Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

| A | For th | e 2018 calendar year, or tax year beginning | and ending | | |
|-----------------------------|-------------------------|--|--|-------------------------------------|------------------------------------|
| В | Check if applicab | C Name of organization | | D Employer identifi | cation number |
| | Addre | e <u> MISSISIPPI RURAL</u> WATER ASSOCIATION . | INC | | |
| | Name | Doing business as | | 64-0 | 610464 |
| | lnıtıal return | Number and street (or P.O. box if mail is not delivered to street address) | Room/suit | e E Telephone numbe | r |
| | □Final return | 5400 NORTH MIDWAY ROAD | | 601- | 857-2433 |
| | termii ated | | | G Gross receipts \$ | 1,842,939. |
| Ļ | Amen | RAIMOND, MS 39154 | | H(a) Is this a group re | |
| L. | Appli- tion pendi | Finame and address of principal officer KIKBI MAIFIELD | | for subordinates | ? Yes X No |
| | | SAME AS C ABOVE | <u>' /</u> | H(b) Are all subordinates in | ncluded? Yes No |
| _ | | | (1) or 52 | $ \underline{f} $ If "No," attach a | list (see instructions) |
| | | te: ► WWW.MSWRA.ORG | | H(c) Group exemption | |
| | | forganization: Corporation Trust X Association Other | L Yea | ar of formation: 1977 N | M State of legal domicile: MS |
| P | art I | Summary | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | 7777777777 | |
| Se | 1 | Briefly describe the organization's mission or most significant activities MSV BROCERCCTONAL LEADER GULLD BROCERANG BRAZE | | | |
| IJ Governance | | PROFESSIONAL LEADERSHIP PROGRAMS, TRAIN | | ECHNICAL ASS | |
| Veri | 2 | Check this box if the organization discontinued its operations or dis | sposed of mo | ł . | 1 |
| 6 & Go | I . | Number of voting members of the governing body (Part VI, line 1a) | 1 tu \ | 3 | 11 |
| 7 % | 5 | Number of independent voting members of the governing body (Part VI, line 1 Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 10) | 4 | 13 |
| ⊒ii ⊢ | 1 | Total number of volunteers (estimate if necessary) | | 5 | 1.3 |
| u V I Activitie | 1 | Total unrelated business revenue from Part VIII, column (C), line 12 | | 6 | 66,380. |
| n V | 1 | Net unrelated business taxable income from Form 990-T, line 38 | Ω | 7 <u>a</u> 7b | -15,812. |
| ₹— | <u>_</u> | | 217 1 | Prior Year | Current Year |
| 7 a | 8 | Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) | クレー | 952,077. | 981,390. |
| ፲물 | | Program service revenue (Part VIII, line 2g) | | 829,502. | 856,481. |
| | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | - - | 9,669. | 5,068. |
| Z # | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | <u> </u> | 0. | 3,000. |
| SCANNED | 1 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 13 | 2) | 1,791,248. | 1,842,939. |
| <i>J -j</i> | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. |
| | 1 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| ģ | 1 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5- | 10) | 772,424. | 773,342. |
| Expenses | 1 | Professional fundraising fees (Part IX, column (A), line 11e) | -' <u>-</u> | 0. | 0. |
| ě | 1 | Total fundraising expenses (Part IX, column (D), line 25) | 0. | | |
| ú | 1 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 864,562. | 943,123. |
| | 18 | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | | 1,636,986. | 1,716,465. |
| | 19 | Revenue less expenses Subtract line 18 from line 12 | | 154,262. | 126,474. |
| Net Assets or Fund Balances | | | E | leginning of Current Year | End of Year |
| Sset | 20 | Total assets (Part X, line 16) | | 2,866,548. | 3,037,808. |
| nd A | 21 | Total liabilities (Part X, line 26) | _ | 239,351. | 302,285. |
| | | Net assets or fund balances Subtract line 21 from line 20 | | 2,627,197. | 2,735,523. |
| | art II | Signature Block | | | |
| | | ilties of perjury, I declare that I have examined this return, including accompanying schei | | | y knowledge and belief, it is |
| true, | correc | et, and complete, Declaration of preparer (other than officer) is based on all information of | of which prepar | | 7.0 |
| _ | | Signature of officer | - | 5/28/ | //9 |
| Sigi | | , v | | Date | |
| Her | е | KIRBY MAYFIELD, CEO Type or print name and title | | | |
| | | | | Date Check | PTIN |
| Paid | l | Print/Type preparer's name JESSICA COOLEY, CPA JESSICA COOLEY | Z CIDA | | - |
| | arer | JESSICA COOLEY, CPA JESSICA COOLEY Firm's name ► GRANTHAMPOOLE PLLC | Z, CPA | 05/16/19 self-employ | |
| - | Only | Firm's address 1062 HIGHLAND COLONY PKWY STE | 201 | Firm's EIN | 64-0903390 |
| 300 | , | RIDGELAND, MS 39157 | Z U I | Dhono no 6 0 | 1-499-2400 |
| May | the I | RIDGELIAND, MS 39137 RS discuss this return with the preparer shown above? (see instructions) | | I FINUTE NO 6 U | |
| | 01 12-3 | | etions | | X Yes No Form 990 (2018) |
| 0920 | | FE SCHEDILLE O FOR ODGANTZATION MISSION | | ENIM CONTENTIAL | |

| orm | 990 (2018) MISSISIPPI RURAL WATER ASSOCIATION INC | <u>64-0610</u> | 464 Page 2 |
|---------------|--|-------------------|------------------------|
| Pa | rt III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | |
| 1 ' | | | |
| • | MSWRA'S MISSION IS TO PROVIDE PROFESSIONAL LEADERSHIP PR | OGRAMS. | |
| | TRAINING, TECHNICAL ASSISTANCE AND SERVICES TO MEET THE | | E OUR |
| | | NEEDD C | r ook |
| | MEMBERS AND OUR STATE. | | |
| | | | - |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | _ | |
| | prior Form 990 or 990-EZ? | L | Yes X No |
| | If "Yes," describe these new services on Schedule O | _ | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | L | Yes X No |
| | If "Yes," describe these changes on Schedule O | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as | measured by e | xpenses |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other | rs, the total exp | enses, and |
| | revenue, if any, for each program service reported | | |
| 4a | (Code) (Expenses \$745,185 | e \$ | 795,169.) |
| | MSRWA TRAINED APPROXIMATELY 3,449 EMPLOYEES OF THE FIVE | | |
| | DISTRICTS ON COMPLYING WITH STATE AND FEDERAL REGULATION | | |
| | CONJUNCTION WITH THE SAFE DRINKING WATER ACT. | 10 11 | |
| | CONDUNCTION WITH THE DATE DRINKING WATER ACT. | | |
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| 4b | (Code) (Expenses \$including grants of \$) (Revenu | e \$ |) |
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| 4d | Other program services (Describe in Schedule O) | | _ |
| | (Expenses \$ including grants of \$) (Revenue \$ | | ١ |
| 40 | Total program service expenses ► 745, 185. | | |
| _ | 14014001 | | Form 990 (2018) |
| | | | 1 01111 000 (2010) |

Form 990 (2018) MISSISIPPI RURAL WATER
Part IV Checklist of Required Schedules

| 1 is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If Yes, complete Schedule A, Schedule B, Schedule of Continutural? 2 is the organization required to complete Schedule B, Schedule of Continutural? 3 in the organization required in erect or indiction political campaign activities on behalf of or in opposition to candidates for public office? If Yes, complete Schedule C, Part II 3 is the organization assection 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or aimitar amounts as definition in Part Will Provide advice on the distribution or investment of amounts in such funds or accounts? If Yes, complete Schedule D, Part III 5 is the organization assection 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or aimitar amounts as definition or investment of amounts in such funds or accounts? If Yes, complete Schedule D, Part III 5 is the organization amount on investment of amounts in such funds or accounts? If Yes, complete Schedule D, Part III 6 Dd the organization maintain and organization assessment, including easierins to review of historial provide advice on the distribution or investment of amounts in such funds or accounts? If Yes, complete Schedule D, Part III 5 is the organization maintain collections of works of art, instanceal freatures, or other similar assests? If Yes, complete Schedule D, Part III 6 is the organization maintain and interest organization, his organization report an amount in Part X, line 107 in Yes, complete Schedule D, Part IV 7 is the organization report an amount for land, buildings, and equipment in Part X, line 107 if Yes, complete Schedule D, Part VIII 8 is the organization report an amount for investments: program related in Part X, line 107 in Yes, complete Schedule D, Part XII 8 is the organization report an amount for investments: program related in Part X, line 107 in Yes, complete Schedule D, Part XII 8 is the organization r | | - Charles of the date of the d | | | |
|--|-----|--|-----|--|-----------|
| If Yes, *complete Schedule A complete Schedule B, Schedule of Contributors? 2 2 X 3 2 3 4 4 5 5 5 5 5 5 5 5 | | | | Yes | No |
| 2 Is the organization required to complete Schedule S, Schedule of Continuors? 3 At the organization engage in infect or indirect potitions of interest on the product of the public office? If "Yes," complete Schedule C, Part I Section 50 (Fig.) genitations. Did the organization engage in liobbying activities, or have a section 501(pi) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization as exterior 501(pi), 501 | 1 ` | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| 3 Dut 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 D, Part II Section 501(c)(3) organizations. Dut the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule D, Part II Set the organization as sections 501(e)(4), 501(e)(6), | | · · · | | X | |
| public office? If "Yes," complete Schedule C, Part II Section 50 (Inc) organization. Did the organization angage in lobbying activities, or have a section 50 (In) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization a section 50 (Ic)(4), 50 (Ic)(8), or 50 (Ic)(8) organization that receives memberahip dues, assessments, or similar amounts as defined in Reviewe Procedule 98-19? If "Yes," complete Schedule C, Part III 6 Did the organization annitian any donor advised funds or any similar flunds or accounts II "Yes," complete Schedule D, Part II 7 Did the organization or investment of amounts in such flunds or accounts II "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical freasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization maintain collections of works of art, historical freasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization maintain collections of works of art, historical freasures, or other similar assets? If "Yes," complete Schedule D, Part III 10 Did the organization in animal part III in a 21, for escrive or custodial account liability, serve as a custodiant for amounts in such tissed in Part X, or provide scredit counseling, diebt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IVI 11 If the organization report an amount or I maintain animal in Part X, line 10? If "Yes," complete Schedule D, Part VIII 12 If 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 VIII 13 Did the organization report an amount for other assets 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 XIII 14 Did the organization report an amount for other assets in Part X, line 12 that | 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | X |
| 4 Section 501(k)(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 5 is the organization a section 501(k)(8), 501(k)(5), or 501(k)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part II 5 Did the organization maintain any donor advested funds or any semilar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Which donors have the right to provide advice on the distribution or investment of amounts in such funds greatly funds or accounts for Which donors have the right to provide advice on the distribution or investment of amounts for such deals funds or accounts for Which donors have the right to provide advice on the funds of accounts for which donors have the right to provide advice on the right to fund and account liability, serve as a custodian for a mount for mounts not for the screw or custodial account liability, serve as a custodian for a mount for through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasivendowments? If "Yes," complete Schedule D, Part V II if the organization services? If the organization server or through a related organization, hold assets reported in Part X, line and yor through a related organization the proparation and proparation and pro | 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 50 (16)(4), 50 (16)(5), or 50 (16)(6) (organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 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 III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 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 VIII Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for revestments - organize 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 VIII Did the organization report an amount for other liabilities in Part X, line 197 If "Yes," complete Schedule D, Part XII Did the organization report an amount for other liabilities in Part X, line 197 If "Yes," complete Schedule D, Part XII Did the organization or short amount for other liabilities in Part X, line 197 If "Yes," complete Schedule D, Part XII Did the organization organization report an amount for other liabilities in Part X, line 198 If "Yes," complete Schedule D, Part XII Did the organization organization report | | | 3_ | | X |
| 5 Is the organization as section 50 fol/9(s) 501(c)(S) or | 4 | ,, · | | | |
| semilar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III 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 to preserve open space. It has not been considered and a seminary of the organization receive or hold a conservation easiement, including easiements to preserve open space. It has not organization maintain collections of works of art, instorical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, inne 21 for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, inne 12 for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, inne 12 for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, inne 27 for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, inne 12 for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, inne 12 for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, inne 12 for secrow or custodial accounts the secretic part X, inne 12 for secrow or custodial accounts the secretic part X, inne 12 for secrow or custodial accounts the secretic part X, inne 12 for secrow or custodial accounts the secretic part X, inne 12 for secrow or custodial accounts the secretic part X, inne 12 for secrow or custodial accounts the secretic part X, inne 12 for secrow or custodial accounts the secretic part X, inne 12 for secrow or custodial accounts the secretic part X, inne 12 for secrow or amount for or season in accounts the secretic part X, inne 12 for secrow or amounts for secretic part X, inn | | | 4 | <u> X</u> | |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? // "Yes," complete Schedule D, Part // Part // Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? // "Yes," complete Schedule D, Part // S. Did the organization menum collections of works of art, historical treasures, or other similar assets? // "Yes," complete Schedule D, Part // I. Did the organization report an amount in Part X, line 21, for secrow 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? // "Yes," complete Schedule D, Part V / Did the organization is port of the following questions, is "Yes," then complete Schedule D, Part V / If the organization report an amount for land, buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D, Part V / If 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? // "Yes," complete Schedule D, Part V / If Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part V / Did the organization report an amount for other assets in Part X, line 15 what is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part 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? // "Yes," complete Schedule D, Part X / Did the organization report an amount for other assets in Part X, line 25? // "Yes," complete Schedule D, Part X / Did the organization haspeared or organi | 5 | • | | | |
| provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I D dithe organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonic bind areas, or histonic structures? If "Yes," complete Schedule D, Part II B dithe organization maintain collections of works of art, histonical treasures, or other similar assets? If "Yes," complete Schedule D, Part II B dithe organization report an amount in Part X, line 21, for escrive 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 and 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 as a applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII D 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 VIII D did the organization report an amount for other assets 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 D did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII D did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X line 16? If Yes, complete Schedule D, Part X line 16? If Yes, co | | | _5_ | | <u> </u> |
| 7 Dut 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 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 V 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 II the organization's answer to any of the following questions is "Yes," the complete Schedule D, Part V II the organization's answer to any of the following questions is "Yes," to emplete Schedule D, Part V II Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II Did the organization report an amount for investments - program related 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 V II Did the organization report an amount for other liabilities 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 X II Did the organization report an amount for other liabilities 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 X II Did the organization report an amount for other liabilities 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 X II Did the organization separate, independent audited financial statements for the tax year? If "Yes," | 6 | · | _ | | 7.7 |
| the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II and the organization maintain collections of vorks of air, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II and 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 and 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 as a policibale and the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V bid the organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part VI bid 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 VI bid the organization report an amount for other liabilities 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 X bid the organization report an amount for other liabilities 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 X line 15 that is 5 that is 5 that is 5 total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X line 15 that is 5 that is 5 that is septimated in Part X, line 16? If "Yes," complete Schedule D, Part X line 15 that is 5 that is 5 that is septimated in Part X, line 15 that is 5 that is 5 that is septimated in Part X, line 15 that is 5 that is 5 that is optimated in Part X line 15 that is organization report an amount for other liabilities in Part | | | _6_ | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? // "Yes," complete Schedule D, Part I/I 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? // "Yes," complete Schedule D, Part V 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V 11 If the organization and year and year as a policable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 12 Did the organization report an amount for investments - program related in Part X, line 16? If "Yes," complete Schedule D, Part V II 11 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 V II 11 Did the organization is liability for uncertain tax positions under FN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12 Did the organization's liability for uncertain tax positions under FN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12 Did the organization is liability for uncertain tax positions under FN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11 Did Tyes," and If the organization is liability for uncertain tax positions under FN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11 Did Tyes," and If the organization and separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11 Did Tyes," and If the organization and program service activities outside the United States, or aggregate foreign invest | 7 | | _ | | 1,7 |
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| If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 13 | | Schedule D, Parts XI and XII | 12a | X | |
| Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X 15 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 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 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 II 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| b Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 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 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 12 and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Under organization report more than \$5,000 of grants or other assistance to any domestic organization or | | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | <u> X</u> |
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| 22 Dut the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. column (A) in 29 1" (***)** complete Schedule I, Part I and III. 23 Dut the organization average "to Part IVI, Section A, Ind. 34, of S about compensation of the organization's current and former officers, directors, flustaces, key employees, and highest compensated employees (** 1" "to "a," complete Schedule I" "No.") go to Inte 259 24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was sessed after December 31, 2002? If "Pas", "answer lines 240 through 24d and complete Schedule II" "No." go to Inte 259 25 Did the organization maintain an accord account other than a refunding secrow at any time during the year? 26 Did the organization maintain an accord account other than a refunding secrow at any time during the year? 27 Did the organization aware that dengaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I IV 18. Complete Schedule I, Part II IV 18. Capt II IV 18. Cap | | | | Yes | No |
|--|----------|---|----------------|----------|----------|
| 23 Dut 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 I, Part IV and the organization have a tax exampt 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," arrawer lines 29th through 24d and complete Schedule K If "No." go to line 25a 1 bid the organization mixes tay priceeds of fax exempt bonds beyond a temporary period exception? 2 bid the organization mixes tay priceeds of fax exempt bonds beyond a temporary period exception? 2 bid the organization mixes tay priceeds of fax exempt bonds beyond a temporary period exception? 2 bid the organization mixes tay priceeds of fax exempt bonds expending at any time during the year to defease any tax exempt bonds? 2 bid the organization mixes that the second of the organizations and the time of the organization organizations. Did the organization are second to the organizations of the organization and the second organization are second to the organization and the second organization are second organizations. Did the organization are second organization and the temporation are second organizations. Did the organization are second organization and the temporation are second organization and the second organization are second organization and the organization organization are second organization and the organization are second organization and the second organization are second organization and the second organization second organization and that its transfer schedule II, Part IV 2 bid the organization sell, exchange, dispose of, or transfer more than 25% of ris net assets? If "Yes," complete Schedule II, P | 22 ` | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 2 | | Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| Schedule / 1 A 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 II. "No." got here 25e b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization ministrian an escrive vaccount other than a refunding escrive at any time during the year to defease any tax-exempt bonds? d Did the organization acts as in "on behalf of" issuer for bonds outstanding at any time during the year? 24d | 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
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| d Dd the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 28a Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations proof Forms 990 or 990 E27 If "Yes," complete Schedule I, Part I D Od the organization report any amount on Part X, line 5, 6, or 22 for reconvables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule I, Part II D 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% contribuled antity or family member of any of these persons? If "Yes," complete Schedule I, Part IV assistances for applicable fining threeholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule II, Part IV An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule II, Part IV An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule II, Part IV An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule II, Part IV An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule II, Part IV An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule II, Part IV An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete S | С | | 04- | | |
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| transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 950-E2? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 55% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, frustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, frustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, frustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, frustee, or key employee? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II. Part IV 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II. Part II 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule II. Part II 32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IIV, III "Yes," complete Schedule R, Part II, III III, or IIV, III "Yes," complete Schedule R, Part II, III III III III III III III III II | | · | 240 | | |
| b is the organization aware that it engaged in an excess benefit transaction with a disqualited person in a prior year, and that the transaction has not been reported on any of the organization's pror Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I and the organization report any amount on Part X, line 5, 6, or 22 for recevables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II and the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution 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 II and any or these persons? If "Yes," complete Schedule L, Part II and any or these persons? If "Yes," complete Schedule L, Part IV instructions for applicable fiting thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV and a netty of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV and another organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV and the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV and any the schedule L, Part IV and the organization and the schedule L, Part IV and the organization organization and the schedule L, Part IV and the organization organization and the schedule L, Part IV and the organization and the schedule L, Part IV and the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 T701-2 and 301 T701-37 If "Yes," complete Schedule R, Part V, line 2 and 301 T701-37 If "Yes," complete Schedule R, Part V, line 2 and the organization organization organization organ | 25 a | | 250 | | v |
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| Schedule N, Part II 32 | ~~ | | 31 | | A |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 X X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X X 37 X 37 | 32 | | 20 | | v |
| sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Inne 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Inne 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Inne 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 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 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable b Enter the number of Forms W-2G included in line 1a Enter 0 if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 33 | · | 32 | | ^ |
| Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 55a J X 55b 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 35c 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 35d J X 35d | 33 | | 33 | | x |
| Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 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 fedderal income tax purposes? If "Yes," complete Schedule R, Part V I 37 X 38 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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable b Enter the number of Forms W-2G included in line 1a Enter 0 if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 34 | | -33 | - | |
| 35a | ٠. | | 34 | x | |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 10 Enter the number reported in Box 3 of Form 1096 Enter 0- if not applicable 11 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 12 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 X | 35a | | | | Х |
| within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 | b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| If "Yes," complete Schedule R, Part V, line 2 36 | | | 35b | ļ | |
| Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V The image of the number reported in Box 3 of Form 1096 Enter 0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X | 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
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| 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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter 0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X | 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| Note. All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096 Enter 0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X | | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | <u> </u> | X |
| Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter 0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X | 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | ŀ | |
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| Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter 0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X | rai | | | | |
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| b Enter the number of Forms W-2G included in line 1a Enter -0· if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X | | Establic number constitute Day 0 of Form 1000 February 0 / 1 1 1 | | Yes | No |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | } | | |
| (gambling) winnings to prize winners? | | · · · · · · · · · · · · · · · · · · · | 1 | | |
| | C | · · · · · · · · · · · · · · · · · · · | | v | |
| | 83200 | | | | (2010) |

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Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V No_ Yes 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 13 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a X b If "Yes." has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X b If "Yes," enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year 111 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter 10 a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations, Enter a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? X 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? X 15 If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment income? X 16

If "Yes," complete Form 4720, Schedule O

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 or note to any line in this Part VI | | | X |
|-----|---|--------|----------------------|-----|
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 11 | | | |
| • | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | , | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 11 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | - | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | Х | |
| 7a | | | | |
| | more members of the governing body? | 7a | Х | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | - |
| | persons other than the governing body? | 7b | х | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | • |
| | The governing body? | 8a | x i | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 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 | 9 | | _X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| | 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? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | - |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | $\hat{\mathbf{x}}$ | • |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | ın Schedule O how this was done | 12c | х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | - |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | $\tilde{\mathbf{x}}$ | |
| b | Other officers or key employees of the organization | 15b | X | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | • |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | • |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ► NONE | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)) | only) | avaıla | ble |
| | for public inspection. Indicate how you made these available. Check all that apply | | | |
| | Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | financ | cial | |
| | statements available to the public during the tax year | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| | <u>CECILIA GARRIS - 601-857-2433</u> | | | _ |
| | 5400 NORTH MIDWAY ROAD, RAYMOND, MS 39154 | | | |

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MISSISIPPI RURAL WATER ASSOCIATION INC

64-0610464

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

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

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

- 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.

| Nours for related organization (multiple organization should be organization organization should be organization | (A) Name and Title | (B) Average hours per week | box offi | not c , unle | Pos heck ss pe | more rson | than is bot | h an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|--|-----------------------|--|--------------------------------|-----------------------|----------------------|--------------|---------------------------------|---------------|----------------------------------|--|-------------------------------|
| SILL RUTLEDGE | | hours for related organizations below | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization | • | organization and related |
| (2) DAVID BOONE | (1) BILL RUTLEDGE | 0.50 | Ţ | | | | | | | | |
| VICE-PRESIDENT | PRESIDENT | | X | | | | | <u> </u> | 0. | 0. | 0. |
| (3) MACK LEE NATIONAL DIRECTOR (4) ANTHONY MCMULLEN SECRETARY-TREASURER (5) RICK SHEPHERD ASSOCIATE DIRECTOR (6) EVERETTE HILL DIRECTOR (7) BILL MARTIN DIRECTOR (8) JOHN CHILDS DIRECTOR (9) TERRY BOYETTE DIRECTOR (10) THAD SHOWS DIRECTOR (11) RICHARD MCLENDON DIRECTOR (12) GEORGE K. MAYFIELD CEO (13) CECILIA GARRIS | (2) DAVID BOONE | 0.50 | Į | | | | | | | | |
| NATIONAL DIRECTOR | VICE-PRESIDENT | | X | | | | | | 0. | 0. | 0. |
| (4) ANTHONY MCMULLEN 0.50 SECRETARY-TREASURER X 0.0.0 (5) RICK SHEPHERD 0.50 ASSOCIATE DIRECTOR X 0.0.0 (6) EVERETTE HILL 0.50 DIRECTOR X 0.0.0 (7) BILL MARTIN 0.50 DIRECTOR X 0.0.0 (8) JOHN CHILDS 0.50 DIRECTOR X 0.0.0 (9) TERRY BOYETTE 0.50 DIRECTOR X 0.0.0 (10) THAD SHOWS 0.50 DIRECTOR X 0.0.0 (11) RICHARD MCLENDON 0.50 DIRECTOR X 0.0.0 (12) GEORGE K. MAYFIELD 40.00 CEO X 94,786.0.0 | (3) MACK LEE | 0.50 |] | | | | | | | | |
| SECRETARY-TREASURER | NATIONAL DIRECTOR | | X | <u> </u> | | | | <u> </u> | 0. | 0. | 0. |
| (5) RICK SHEPHERD ASSOCIATE DIRECTOR (6) EVERETTE HILL DIRECTOR (7) BILL MARTIN DIRECTOR (8) JOHN CHILDS DIRECTOR (9) TERRY BOYETTE DIRECTOR (10) THAD SHOWS DIRECTOR (11) RICHARD MCLENDON DIRECTOR (12) GEORGE K. MAYFIELD C6) X | (4) ANTHONY MCMULLEN | 0.50 | | | | | | | | | |
| ASSOCIATE DIRECTOR | SECRETARY-TREASURER | | X | | | | <u> </u> | L | 0. | 0. | 0. |
| Column | (5) RICK SHEPHERD | 0.50 | | | | | | | | | |
| DIRECTOR X | ASSOCIATE DIRECTOR | | X | ļ | | | | <u> </u> | 0. | | 0 . |
| O | (6) EVERETTE HILL | 0.50 | | | | | | | | | |
| DIRECTOR X | DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (8) JOHN CHILDS | (7) BILL MARTIN | 0.50 | 1 | | | | | | | | |
| DIRECTOR | DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (9) TERRY BOYETTE 0.50 DIRECTOR X 0.00 0.00 (10) THAD SHOWS 0.50 0.00 0.00 DIRECTOR X 0.00 0.00 DIRECTOR X 0.00 0.00 (12) GEORGE K. MAYFIELD 40.00 X 94,786. 0.00 (13) CECILIA GARRIS 40.00 0.00 0.00 0.00 | (8) JOHN CHILDS | 0.50 | | | | | | i | | | |
| DIRECTOR | DIRECTOR | | X | | | | | | 0. | 0. | 0 . |
| (10) THAD SHOWS 0.50 DIRECTOR X (11) RICHARD MCLENDON 0.50 DIRECTOR X (12) GEORGE K. MAYFIELD 40.00 CEO X (13) CECILIA GARRIS 40.00 X 94,786. 0.0 0 0.0 0 | (9) TERRY BOYETTE | 0.50 | ļ | | | | | | _ | | _ |
| DIRECTOR X 0. 0. 0 (11) RICHARD MCLENDON 0.50 0. 0. 0 DIRECTOR X 0. 0. 0 0 (12) GEORGE K. MAYFIELD 40.00 X 94,786. 0. 0 CEO X 94,786. 0. 0 (13) CECILIA GARRIS 40.00 0 0 0 0 | | | X | | | | | | 0. | 0. | 0 . |
| (11) RICHARD MCLENDON 0.50 DIRECTOR X (12) GEORGE K. MAYFIELD 40.00 CEO X (13) CECILIA GARRIS 40.00 0.00 0.00 | | 0.50 | l | | | | | | | | |
| DIRECTOR X 0. 0. 0 (12) GEORGE K. MAYFIELD 40.00 X 94,786. 0. 0 CEO (13) CECILIA GARRIS 40.00 X 94,786. 0. 0 | | 0.50 | X | | | | _ | | 0. | 0. | 0 . |
| (12) GEORGE K. MAYFIELD 40.00 CEO X 94,786. 0.00 (13) CECILIA GARRIS 40.00 0.00 | | 0.50 | | | | | | | | | • |
| CEO X 94,786. 0. 0 (13) CECILIA GARRIS 40.00 | | 40.00 | X | | ļ | | | _ | 0. | 0. | υ, |
| (13) CECILIA GARRIS 40.00 | | 40.00 | 1 | | ,, | | | | 04 706 | • | • |
| | | 40.00 | | | X | | - | | 94,/86. | 0. | U . |
| MANAGEMENT X 85,643. U. U | | 40.00 | 1 | | ,, | | | | 05 643 | • | • |
| | MANAGEMENT | | | - | A | | | | 85,643. | 0. | |
| | | | | | | - | | | | | |
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Form 990 (2018)

\$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

MISSISIPPI RURAL WATER ASSOCIATION INC 64-0610464 Form 990 (2018) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under Related or Total revenue exempt function business sections 512 - 514 revenue revenue ons, Gifts, Grants Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues 1c c Fundraising events 1d d Related organizations 952,552. Contributions, and Other Simi e Government grants (contributions) 1e f All other contributions, gifts, grants, and 28,838. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ 981,390 h Total, Add lines 1a-1f Business Code 228,290. 228,290. 2 a MEMBERSHIP DUES & ASSE 900099 Program Service **b** TRAINING INCOME 611430 207,665. 207,665. c CONVENTION INCOME 192,905. 192,905. 611430 161,241. 161,241. d MISCELLANEOUS REVENUE 900099 66,380. 66,380. e ADVERTISING 541800 f All other program service revenue 856,481. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 5,068. 5,068. other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a 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 Business Code 11 a

0.

66,380.

d All other revenue e Total. Add lines 11a-11d Total revenue See instructions

842,939.

795,169.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, Management and general expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 180,429 180,429. 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) 382,785. 149,219. 233,566. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 62,163. 45,491. 16,672. Other employee benefits 93,609. 74,543. 19,066. 54,356. 31,233. Payroll taxes 23,123. 10 Fees for services (non-employees) 11 a Management 23,472. 23,472 Legal c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 61,826. 61,826. 12 Advertising and promotion Office expenses 13 14 Information technology 15 Royalties 16 Occupancy 221,359 139,736. 81,623 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 71.781 71,781 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 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.) INDIRECT EXPENSES 298,111. 161,222 136,889. <u>171,789</u>. TRAINING & MATERIALS 125,148. <u>46,641.</u> c MISCELLANEOUS 91,831 12,753. 79,078. 2,954 d MERCHANDISE 2,954. e All other expenses _ 1,716,465 745,185. 971,280. Total functional expenses Add lines 1 through 24e 0. 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 if following SOP 98-2 (ASC 958-720)

Form 990 (2018)
Part X Balance Sheet

| Par | t X· | Balance Sheet | | | | | |
|-------------|------|--|---------------------------------------|---------------------------------------|--------------------------|-------|--|
| | | Check if Schedule O contains a response or not | te to any | line in this Part X | | | |
| • | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 750,839. | 1 | 1,218,216. |
| | 2 | Savings and temporary cash investments | | ſ | 581,099. | 2 | 658,488 |
| | 3 | Pledges and grants receivable, net | | | 129,988. | 3 | 130,818 |
| | 4 | Accounts receivable, net | | 4 | | | |
| | 5 | Loans and other receivables from current and fo | | | | | |
| | | trustees, key employees, and highest compensations | | · · · · · · · · · · · · · · · · · · · | | | |
| | | Part II of Schedule L | | , | | 5 | |
| | 6 | Loans and other receivables from other disquali | fied pers | ons (as defined under | | | |
| | _ | section 4958(f)(1)), persons described in section | | | | | |
| | | employers and sponsoring organizations of section | | | | | |
| , | | employees' beneficiary organizations (see instr) | | - | | 6 | |
| 433613 | 7 | Notes and loans receivable, net | Compic | | | 7 | |
| î | 8 | Inventories for sale or use | | <u> </u> | | 8 | · · · · · · · · · · · · · · · · · · · |
| | 9 | Prepaid expenses and deferred charges | | | 12,287. | 9 | 10,559 |
| | | Land, buildings, and equipment cost or other | 1 | <u> </u> | 12,207 | | 10,333 |
| | | basis Complete Part VI of Schedule D | 10a | 829,914. | | | |
| | h | Less accumulated depreciation | 10b | 451,403. | 355,316. | 10c | 378,511 |
| | 11 | Investments - publicly traded securities | | 431,403. | | 11 | 3/0,311 |
| | 12 | Investments - other securities See Part IV, line | 11 | <u> </u> | 1,037,019. | 12 | 641,216 |
| | 13 | Investments - program-related See Part IV, line | | <u> </u> | 1,037,017. | 13 | 041,210 |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | 2,866,548. | 16 | 3,037,808 | | |
| - | 17 | Accounts payable and accrued expenses | <u>ai iii 6 54</u> | , | 239,351. | 17 | 250,880 |
| | 18 | Grants payable | | - | 237,331. | 18 | 230,000 |
| | 19 | Deferred revenue | | - | , <u>-</u> | 19 | 51,405 |
| | 20 | Tax-exempt bond liabilities | | - | | 20 | JI, ±0J |
| | 21 | Escrow or custodial account liability Complete | Part IV o | Schedule D | | 21 | · · · · |
| , | 22 | Loans and other payables to current and former | | — | | - | |
| ן נ | | key employees, highest compensated employee | | | | | 3 |
| Liabilities | | Complete Part II of Schedule L | , and c | isquainicu persons | | 22 | |
| ן בֿ | 23 | Secured mortgages and notes payable to unrela | ated third | l narties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelate | | · – | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | • | _ | | 27 | |
| | | parties, and other liabilities not included on lines | | | | | |
| | | Schedule D | · · · · · · · · · · · · · · · · · · · | Sompleto Fall 7. Of | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | <u> </u> | 239,351. | 26 | 302,285. |
| | | Organizations that follow SFAS 117 (ASC 958 | 3), check | here X and | | | 002/200 |
| , | | complete lines 27 through 29, and lines 33 an | •• | more and and | | | |
| ! | 27 | Unrestricted net assets | | | 2,538,214. | 27 | 2,639,619 |
| | 28 | Temporarily restricted net assets | | <u> </u> | 88,983. | 28 | 95,904 |
| | 29 | Permanently restricted net assets | | - | 00/3001 | 29 | 337301 |
| , | | Organizations that do not follow SFAS 117 (A | SC 958) | check here | | | ······································ |
| | | and complete lines 30 through 34. | S.I.SOR IIGIC P | | | | |
| ; | 30 | Capital stock or trust principal, or current funds | | | 30 | | |
| | 31 | Paid-in or capital surplus, or land, building, or ed | | 31 | . | | |
| : | 32 | Retained earnings, endowment, accumulated in | | | | 32 | · ···································· |
|) | JE | <u> </u> | | | 2,627,197. | 33 | 2,735,523. |
| - | 33 | Total net assets or fund balances | | | 2. h 2.1 14.1 | 1 4 4 | / / 1 7 7 7 4 |

| | 1990 (2018) MISSISIPPI RURAL WATER ASSOCIATION INC | 6 <u>4</u> - | 0610464 | Pag | ge 12 |
|----|---|--------------|-------------|----------|---|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| • | | 1 1 | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,842 | 2,9 | 39. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,716 | 5,4 | 65. |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | 74. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 2,627 | 7,1 | 97. |
| 5 | Net unrealized gains (losses) on investments | 5 | -18 | 3,1 | 48. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (B)) | 10 | 2,735 | 5,5 | 23. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 Cash X Accrual Other | | | | 1 |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | 0 | أ بنغيراً ا | <u>*</u> | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | a no b | [,] | ٠, | . 4 |
| | separate basis, consolidated basis, or both | | ' | ۸. | . { |
| | Separate basis Consolidated basis Both consolidated and separate basis | | , | · 7 *, | 2 |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basis | , ; | • | |
| | consolidated basis, or both | | [• .] | | 1. Par |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | , p | | عرب الأموا المراجع المراجع |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audıt, | , | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | edule C | | | - ` * |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Au | dıt | | |
| | Act and OMB Circular A-133? | | 3a | X | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ired aud | tit | Ç | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | X | |

Form **990** (2018)

SCHEDULE A

Department of the Treasury Internal Revenue Service

<u>Total</u>

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

2018
Open to Public Inspection

Name of the organization

Employer identification number

| | | MISS | ISIPPI RUR | <u>AL WATER ASS</u> | OCIAT | ION I | NC | 6 | 4- <u>06104</u> 64 | |
|------|--------------|---------------------------------|------------------------|---|-------------------------------------|-----------------|--------------------|------------|--------------------------|------|
| Pa | rt I | Reason for Public (| | | | | | | | |
| he d | organi | zation is not a private found | | | | | | | ^ | |
| | | A church, convention of chi | | | | | IV A Vil | 7 | J/ | |
| 1 | H | • | | | | | ·/(^/(')• | - 1 |)/ | |
| 2 | = | A school described in secti | | | | | | | / [| |
| 3 | = | A hospital or a cooperative | | | | | • | | | |
| 4 | \Box | A medical research organization | ation operated in co | njunction with a hospital | described | I in sectio | n 170(b)(1)(A)(ii | i). Enter | the hospital's name | • |
| | | city, and state. | | | | | | | | |
| 5 | \Box | An organization operated for | or the benefit of a co | llege or university owner | d or operat | ed by a go | overnmental uni | t describ | ed in | |
| | | section 170(b)(1)(A)(iv). (C | Complete Part II) | | | | | | | |
| 6 | | A federal, state, or local gov | vernment or governr | nental unit described in : | section 17 | '0(b)(1)(A) | (v). | | | |
| 7 | \mathbf{X} | An organization that normal | lly receives a substa | intial part of its support f | rom a gov | ernmental | unit or from the | general | public described in | |
| | | section 170(b)(1)(A)(vi). (Co | omplete Part II) | | • | | | • | | |
| 8 | | A community trust describe | | (1)(A)(vi), (Complete Par | t II) | | | - | | |
| 9 | 一 | An agricultural research org | • • | • • • • • • • | • | ed in coniii | inction with a la | nd-grant | college | |
| 9 | | • | | | • | - | | _ | - | |
| | | or university or a non-land-g | graint conege or agric | diture (see instructions) | Enter the | name, city | , and state of the | ie colleg | 6 01 | |
| | | university. | | | | | | | | |
| 10 | لب | An organization that norma | | | | | | | | |
| | | activities related to its exem | npt functions - subje | ct to certain exceptions, | and (2) no | more tha | n 33 1/3% of its | support | from gross investm | ent |
| | | income and unrelated busing | ness taxable income | (less section 511 tax) from | om busine | sses acqu | ured by the orga | ınızatıon | after June 30, 1975 | |
| | | See section 509(a)(2). (Cor | mplete Part III) | | | | | | | |
| 11 | | An organization organized a | and operated exclus | ively to test for public sa | fety See | section 50 |)9(a)(4). | | | |
| 12 | | An organization organized a | and operated exclus | ively for the benefit of, to | perform | he functio | ns of, or to carr | y out the | purposes of one or | |
| | | more publicly supported or | ganizations describe | ed in section 509(a)(1) o | rsection | 509(a)(2). | See section 50 | 9(a)(3). C | Check the box in | |
| | | lines 12a through 12d that | describes the type o | of supporting organization | n and com | plete lines | s 12e. 12f. and 1 | 12a | | |
| а | | Type I. A supporting orga | • • | | | - | | - | aivina | |
| - | | the supported organization | | | | | | | | |
| | | organization You must c | | • | a majority | or the direc | ciors or trustees | 01 1116 3 | apporting , | |
| | | n ⁻ | • | | | | | a) lala | | |
| D | L- | Type II. A supporting orga | | | | | • | • | • | |
| | | control or management o | | | ame perso | ns that co | ontrol or manage | the sup | ported | |
| | | organization(s). You mus | t complete Part IV, | Sections A and C. | | | | | | |
| С | L_ | Type III functionally inte | grated. A supportin | g organization operated | in connec | tion with, a | and functionally | ıntegrate | ed with, | |
| | | ıts supported organizatioi | n(s) (see instructions | s) You must complete I | Part IV, Se | ctions A, | D, and E. | | | |
| d | L | Type III non-functionally | y integrated. A supp | orting organization oper | ated in co | nnection v | vith its supporte | d organi | zation(s) | |
| | | that is not functionally int | egrated The organiz | zation generally must sat | tisfy a dist | ribution re | quirement and a | ın attent | iveness | |
| | | requirement (see instructi | ions) You must cor | nplete Part IV, Sections | A and D, | and Part | V. | | | |
| е | | Check this box if the orga | anization received a | written determination fro | m the IRS | that it is a | Type I, Type II, | Type III | | |
| | | functionally integrated, or | | | | | | ,, | | |
| f | Ente | r the number of supported of | | ,, | | | | | | |
| q. | | ide the following information | • | od organization(s) | | | | | · | |
| | |) Name of supported | (II) EIN | (III) Type of organization | (iv) is the orga in your governi | nization listed | (v) Amount of m | onetary | (vi) Amount of other | |
| | | organization | | (described on lines 1 10 | Yes | No | support (see inst | ructions) | support (see instruction | ons) |
| | | | | above (see instructions)) | 163 | 140 | | | | |
| | | 1 | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2018 MISSISIPPI RURAL WATER ASSOCIATION INC 64-0610464 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| 8 | talls to qualify under the tests | , ii3tea below, piea | | '' ; | | | |
|-----|---|------------------------|---------------------|---------------------------|---------------------|---------------------|----------------|
| | etion A. Public Support | () 0044 | #1.0045 | (-) 0040 | (4) 0047 | (=) 0010 | (O T-1-1 |
| | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| | include any "unusual grants ") | 1,148,765, | 1,245,920. | 1,263,624. | 1,183,857. | 1,209,680. | 6,051,846 |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | • | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| | Total. Add lines 1 through 3 | 1,148,765. | 1,245,920. | 1,263,624. | 1,183,857. | 1,209,680, | 6,051,846 |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | [| | | | . | |
| | supported organization) included |) | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| | Public support. Subtract line 5 from line 4 |] | | | | | 6,051,846 |
| | ction B. Total Support | 1 | 1111 | | | | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| | Amounts from line 4 | 1,148,765. | 1,245,920. | 1,263,624. | 1,183,857, | 1,209,680. | 6,051,846 |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | 1000 | 0 600 | | 40 40 | - 0.00 | 44 050 |
| | and income from similar sources | 10,997. | 8,682. | 6,134. | 10,197. | 5,068. | 41,078 |
| 9 | Net income from unrelated business | | | | i | | |
| | activities, whether or not the | | | | 40 -00 | | |
| | business is regularly carried on | -14,313. | -5,384. | -2,030. | 10,508. | 4,554. | -6,665 |
| 10 | Other income Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI) | 381,129. | 422,197. | 435,241. | 520,453. | 561,811. | 2,320,831 |
| 11 | Total support. Add lines 7 through 10 | | | | | | 8,407,090 |
| 12 | Gross receipts from related activities, | • | | | | 12 | <u></u> |
| 13 | First five years. If the Form 990 is fo | r the organization's | first, second, thir | d, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) | |
| | organization, check this box and stor | | | | | | <u> </u> |
| | ction C. Computation of Publ | | | | | - | |
| 14 | Public support percentage for 2018 (| | | olumn (f)) | | 14 | 71.99 |
| 15 | Public support percentage from 2017 | ' Schedule A, Part | II, line 14 | | | 15 | 73.49 |
| 16a | 33 1/3% support test - 2018. If the | organization did no | t check the box or | n line 13, and line | 14 is 33 1/3% or n | nore, check this bo | |
| | stop here. The organization qualifies | as a publicly supp | orted organization | | | | ►LX |
| b | 33 1/3% support test - 2017. If the | organization did no | t check a box on I | ine 13 or 16a, and | line 15 is 33 1/3% | or more, check th | ns box |
| | and stop here. The organization qual | lifies as a publicly s | supported organiza | ation | | | ▶∟ |
| 17a | 10% -facts-and-circumstances tes | t - 2018. If the org | anization did not c | heck a box on line | 13, 16a, or 16b, a | and line 14 is 10% | or more, |
| | and if the organization meets the "fac | cts-and-circumstan | ces" test, check th | nis box and stop h | ere. Explain in Pai | rt VI how the organ | ization |
| | meets the "facts-and-circumstances" | test. The organiza | tion qualifies as a | publicly supported | dorganization | | ▶□ |
| b | 10% -facts-and-circumstances tes | t - 2017. If the org | anization did not c | heck a box on line | 3 13, 16a, 16b, or | 17a, and line 15 is | 10% or |
| | more, and if the organization meets the | he "facts and-circu | mstances" test, cl | neck this box and | stop here. Explain | in Part VI how the | |
| | organization meets the "facts-and-circ | cumstances" test | The organization o | qualifies as a public | cly supported orga | anization | ▶□ |
| 18 | Private foundation. If the organization | on did not check a | box on line 13, 16 | a, 16b, 17a, or 17b | o, check this box a | ind see instruction | s • |
| | | | | · | Sche | dule A (Form 990 | or 990-EZ) 201 |

64-0610464 Page 3 Schedule A (Form 990 or 990-EZ) 2018 MISSISIPPI RURAL WATER ASSOCIATION INC

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support (f) Total (e) 2018 (a) 2014 (b) 2015 (c) 2016 (d) 2017 Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6) Section B. Total Support (b) 2015 Calendar year (or fiscal year beginning in) (a) 2014 (c) 2016 (d) 2017 (e) 2018 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 % 16 Public support percentage from 2017 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage % 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 18 Investment income percentage from 2017 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2018 MISSISIPPI RURAL WATER ASSOCIATION INC 64-0610464 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

| Section A | A. All | Supporting | Organizations |
|-----------|--------|------------|----------------------|
| | | | |

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

| | | Yes | No |
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| | dule A (Form 990 or 990 EZ) 2018 MISSISIPPI RURAL WATER ASSOCIATION INC 64-06 | 1046 | 4 Pa | age 5 |
|----------|--|------------------|------|--------------|
| Pai | rt IV Supporting Organizations (continued) | | | |
| | | | Yes | No |
| 11 ' | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| <u>C</u> | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | l | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | [| | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | • | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | Ì |
| | the supported organization(s) | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | . _ | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | 111 |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| _ | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s) | 2 | - | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | • | |
| | supported organizations played in this regard | 3 | | ' ' |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | · |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions | · | | |
| a | The organization satisfied the Activities Test Complete line 2 below | ,. | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below | | | |
| c | The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins | tructions | :) | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| – a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | 103 | 110 |
| ŭ | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | 1 | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | ĺ | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities | 2a | | 1 |
| h | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| b | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | | . | | |
| • | activities but for the organization's involvement | 2b | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. |] : | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | _ | | |
| L | trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard | ۱ | | |
| | or no copported organizations: it is a describe in Fart vi the role played by the organization in this regard | <u>3b</u> | | L |

| | dule A (Form 990 or 990 EZ) 2018 MISSISIPPI RURAL WATER TV Type III Non-Functionally Integrated 509(a)(3) Supportin | | | -0610464 Page 6 |
|------|--|--------------|---------------------------------------|---------------------------------------|
| | Type the terror and t | | | |
| 1, | Check here if the organization satisfied the Integral Part Test as a qualifying | | | π VI) See instructions. Al |
| Sect | other Type III non-functionally integrated supporting organizations must co ion A - Adjusted Net Income | ompiete Se | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | ··· |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | 1 | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | · · · · · · · · · · · · · · · · · · · |
| | on B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | • • |
| | instructions for short tax year or assets held for part of year) | , | | |
| а | Average monthly value of securities | 1a | | |
| ь | Average monthly cash balances | 1b | | |
| _ c | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI) | _ | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | , | |
| 4 | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, | | | |
| | see instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 035 | 6 | · · · · · · · · · · · · · · · · · · · | |
| _7_ | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | on C - Distributable Amount | | . 3 | Current Year |
| _1_ | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | , 4 | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | · | |
| | emergency temporary reduction (see instructions) | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | ly integrate | d Type III supporting organ | zation (see |

instructions)

Schedule A (Form 990 or 990 EZ) 2018 MISSISIPPI RURAL WATER ASSOCIATION INC 64-0610464 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (ı) (iii) (m) **Underdistributions** Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2018 a From 2013 **b** From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount Carryover from 2013 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2018 from Section D. a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2019. Add lines 3j and 4c 8 Breakdown of line 7 a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017 e Excess from 2018

Schedule A (Form 990 or 990-EZ) 2018

| Part | VI Sup Part I line 1 Section | plemental I V, Section A, li , Part IV, Secti | informatio nes 1, 2, 3b, on D, lines 2 | on. Provide th 3c, 4b, 4c, 5a and 3, Part IV, | e explanation, 6, 9a, 9b, Section E, | ons required by Part 9c, 11a, 11b, and 1 lines 1c, 2a, 2b, 3a, 5, and 6 Also comp | II, line 10; Par Ic, Part IV, Sec and 3b, Part \ | t II, line 17a or 17b ction B, lines 1 and /, line 1, Part V, Sec | 2, Part IV, Section C, ction B, line 1e, Part V, |
|------|---------------------------------------|--|---|--|---|--|--|---|--|
| SCHI | EDULE 2 | A, PART | II, SI | ECTION E | B, LIN | E 10 | | | |
| THE | OTHER | INCOME | TOTAL | IS THE | TOTAL | CONVENTIO | N FEES, | TRAINING | INCOME, |
| AND | OTHER | REVENU | ES NOT | SPECIFI | CALLY | RECORDED | ELSEWHE | RE. | |
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SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

2018
Open to Public Linspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

| Section | on 501(c)(4), (5), or (6) organiza | itions Complete Part III | | | |
|---------------|---------------------------------------|-------------------------------------|--------------------------|--------------------------|--|
| Name of | organization | | | Empl | oyer identification number |
| | MISSISI | PPI RURAL WATER | ASSOCIATION | INC | 64-0610464 |
| Part I- | A Complete if the org | ganization is exempt un | der section 501(c) | or is a section 527 o | rganization. |
| | | | | | |
| 1 Prov | ide a description of the organi | zation's direct and indirect politi | cal campaign activities | | |
| 2 Polit | cal campaign activity expendi | tures | | ▶ \$ | |
| 3 Volu | nteer hours for political campa | ign activities | | | |
| Part I- | B Complete if the ord | ganization is exempt un | der section 501(c) | (3). | · · · · · · · · · · · · · · · · · · · |
| | | incurred by the organization un | | ▶ \$ | |
| 2 Ente | r the amount of any excise tax | incurred by organization manage | ers under section 4955 | > \$ | |
| 3 If the | organization incurred a section | on 4955 tax, did it file Form 4720 |) for this year? | | Yes No |
| 4a Was | a correction made? | | · | | Yes No |
| | es," describe in Part IV | | | | |
| Part I- | C Complete if the org | ganization is exempt und | der section 501(c) | , except section 501(| c)(3). |
| 1 Ente | r the amount directly expende | d by the filing organization for se | ection 527 exempt func | tion activities > \$ | |
| 2 Ente | r the amount of the filing organ | nization's funds contributed to o | ther organizations for s | ection 527 | |
| exen | npt function activities | | | ▶\$ | |
| 3 Tota | exempt function expenditures | s Add lines 1 and 2 Enter here | and on Form 1120-POL | 1 | |
| line : | 7b | | | ▶ \$ | |
| 4 Did t | he filing organization file Form | 1120-POL for this year? | | | Yes No |
| | | mployer identification number (E | | | |
| | | ition listed, enter the amount pa | | | |
| | | omptly and directly delivered to | | | te segregated fund or a |
| politi | cal action committee (PAC) If | additional space is needed, pro | vide information in Part | IV | |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from | (e) Amount of political |
| | | | | filing organization's | contributions received and promptly and directly |
| | | | | funds If none, enter -0- | delivered to a separate |
| | | | | | political organization |
| | | | ļ | | If none, enter -0- |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2018 -

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| Schedule C (Form 990 or 990 EZ) 2018 | MISSISIPPI | RURAL WATER | ASSOCIATIO | N INC 64-0 | 610464 Page 2 |
|--|---|---------------------------------------|---|----------------------------------|--------------------------------|
| Part II-A Complete if the org section 501(h)). | anization is exe | empt under section | n 501(c)(3) and file | ed Form 5768 (el | |
| | tion belongs to an af | filiated group (and list in | Part IV each affiliated | group member's nam | e, address, EIN, |
| | e of excess lobbying | | | 3 . | |
| B Check > if the filing organiza | tion checked box A | and "limited control" pro | visions apply | | |
| Limi | ts on Lobbying Expo ditures" means amo | enditures ounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to influ | uence public opinion | (grass roots lobbying) | | | |
| b Total lobbying expenditures to influ | • | | ļ | 17,167. | |
| c Total lobbying expenditures (add li | - | 3, | 1 | 17,167. | |
| d Other exempt purpose expenditure | · | | | 595,966. | |
| e Total exempt purpose expenditure | | ld) | Ī | 613,133. | |
| f Lobbying nontaxable amount Ente | er the amount from the | he following table in bot | h columns | 116,970. | |
| If the amount on line 1e, column (a) o | r (b) is: The lo | bbying nontaxable am | ount is: | | |
| Not over \$500,000 | | f the amount on line 1e | | | |
| Over \$500,000 but not over \$1,000 | 0,000 \$100,0 | 000 plus 15% of the exc | ess over \$500,000 | | |
| Over \$1,000,000 but not over \$1,5 | 00,000 \$175,0 | 000 plus 10% of the exc | ess over \$1,000,000. | | |
| Over \$1,500,000 but not over \$17, | .000,000 \$225,0 | 000 plus 5% of the exce | ss over \$1,500,000 | | |
| Over \$17,000,000 | \$1,000 | 0,000 | | | |
| | | | | | |
| g Grassroots nontaxable amount (en | iter 25% of line 1f) | | | 29,243. | |
| h Subtract line 1g from line 1a If zer | o or less, enter -0- | | | 0. | |
| i Subtract line 1f from line 1c If zero | or less, enter -0- | | l | 0. | |
| J If there is an amount other than ze | ro on either line 1h o | r line 1, did the organiza | ation file Form 4720 | _ | |
| reporting section 4911 tax for this | year? | | | | Yes No |
| (Some organizations the | hat made a section See the sepa | rate instructions for li | have to complete all ones 2a through 2f.) | of the five columns b | elow. |
| | Lobbying Exp | enditures During 4-Yea | r Averaging Period | | |
| Calendar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
| 2a Lobbying nontaxable amount | 134,997 | 137,710. | 123,709. | 116,970. | 513,386. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 770,079. |
| c Total lobbying expenditures | 6,049 | 5,765. | 3,654. | 17,167. | 32,635. |
| d Grassroots nontaxable amount | 33,749 | 34,428. | 30,927. | 29,243. | 128,347. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 192,521. |

Schedule C (Form 990 or 990-EZ) 2018

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990 EZ) 2018 MISSISIPPI RURAL WATER ASSOCIATION INC 64-0610464 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description | |) | (b) | | |
|--|-------------------|-------------|-------------|--------------|--|
| of the lobbying activity | Yes | No | Amo | unt | |
| During the year, did the filing organization attempt to influence foreign, national, state, or | • | , | | | |
| local legislation, including any attempt to influence public opinion on a legislative matter | | | Ł | | |
| or referendum, through the use of | | | | | |
| a Volunteers? | | | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | | |
| c Media advertisements? | | | | | |
| d Mailings to members, legislators, or the public? | | | | | |
| e Publications, or published or broadcast statements? | | | | | |
| f Grants to other organizations for lobbying purposes? | _ | | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | | |
| h Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | | |
| Other activities? | | _ | | | |
| Total Add lines 1c through 1i | | | | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | , | | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | | |
| Part III-A Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6). | tion 501(c)(| 5), or se | ction | | |
| | | | Yes | No | |
| 1 Were substantially all (90% or more) dues received nondeductible by members? | | 1 | | | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | 2 | | | |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from | the prior year | | | | |
| answered "Yes." 1 Dues, assessments and similar amounts from members | | 1 | | | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political | itical | | | | |
| expenses for which the section 527(f) tax was paid). | | | | | |
| a Current year | | 2a | | | |
| b Carryover from last year | | 2b | | | |
| c Total | | 2c | | | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | 3 | | | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e | xcess | | | | |
| does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and | | | | | |
| expenditure next year? | , | 4 | | | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | | 5 | | | |
| Part IV Supplemental Information | | | | . | |
| Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gro | un list) Part II- | A lines 1 a | nd 2 (see | | |
| nstructions), and Part II-B, line 1 Also, complete this part for any additional information | | , ,, | | | |
| The state of the s | | | | | |
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SCHEDULE D

Department of the Treasury

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990.

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

Attach to Form 990.

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

2018
Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

Schedule D (Form 990) 2018

MISSISIPPI RURAL WATER ASSOCIATION INC 64-0610464 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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? 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" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear -Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 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) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 Revenue included on Form 990, Part VIII, line 1b Assets included in Form 990, Part X

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

| | ndule D (Form 990) 2018 MISSISI rt III Organizations Maintaining C | PPI RURAL ollections of A | | | | | | 64-06 ar Asse | | | |
|-----|---|---------------------------|------------|---|----------------|--------------|----------|------------------|------------|------------|-------------|
| 3 | Using the organization's acquisition, accessi | | | | | | | | | | |
| | (check all that apply) | · | • | , | • | | | | | | - |
| а | Public exhibition | d | | Loan or exc | hange progra | ıms | | | | | |
| b | Scholarly research | e | | Other | 0.0 | | | | | | |
| С | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explai | n how th | ney further t | he organizatio | on's exem | pt purp | ose in Pari | XIII | | |
| 5 | During the year, did the organization solicit o | • | | • | _ | | | | | | |
| | to be sold to raise funds rather than to be ma | | | | | | | | Yes | | □No |
| Pa | rt IV Escrow and Custodial Arran reported an amount on Form 990, Pai | | ete if the | organizatio | n answered " | Yes" on F | orm 990 |), Part IV, | | r | |
| 1a | Is the organization an agent, trustee, custod | | tiary for | contribution | s or other as | sets not ii | ncluded | | | | |
| | on Form 990, Part X? | | , .c. | 00///////////////////////////////////// | .0 0. 00. 40. | | .0.000 | | Yes | | □No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fo | llowing | table | | | | | | | |
| _ | ree, explain the analigement in the arrivin | | | .ubio | | | | _ | Amoun | t | |
| С | Beginning balance | | | | | | 1c | | 7 11110011 | • | |
| d | Additions during the year | | | | | | 1d | | | - | |
| e | Distributions during the year | | | | | | 1e | | | | |
| f | Ending balance | | | | | | 1f | | | | |
| 2a | | orm 990. Part X. line | 21. for | escrow or cu | ustodial accor | unt liabilit | | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII | | | | | | • | | | | Ē ``` |
| Pa | | | | | | |) | | | | |
| | | (a) Current year | | rior year | (c) Two year | | | ears back | (e) Fou | r years | back |
| 1a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | • | 1 | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | - | | | | | |
| е | Other expenditures for facilities | | | | - | | | | | | |
| | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | ent year end balanc | e (line 1 | g, column (a | a)) held as | | | | | | |
| а | Board designated or quasi-endowment | | _% | | | | | | | | |
| þ | Permanent endowment > | % | | | | | | | | | |
| С | Temporarily restricted endowment | % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | uld equal 100% | | | | | | | | | |
| За | Are there endowment funds not in the posse | ssion of the organiza | ation tha | at are held a | nd administei | red for the | organiz | zation | | | |
| | by | | | | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | | | | 3a(ı) | | |
| | (ii) related organizations | | | | | | | | 3a(iı) | | |
| þ | If "Yes" on line 3a(ii), are the related organiza | | | | | | | | 3b | | <u></u> |
| 4 | Describe in Part XIII the intended uses of the | | wment | funds | | | | | | | |
| Pai | t VI Land, Buildings, and Equipm | | | | | | | | | | |
| | Complete if the organization answered | "Yes" on Form 990 |), Part IV | /, line 11a S | ee Form 990 | , Part X, lı | ne 10 | | | _ | |
| | Description of property | (a) Cost or o | | | or other | (c) Acc | umulate | ed | (d) Boo | k valu | e |
| | | basis (investr | nent) | basis (| | depr | eciation | | | | |
| | Land | <u> </u> | | | 2,236. | , . | | | | | <u> 36.</u> |
| b | Buildings | | | 34 | <u>2,180.</u> | 1 | 65,6 | 07. | 17 | <u>6,5</u> | <u>73.</u> |
| С | Leasehold improvements | | | | | | | | | | |
| d | Equipment | | | | <u>9,971.</u> | | 62,9 | | | | <u>63.</u> |
| | Add lines 1a through 1e (Column (d) must o | 15 200 0 1 | | | <u>5,527.</u> | 1 | 22,8 | 88. | <u>1</u> | <u>2,6</u> | <u>39.</u> |

Schedule D (Form 990) 2018

| | RURAL WATER | ASSOCIATION INC | 64-0610464 Page 3 |
|---|---------------------------|---|---------------------------------------|
| Part VII Investments - Other Securities. | | | |
| Complete if the organization answered "Yes" o | | | |
| (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 | <u> </u> | | |
| (A) MUTUAL FUNDS | 641,216 | END-OF-YEAR MAR | KET VALUE |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | - - |
| (F) | | | - |
| (G) | | | |
| (H) | 6/1 216 | , | |
| Total (Col. (b) must equal Form 990, Part X, col (B) line 12.) ▶ ☐ Part VIII Investments - Program Related. | 641,216 | ·•L., | |
| | F 000 D-+W/L | 11- 0 F 000 D- LV L 10 | |
| Complete if the organization answered "Yes" o (a) Description of investment | (b) Book value | (c) Method of valuation. Cost | or end-of-year market value |
| | (b) Book value | (c) Method of Valdation Cost | or end or year market value |
| (1) (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total (Col (b) must equal Form 990, Part X, col. (B) line 13.) | | | -, |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" o | on Form 990, Part IV, Iir | ne 11d See Form 990. Part X. line 15 | |
| | Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | 15) | | |
| Part X Other Liabilities. | | | |
| Complete if the organization answered "Yes" o | n Form 990, Part IV, Iir | ne 11e or 11f See Form 990, Part X, | line 25. |
| 1. (a) Description of liability | | (b) Book value | |
| (1) Federal income taxes | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total (Column (h) must equal Form 990, Part Y, col. (P) line | 251 | i | |

Schedule D (Form 990) 2018 -

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 X

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

| | dule D (Form 990) 2018 MISSISIPPI RURAL WATER ASS | | | | 0610464 Page 4 |
|------------|---|-------------|-------------------------------|----------------|-------------------------------|
| Par | TXI Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | | ith Revenue per h | eturn | • |
| | | | | T ₁ | 1,824,791. |
| 1` | Total revenue, gains, and other support per audited financial statements | | | <u></u> | 1,024,131. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | ا ۔۔ ا | -18,148. | | |
| а | Net unrealized gains (losses) on investments | 2a | -10,140. | 1 | |
| þ | Donated services and use of facilities | 2b | | 1 | |
| С | Recoveries of prior year grants | 2c | | - | |
| d | Other (Describe in Part XIII) | 2d | | | 10 140 |
| е | Add lines 2a through 2d | | | 2e | $\frac{-18,148.}{1,842,939.}$ |
| 3 | Subtract line 2e from line 1 | | | 3 | 1,842,939. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | 1 . 1 |] | ' | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | ' | |
| b | Other (Describe in Part XIII) | 4b | <u> </u> | | 0 |
| С | Add lines 4a and 4b | | | 4c | 1 040 030 |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | V | Val. Francisco | 5 | 1,842,939. |
| Pai | rt XII Reconciliation of Expenses per Audited Financial Statem | | vitn Expenses per | Ketu | rn. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | | | | 1 716 465 |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 1,716,465. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | 1 1 | 1 | | |
| а | Donated services and use of facilities | 2a | | {` | |
| b | Prior year adjustments | 2b | | | |
| С | Other losses | 2c | | - | |
| d | Other (Describe in Part XIII) | 2d | | - - | • |
| е | Add lines 2a through 2d | | | <u>2e</u> | 0. |
| 3 | Subtract line 2e from line 1 | | | 3 | 1,716,465. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1. | 1 1 | 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | - I | |
| þ | Other (Describe in Part XIII) | 4b | | | _ |
| С | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | | | 5 | 1,716,465. |
| | rt XIII Supplemental Information. | | | | |
| | ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part | | | 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 add | ditional in | nformation | | |
| | | | | | |
| PAI | RT X, LINE 2: | | | | |
| FAS | SB ASC 740, ACCOUNTING FOR UNCERTAINTY IN | INCO | ME TAXES. CI | ARI | FIES THE |
| | | | | | |
| <u>ACC</u> | COUNTING FOR UNCERTAINTY IN TAX POSITIONS | AND_ | THE RECOGNIT | NOI | OF SUCH |
| TNO | COME TAX POSITIONS TAKEN OR EXPECTED TO BE | ! ጥልኛ | EN IN THE AS | SOC. | TATTON'S |
| | | | | | |
| INC | COME TAX RETURNS. THE ASSOCIATION'S INCOME | TAX | RETURNS ARE | SU | BJECT TO |
| rv, | AMINATION BY TAXING AUTHORITIES, GENERALLY | , EOD | שמטטי עניאסט מאטטיי עניאסט | י אנדיי | יים הטבע |
| عمن | TINATION DI TAXING AUTHORITIES, GENERALLI | FUR | INKEE IEAKS | Ar. | TEV TUET |
| ARI | E FILED. THE ASSOCIATION'S OPEN TAX PERIOD | S AR | E 2015-2017. | IN | EVALUATING |
| тні | ASSOCIATION'S TAX POSITIONS, THE ASSOCIA | ттои | BELIEVES TH | ETR | ESTIMATES |
| | | | | | |
| ARI | E APPROPRIATE BASED ON CURRENT FACTS AND C | IRCU | MSTANCES AND | THZ | AT NO |
| UNC | CERTAIN TAX PROVISIONS WERE TAKEN. | | | | · |
| | | | | | |

| Schedule D | (Form 990) 2018 | MISSISIPPI nformation (continued) | RURAL | WATER | ASSOCIATION | INC | 64-0610464 Pa | age 5 |
|------------|-----------------|---|---------------------------------------|-------------|---------------------------------------|--|---------------|-------|
| Part XIII | Supplemental | nformation (continued) | | | | | | |
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SCHEDULE O

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Öpen to Public Inspection

OMB No 1545-0047

Employer identification number

Schedule O (Form 990 or 990-EZ) (2018)

MISSISIPPI RURAL WATER ASSOCIATION INC 64-0610464 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SERVICES TO MEET THE NEEDS OF OUR MEMBERS AND OUR STATE. FORM 990, PART VI, SECTION A, LINE 6: MSRWA HAS MEMBERS AND STOCKHOLDERS. FORM 990, PART VI, SECTION A, LINE 7A: MSRWA HAS MEMBERS, STOCKHOLDERS, OR OTHER PERSONS WHO HAVE THE POWER TO ELECT OR APPOINT ONE OR MORE MEMBERS OF THE GOVERNING BODY. FORM 990, PART VI, SECTION A, LINE 7B: SOME GOVERNANCE DECISIONS OF MSRWA ARE RESERVED TO (OR SUBJECT TO APPROVAL BY) MEMBERS, STOCKHOLDERS, OR PERSONS OTHER THAN THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS OF MSRWA. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY WATCHING THE MEMBERSHIP LIST AND MAKING SURE THAT NO CURRENT EMPLOYEES ARE EMPLOYED BY ANY MEMBERS. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS REVIEWS THE SALARY OF THE CEO AND DETERMINES THE AMOUNT OF SALARY. THE EXECUTIVE DIRECTOR REVIEWS THE SALARIES OF EMPLOYEES AND MAKES A RECOMMENDATION OF SALARIES TO THE BOARD OF DIRECTORS WHO HAVE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

| Name of the organization MISSISIPPI RURAL WATER ASSOCIATION INC | Employer identification number 64-0610464 |
|--|---|
| THE FINAL APPROVAL OF ALL SALARIES. | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| THE CHARTER AND BYLAWS ARE ON FILE WITH THE STATE OF MISS | SISSIPPI. FINANCIAL |
| STATEMENTS AND FORM 990 AND 990T ARE AVAILABLE UPON REQUE | CST. |
| FORM 990, PART XII, LINE 2C: | |
| THE OVERSIGHT PROCESS OR SELECTION PROCESS WAS NOT CHANGE | D DURING THE |
| TAX YEAR. | |
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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number 64-0610464 Part I dentification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 MISSISIPPI RURAL WATER ASSOCIATION INC Name of the organization

Direct controlling entity End-of-year assets <u>e</u> Total income ত্ত Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year

| Section 512(b)(13) controlled entity? | õ | | | | | | |
|--|------------|--|--|--|--|--|--|
| Section 5 | Yes | | | | | | |
| (f) Direct controlling entity | | | | | | | |
| (e) Public charity status (if section | 501(c)(3)) | | | | | | |
| (d) Exempt Code section | | | | | | | |
| (c) Legal domicile (state or foreign country) | | | | | | | |
| (b) Primary activity | | | | | | | |
| (a) Name, address, and EiN of related organization | | | | | | | |

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

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

General or Percentage managing ownership 3 Yes No 9 Code V-UBI amount in box (20 of Schedule -K-1 (Form 1065) Ξ Orsproportronate Yes allocations? Ξ Share of end-of-year assets <u>6</u> Share of total income $\boldsymbol{\varepsilon}$ Predominant income (related, unrelated, excluded from tax under sections 512-514) e (d)
| Direct controlling entity (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| organizations treated as a colporation of the tax year. | illig tile tan year. | | | | | | | | 1 |
|---|----------------------|--|---------------------------|---|-----------------------|-----------------------------|-------------------------|--|---------|
| (e) | (q) | (0) | (p) | (e) | (J) | (6) | (h) | Ξ | |
| Name, address, and EIN of related organization | Primary activity | Legat domicile (state or foreign | Direct controlling entity | Type of entity (C corp, S corp, or trust) | Share of total income | Share of end-of-year assets | Percentage ownership | section 512(b)(13) controlled entity? | <u></u> |
| MISSISSIPPI WASTE & WASTEWATER - 58-5354723 5400 NORTH MIDWAY ROAD | į | (Amino) | | | | | | No S | ٥ |
| RAYMOND, MS 39154 | WATER TRAINING | MS | N/A_ | C CORP | 1,920. | 26,212. | 100.00\$ | × | اب |
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Part V f Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

| Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | | | Yes No |
|--|----------------------------|----------------------------|---|--|
| | is with one or more re | lated organizations listed | ın Parts II-IV? | |
| | >- | | | 1a X |
| b Gift, grant, or capital contribution to related organization(s) | | | | 1b X |
| c Gift, grant, or capital contribution from related organization(s) | | , | | 1c |
| d Loans or loan guarantees to or for related organization(s) | | • | | |
| e Loans or loan guarantees by related organization(s) | | | | |
| | | | | <u> </u> |
| f Dividends from related organization(s) | | | | 7 × |
| q Sale of assets to related organization(s) | | | | |
| | | | | |
| | | | | |
| j Lease of facilities, equipment, or other assets to related organization(s) | | | | |
| k Lease of facilities, equipment, or other assets from related organization(s) | | | | ************************************** |
| 1 Performance of services or membership or fundraising solicitations for related organization(s) | inization(s) | | | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | inization(s) | | | |
| n Shanng of facilities, equipment, mailing lists, or other assets with related organization(s) | (s)uoi | | | |
| | | | | |
| | | | | and the same of th |
| p Reimbursement paid to related organization(s) for expenses | | | | 1 _D |
| q Reimbursement paid by related organization(s) for expenses | | | | 1q X |
| | | | | The same and the same are an are as a same are a same a sa |
| | | | • | ÷ |
| Other transfer of cash or property from related organization(s) | | i | | 1s X |
| 2 If the answer to any of the above is "Yes," see the instructions for information on w | who must complete the | us line, including covered | nation on who must complete this line, including covered relationships and transaction thresholds | |
| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved | involved |
| (1) | | | | |
| 6 | | | | |
| | | | | |
| 3). | | | | |
| (4) | | | | |
| 19. | | | | |
| | | | | |
| (9) | | | | |
| 32.163 10-02-18 | 34 | | Schedu | Schedule R (Form 990) 2018 |

Part VI] Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

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

| (h) | | | | |
|--|--|--|--|--|
| Code V-UBI G amount in box 20 To Schedule K-1 LF (Form 1065) | | | | |
| Orsproportonate allocations? | | | | |
| (g) Share of end-of-year assets | | | | |
| (f) Share of total income | | | | |
| (e) Are all partners sec 501(c)(3) 005.7 Yes No | | | | |
| (d) Predominant incom (related, unrelated, excluded from tax un | | | | |
| (c) Legal domicile (state or foreign country) | | | | |
| (b) Primary activity | | | | |
| (a) Name, address, and EIN of entity | | | | |

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