checkbox"/> 944 <input type="checkbox"/>		Kind of Employer (Check one) R		None apply <input checked="" type="checkbox"/> State/local non-501c <input type="checkbox"/> 501c non-govt. <input type="checkbox"/> State/local 501c <input type="checkbox"/> Federal govt. <input type="checkbox"/>		Third-party sick pay (Check if applicable) <input type="checkbox"/>
c Total number of Forms W-2 8		d Establishment number		1 Wages, tips, other compensation 83686.61		2 Federal income tax withheld 2218.10		
e Employer identification number (EIN) ██████████				3 Social security wages 83686.61		4 Social security tax withheld 5188.57		
f Employer's name AVALON WATER SUPPLY & SEWER SERVICE (5 Medicare wages and tips 83686.61		6 Medicare tax withheld 1213.47		
g Employer's address and ZIP code PO BOX 70 AVALON TX 76623				7 Social security tips		8 Allocated tips		
h Other EIN used this year				9		10 Dependent care benefits		
15 State Employer's state ID number TX				11 Nonqualified plans		12a Deferred compensation		
16 State wages, tips, etc. 83686.61		17 State income tax		13 For third-party sick pay use only		12b		
Employer's contact person				14 Income tax withheld by payer of third-party sick pay		18 Local wages, tips, etc.		
Employer's fax number				Employer's telephone number		19 Local income tax		
						For Official Use Only 0000/1022		
				Employer's email address				

Under penalties of perjury, I have examined this return and accompanying documents and, to the best of my knowledge and belief, they are true, correct, and complete.

COPY

Signature _____ Title _____ Date _____

Form **W-3 Transmittal of Wage and Tax Statements** **2014** Department of the Treasury Internal Revenue Service

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA). Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA. Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

Reminder
Separate instructions. See the 2014 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA.

Purpose of Form
A Form W-3 Transmittal is completed only when paper Copy A of Form(s) W-2, Wage and Tax Statement, is being filed. Do not file Form W-3 alone. All paper forms must comply with IRS standards and be machine readable. Photocopies are not acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends retaining copies of these forms for four years.

E-Filing
The SSA strongly suggests employers report Form W-3 and Forms W-2 Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website:
• **W-2 Online.** Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to the SSA.
• **File Upload.** Upload wage files to the SSA that you have created using payroll or tax software that formats the files according to the SSA's Specifications for Filing Forms W-2 Electronically (EFW2).
W-2 Online fill-in forms or file uploads will be on time if submitted by March 31, 2015. For more information, go to www.socialsecurity.gov/employer and select "First Time Filers" or "Returning Filers" under "BEFORE YOU FILE."

When To File
Mail Form W-3 with Copy A of Form(s) W-2 by March 2, 2015.

Where To File Paper Forms
Send this entire page with the entire Copy A page of Form(s) W-2 to:
Social Security Administration
Data Operations Center
Wilkes-Barre, PA 18769-0001

Note. If you use "Certified Mail" to file, change the ZIP code to "18769-0002." If you use an IRS-approved private delivery service, add "ATTN: W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997." See Publication 15 (Circular E), Employer's Tax Guide, for a list of IRS-approved private delivery services.

AVALON000952

Void <input type="checkbox"/>		a. Employee's social security number [REDACTED]		OMB No. 1545-0008	
b. Employer identification number (EIN) [REDACTED]		1 Wages, tips, other compensation 655.00		2 Federal income tax withheld 2.46	
c. Employer's name, address, and ZIP code AVALON WATER SUPPLY & SEWER SERVICE CORP PO BOX 70 AVALON TX 76623		3 Social security wages 655.00		4 Social security tax withheld 40.61	
		5 Medicare wages and tips 655.00		6 Medicare tax withheld 9.50	
		7 Social security tips		8 Allocated tips	
d. Control number 1		9		10 Dependent care benefits	
e. Employee's first name and initial Last name Suff. SCOTT BAKER		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
		14 Other		12c	
				12d	
f. Employee's address and ZIP code		15 State Employer's state ID number TX		16 State wages, tips, etc. 655.00	
		17 State income tax		18 Local wages, tips, etc.	
				19 Local income tax	
				20 Locality name	

Form **W-2** Wage and Tax Statement
Copy D—For Employer.
DAA

2014

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Void <input type="checkbox"/>		a. Employee's social security number [REDACTED]		OMB No. 1545-0008	
b. Employer identification number (EIN) [REDACTED]		1 Wages, tips, other compensation 30.00		2 Federal income tax withheld	
c. Employer's name, address, and ZIP code AVALON WATER SUPPLY & SEWER SERVICE CORP PO BOX 70 AVALON TX 76623		3 Social security wages 30.00		4 Social security tax withheld 1.86	
		5 Medicare wages and tips 30.00		6 Medicare tax withheld 0.44	
		7 Social security tips		8 Allocated tips	
d. Control number 2		9		10 Dependent care benefits	
e. Employee's first name and initial Last name Suff. ELTON CROCKER		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
		14 Other		12c	
				12d	
f. Employee's address and ZIP code		15 State Employer's state ID number TX		16 State wages, tips, etc. 30.00	
		17 State income tax		18 Local wages, tips, etc.	
				19 Local income tax	
				20 Locality name	

Form **W-2** Wage and Tax Statement
Copy D—For Employer.
DAA

2014

Department of the Treasury—Internal Revenue Service
AVALON090909
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Void <input type="checkbox"/>		a Employee's social security number		OMB No. 1545-0008									
b Employer identification number (EIN)		1 Wages, tips, other compensation		2 Federal income tax withheld									
[REDACTED]		8028.71		316.38									
c Employer's name, address, and ZIP code AVALON WATER SUPPLY & SEWER SERVICE CORP PO BOX 70 AVALON TX 76623		3 Social security wages		4 Social security tax withheld									
		8028.71		497.78									
		5 Medicare wages and tips		6 Medicare tax withheld									
		8028.71		116.42									
		7 Social security tips		8 Allocated tips									
d Control number		9		10 Dependent care benefits									
3													
e Employee's first name and initial Last name Suff. HEATHER HOWELL		11 Nonqualified plans		12a See instructions for box 12									
		13 Statutory employee Retirement plan Third-party sick pay		12b									
		14 Other		12c 12d									
f Employee's address and ZIP code		15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	
TX				8028.71									

Form **W-2** Wage and Tax Statement
Copy D—For Employer.
DAA

2014

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Void <input type="checkbox"/>		a Employee's social security number		OMB No. 1545-0008									
b Employer identification number (EIN)		1 Wages, tips, other compensation		2 Federal income tax withheld									
[REDACTED]		1306.25		66.00									
c Employer's name, address, and ZIP code AVALON WATER SUPPLY & SEWER SERVICE CORP PO BOX 70 AVALON TX 76623		3 Social security wages		4 Social security tax withheld									
		1306.25		80.99									
		5 Medicare wages and tips		6 Medicare tax withheld									
		1306.25		18.94									
		7 Social security tips		8 Allocated tips									
d Control number		9		10 Dependent care benefits									
4													
e Employee's first name and initial Last name Suff. JO BETH MARTIN P.O. BOX 515 AVALON TX 76623		11 Nonqualified plans		12a See instructions for box 12									
		13 Statutory employee Retirement plan Third-party sick pay		12b									
		14 Other		12c 12d									
f Employee's address and ZIP code		15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	
TX				1306.25									

Form **W-2** Wage and Tax Statement
Copy D—For Employer.
DAA

2014

Department of the Treasury—Internal Revenue Service
AVALON000054
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Void <input type="checkbox"/>		a Employee's social security number [REDACTED]		OMB No. 1545-0008	
b Employer identification number (EIN) [REDACTED]		1 Wages, tips, other compensation 46966.15		2 Federal income tax withheld 1697.36	
c Employer's name, address, and ZIP code AVALON WATER SUPPLY & SEWER SERVICE CORP PO BOX 70 AVALON TX 76623		3 Social security wages 46966.15		4 Social security tax withheld 2911.90	
		5 Medicare wages and tips 46966.15		6 Medicare tax withheld 681.01	
		7 Social security tips		8 Allocated tips	
d Control number 5		9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. GREGG RODRIGUEZ		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
		14 Other		12c	
				12d	
f Employee's address and ZIP code		15 State Employer's state ID number TX		16 State wages, tips, etc. 46966.15	
		17 State income tax		18 Local wages, tips, etc.	
		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement
Copy D—For Employer.
DAA

2014

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Void <input type="checkbox"/>		a Employee's social security number [REDACTED]		OMB No. 1545-0008	
b Employer identification number (EIN) [REDACTED]		1 Wages, tips, other compensation 22952.10		2 Federal income tax withheld 10.96	
c Employer's name, address, and ZIP code AVALON WATER SUPPLY & SEWER SERVICE CORP PO BOX 70 AVALON TX 76623		3 Social security wages 22952.10		4 Social security tax withheld 1423.03	
		5 Medicare wages and tips 22952.10		6 Medicare tax withheld 332.81	
		7 Social security tips		8 Allocated tips	
d Control number 6		9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. JOE VALDEZ		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
		14 Other		12c	
				12d	
f Employee's address and ZIP code		15 State Employer's state ID number TX		16 State wages, tips, etc. 22952.10	
		17 State income tax		18 Local wages, tips, etc.	
		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement
Copy D—For Employer.
DAA

2014

Department of the Treasury—Internal Revenue Service
AVALON WATER SUPPLY & SEWER SERVICE CORP
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Void <input type="checkbox"/>		a Employee's social security number [REDACTED]		OMB No. 1545-0008			
b Employer identification number (EIN) [REDACTED]		1 Wages, tips, other compensation 3598.40		2 Federal income tax withheld 124.93			
c Employer's name, address, and ZIP code AVALON WATER SUPPLY & SEWER SERVICE CORP PO BOX 70 AVALON TX 76623		3 Social security wages 3598.40		4 Social security tax withheld 223.10			
		5 Medicare wages and tips 3598.40		6 Medicare tax withheld 52.18			
		7 Social security tips		8 Allocated tips			
d Control number 7		9		10 Dependent care benefits			
e Employee's first name and initial Last name Suff. DANIEL WAISHES		11 Nonqualified plans		12a See instructions for box 12			
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b			
		14 Other		12c			
f Employee's address and ZIP code				12d			
15 State Employer's state ID number TX	16 State wages, tips, etc. 3598.40	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form **W-2** Wage and Tax Statement
Copy D—For Employer.
DAA

2014

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Void <input type="checkbox"/>		a Employee's social security number [REDACTED]		OMB No. 1545-0008			
b Employer identification number (EIN) [REDACTED]		1 Wages, tips, other compensation 150.00		2 Federal income tax withheld 0.01			
c Employer's name, address, and ZIP code AVALON WATER SUPPLY & SEWER SERVICE CORP PO BOX 70 AVALON TX 76623		3 Social security wages 150.00		4 Social security tax withheld 9.30			
		5 Medicare wages and tips 150.00		6 Medicare tax withheld 2.17			
		7 Social security tips		8 Allocated tips			
d Control number 8		9		10 Dependent care benefits			
e Employee's first name and initial Last name Suff. JACOB WAISHES		11 Nonqualified plans		12a See instructions for box 12			
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b			
		14 Other		12c			
f Employee's address and ZIP code				12d			
15 State Employer's state ID number TX	16 State wages, tips, etc. 150.00	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form **W-2** Wage and Tax Statement
Copy D—For Employer.
DAA

2014

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

October 28, 2014

Culpepper & Lawrence, CPA, P.C.
716 W. Ennis Ave.
Ennis, TX 75119

This representation letter is provided in connection with your audit of the financial statements of Avalon Water Supply & Sewer Service Corporation, which comprise the statement of financial position as of December 31, 2013, and the related statements of activities and cash flows for the year then ended, and the related notes to the financial statements, for the purpose of expressing an opinion as to whether the financial statements are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States (U.S. GAAP).

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve an omission or misstatement of accounting information that, in light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement. An omission or misstatement that is monetarily small in amount could be considered material as a result of qualitative factors.

We confirm, to the best of our knowledge and belief, as of October 28, 2014, the following representations made to you during your audit.

Financial Statements

- We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated July 16, 2014.
- The financial statements referred to above are fairly presented in conformity with U.S. generally accepted accounting principles.
- We acknowledge our responsibility for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.
- We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.
- Significant assumptions we used in making accounting estimates, including those measured at fair value, are reasonable.
- Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of U.S. GAAP.
- All events subsequent to the date of the financial statements and for which U.S. GAAP requires adjustment or disclosure have been adjusted or disclosed.
- We are not aware of any pending or threatened litigation, claims, or assessments or unasserted claims or assessments that are required to be accrued or disclosed in the financial statements in accordance with U.S. GAAP, and we have not consulted a lawyer concerning litigation, claims, or assessments.
- Material concentrations have been appropriately disclosed in accordance with U.S. GAAP.
- Guarantees, whether written or oral, under which the organization is contingently liable, have been properly recorded or disclosed in accordance with U.S. GAAP.

AVALON000957

**AVALON WATER SUPPLY AND
SEWER SERVICE CORPORATION**

PO BOX 70
AVALON, TX 76623

October 28, 2014

972-627-0044

Culpepper & Lawrence, CPA, P.C.
716 W. Ennis Ave.
Ennis, TX 75119

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- Significant assumptions we used in making accounting estimates, including those measured at fair value, are reasonable.
- Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of U.S. GAAP.
- All events subsequent to the date of the financial statements and for which U.S. GAAP requires adjustment or disclosure have been adjusted or disclosed.
- We are not aware of any pending or threatened litigation, claims, or assessments or unasserted claims or assessments that are required to be accrued or disclosed in the financial statements in accordance with U.S. GAAP, and we have not consulted a lawyer concerning litigation, claims, or assessments.
- Material concentrations have been appropriately disclosed in accordance with U.S. GAAP.
- Guarantees, whether written or oral, under which the organization is contingently liable, have been properly recorded or disclosed in accordance with U.S. GAAP.

AVALON000958

Filing Instructions

Avalon Water Supply & Sewer Service

Exempt Organization Tax Return

Taxable Year Ended December 31, 2013

Date Due: November 15, 2014

Remittance: None is required. Your Form 990 for the tax year ended 12/31/13 shows no balance due.

Mail To: Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

If a private delivery service is used, mail to:
OSPC
1973 N. Rulon White Blvd.
Ogden, UT 84404

Signature: The return should be signed and dated on Page 1 by an officer representing the organization.

Other: Initial and date the copy of the return, and retain it for your records.

AVALON000959

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. Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

For the 2013 calendar year, or tax year beginning and ending

Header section containing: C Name of organization (AVALON WATER SUPPLY & SEWER SERVICE), D Employer identification number, E Telephone number, F Name and address of principal officer, G Gross receipts (310,941), H(a) Is this a group return for subsidiaries?, H(b) Are all subsidiaries included?

Formalities section containing: Tax-exempt status (501(c)(3) checked, 501(c)(12) selected), Website (N/A), Form of organization (Corporation checked), L Year of formation (1970), M State of legal domicile (TX)

Summary section with table of financial data. Rows include: 1 Briefly describe the organization's mission (TO PROVIDE WATER AND SEWER SERVICE), 2-7 Organization details, 8-12 Revenue breakdown (Total revenue 310,941), 13-17 Expense breakdown (Total expenses 349,915), 18-22 Net assets and liabilities (Net assets 706,230).

Signature Block: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature and Preparer information: Signature of David C. Waishes, President; Preparer: MISTY CULPEPPER, CPA, CULPEPPER & LAWRENCE, CPA, 716 W ENNIS AVE, ENNIS, TX 75119-3808, Phone: 972-875-0400.

Statement of Program Service Accomplishments

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

Briefly describe the organization's mission:

TO PROVIDE WATER AND SEWER SERVICE.

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

a (Code:) (Expenses \$ **323,098** including grants of \$) (Revenue \$)
TO PROVIDE WATER AND SEWER SERVICE TO THE CORPORATION'S MEMBERS.

b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

Total program service expenses **323,098**

AVALON000961

Checklist of Required Schedules

	Yes	No
Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		X
Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
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		X
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		
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		X
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		X
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		X
Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
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		X
If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	X	
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		X
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		X
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		X
Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
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		X
Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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		X
Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
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		X
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		X
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)		X
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		X
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		X
Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X

Checklist of Required Schedules (continued)

	Yes	No
Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		<input checked="" type="checkbox"/>
Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		
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		
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 so, complete Schedule L, Part II		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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):		
A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<input checked="" type="checkbox"/>
A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<input checked="" type="checkbox"/>
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<input checked="" type="checkbox"/>
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<input checked="" type="checkbox"/>
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		<input checked="" type="checkbox"/>
Did the organization have a controlled entity within the meaning of section 512(b)(13)?		
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		
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		
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		<input checked="" type="checkbox"/>
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	<input checked="" type="checkbox"/>	

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

Part A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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 organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DENISE WIMBISH DIRECTOR	1.00 0.00	X					0	0	0	
HARRISON ROMERO DIRECTOR	1.00 0.00	X					0	0	0	
MANUEL RODRIGUEZ DIRECTOR	1.00 0.00	X					0	0	0	
JEREMY LANGLEY DIRECTOR	1.00 0.00	X					0	0	0	
DAVID WAISHES PRESIDENT	1.00 0.00			X			0	0	0	
JIMMY BROWN VICE-PRESIDENT	1.00 0.00			X			0	0	0	
ROBIN DONALDSON SECRETARY/TREASURER	1.00 0.00			X			0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
2)										
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1b Sub-total
 1c Total from continuation sheets to Part VII, Section A
 1d Total (add lines 1b and 1c)

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization: 0

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization: 0

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 except function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a Federated campaigns					
b Membership dues					
c Fundraising events					
d Related organizations					
e Government grants (contributions)					
f All other contributions, gifts, grants, and similar amounts not included above					
g Noncash contributions included in lines 1a-1f \$					
h Total. Add lines 1a-1f					
		Busn. Code			
2a WATER SALES		247,382	247,382		
b SEWER SALES		45,962	45,962		
c LATE CHARGES		12,320	12,320		
d TRANSFER FEES		175	175		
e					
f All other program service revenue					
g Total. Add lines 2a-2f		305,839			
3 Investment income (including dividends, interest, and other similar amounts)		1,073	1,073		
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
		(i) Real	(ii) Personal		
6a Gross rents					
b Less: rental exps.					
c Rental inc. or (loss)					
d Net rental income or (loss)					
		(i) Securities	(ii) Other		
7a Gross amount from sales of assets other than inventory					
b Less: cost or other basis & sales exps.					
c Gain or (loss)					
d Net gain or (loss)					
8a 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					
9a Gross income from gaming activities. See Part IV, line 19					
b Less: direct expenses					
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances					
b Less: cost of goods sold					
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Busn. Code			
11a MISCELLANEOUS INCOME		4,029	4,029		
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		4,029			
12 Total revenue. See instructions		310,941	310,941	0	0

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

not include amounts reported on lines 6b, 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
Grants and other assistance to individuals in the U.S. See Part IV, line 22				
Grants and other assistance to governments, organizations, and individuals outside the U.S. 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)				
7 Other salaries and wages	70,093	70,093		
Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
8 Other employee benefits	1,950	1,950		
9 Payroll taxes	5,955	5,955		
10 Fees for services (non-employees):				
a Management	21,850	21,850		
b Legal	2,750		2,750	
c Accounting				
d 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 O.)	8,351		8,351	
12 Advertising and promotion	8,044		8,044	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	47,218	40,006	7,212	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,150	14,150		
20 Interest				
21 Payments to affiliates	46,178	46,178		
22 Depreciation, depletion, and amortization	7,744	7,284	460	
23 Insurance				
24 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.)				
REPAIRS AND MAINTENANCE	40,644	40,644		
CONTRACTED SERVICES	38,656	38,656		
MATERIALS AND SUPPLIES	35,367	35,367		
AMORTIZATION OF WATER RIG	965	965		
All other expense				
25 Total functional expenses. Add lines 1 through 24e	349,915	323,098	26,817	0
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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Balance Sheet

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

		(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing	7,384	1	57,503
2	Savings and temporary cash investments	85,076	2	86,502
3	Pledges and grants receivable, net	32,375	3	36,145
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	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	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	6,019	9	6,678
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,666,886		
			10a	
b	Less: accumulated depreciation	812,116		
			10b	
11	Investments—publicly traded securities	879,551	10c	854,770
12	Investments—other securities. See Part IV, line 11		11	
13	Investments—program-related. See Part IV, line 11		12	
14	Intangible assets		13	
15	Other assets. See Part IV, line 11	41,510	14	17,282
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,051,915	15	1,058,880
17	Accounts payable and accrued expenses	8,567	16	22,963
18	Grants payable		17	
19	Deferred revenue		18	
20	Tax-exempt bond liabilities		19	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		20	
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
23	Secured mortgages and notes payable to unrelated third parties	306,847	22	320,562
24	Unsecured notes and loans payable to unrelated third parties		23	
25	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	36,271	24	8,769
26	Total liabilities. Add lines 17 through 25	351,685	25	352,294
27	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		26	
28	Unrestricted net assets		27	
29	Temporarily restricted net assets		28	
30	Permanently restricted net assets		29	
31	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.		30	
32	Capital stock or trust principal, or current funds	36,271	31	
33	Paid-in or capital surplus, or land, building, or equipment fund	879,551	32	706,586
34	Retained earnings, endowment, accumulated income, or other funds	-215,592	33	706,586
35	Total net assets or fund balances	700,230	34	706,586
36	Total liabilities and net assets/fund balances	1,051,915	35	1,058,880