2949302303900

990 orm

(Rev January 2020)

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

OMB No 1545-0047

2019

Department of the Treasury

Department of the Treasury

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

Open to Public

| Part | | response or note to any line in this | Port III | |
|------|--|---|--|---|
| 1 | Briefly describe the organization's miss | | Fartiii | · · · <u>L</u> |
| • | TO PROVIDE DRINKABLE WATER | | FDCUTD | |
| | TO PROVIDE FIRE PROTECTION | FOR THE CUIDDOUNDING AREA | LNOHIF | |
| | | TOR THE SURROUNDING AREA | | |
| | | | | |
| 2 | Did the organization undertake any sign | | | |
| | prior Form 990 or 990-EZ? | | | Yes 🗵 No |
| _ | If "Yes," describe these new services o | | | |
| 3 | Did the organization cease conductir services? | | | V 17 N- |
| | If "Yes," describe these changes on Sc | | | tes A No |
| 4 | Describe the organization's program se | | to three largest program convects as | magnired by |
| • | expenses. Section 501(c)(3) and 501(c) | 0(4) organizations are required to repo | ort the amount of grants and allocated | ons to others. |
| | the total expenses, and revenue, if any, | | grame and an early | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | | | | |
| 4a | (Code:) (Expenses \$ | | | |
| | N/A | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | ••••••••••••••••••••••••••••••••••••••• | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4b | (Code:) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | |
| | | | ···· | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | ••••••••••••••••••••••••••••••••••••••• | | |
| | | | | , |
| | | | | |
| | | | | |
| | | | | |
| 4c | (Code:) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | · | · | |
| | | · | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | · | | •••••• |
| | | | | |
| | | | | |
| | | | | ••••• |
| 4d | Other program services (Describe on So | chedule O.) | | |
| | (Expenses \$ including of | | e \$) | |
| | Total program service expenses ▶ | , , , , , , , | | |



Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|----------|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | 162 | × |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | × |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | <u> </u> | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | × |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | × |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | × |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | × |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III | 8 | | × |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. | 9 | | × |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | × |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | × | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | × |
| С | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | × |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | × |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | × |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | × |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | × |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | × |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | × |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | × |
| 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 | | × |
| 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 | | × |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. | 16 | | × |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | × |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | × |
| 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 | | × |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | × |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | × |

| Part | Checklist of Required Schedules (continued) | | | |
|---------|--|----------|-------------------------|----|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | × |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | × |
| £40 | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | × |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | × |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | × |
| 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): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> | 28a | | × |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | × |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV | 28c | | × |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | × |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | × |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | × |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | × |
| 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 | | × |
| 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 | | × |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | × |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | × |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i> | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | × |
| 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. | 38 | × | |
| Part | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part V | <u> </u> | · · | |
| 4. | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 11 | | Yes | No |
| 1a b | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1 | | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and | 1 | | |
| • | reportable gaming (gambling) winnings to prize winners? | 1c | $\overline{\mathbf{x}}$ | |

| rait | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | | | |
|---------|--|----------|-----|---------------|--|--|--|--|
| | | | Yes | No | | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | | | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 3 | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | × | | | | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | × | | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O . | | | | | | | |
| ्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 | | × | | | | |
| 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? | 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 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). | | | - | | | | |
| а | 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 | | × | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | _ | | | | | | |
| | required to file Form 8282? | 7c | | × | | | | |
| d e | If "Yes," indicate the number of Forms 8282 filed during the year | | | | | | | |
| f | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. | 7e 7f | | × | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | × | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7g 7h | | | | | | |
| 8 | 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. | | | 1 | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b | | Ì | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | |
| а | Gross income from members or shareholders | | | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | _ ^ | | | | |
| | against amounts due or received from them.) | | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | |
| ь 13 | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | | | | | |
| а | Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? | 120 | | | | | | |
| a | Note: See the instructions for additional information the organization must report on Schedule O. | 13a | | 1 | | | | |
| ь | - · · · · · · · · · · · · · · · · · · · | | | | | | | |
| D | 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 | | | | | | | |
| С | Enter the amount of reserves on hand | | | | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | <u>'</u> | | | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. | 14b | | _ | | | | |
| 15 | 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? | 15 | | | | | | |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | |] | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | | | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | 1 | | | | |

| Part | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI | See in | | |
|----------|--|------------|--------------|----------------|
| Secti | on A. Governing Body and Management | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | -3° | Yes | No |
| b | Enter the number of voting members included on line 1a, above, who are independent . 1b 9 | | | á |
| 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 | | × |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 3 | | × |
| 5 6 | Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders? | 5 6 | × | × |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | × | |
| 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 | × | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | Î | | Awar 1 |
| a b | The governing body? | 8a 8b | × | - |
| 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 on Schedule O | 9 | | |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Reven | | ode.) | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | × |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? | 11a | × | No. |
| b 12a | 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 | | 5 2 1 × |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | ^ |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | × |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | × |
| 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? | | o | |
| a | The organization's CEO, Executive Director, or top management official | 15a 15b | | × |
| Ь | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | 130 | | <u>^</u> |
| 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 | , | × |
| 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 | 31/ 1/11/ | 1 |
| Secti | on C. Disclosure | 100 | L | L |
| 17 | List the states with which a copy of this Form 990 is required to be filed ► IN | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Donn request Other (explain on Schedule O) | T (Sec | tion (| 501(c) |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year. | | | oolicy, |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and re | cords | • | |

| Form | gan | (2019) | |
|------|-----|--------|--|

Page 7

| Part VII | Compensation of | Officers. | Directors. | Trustees. | Key Employees | Highest | Compensated | Employees. | and |
|----------|-----------------|-----------|------------|-----------|---------------|------------|-------------|------------|-----|
| | Independent Con | itractors | | | ,,, | , . | | | |

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. See instructions for the order in which to list the persons above.

| ☐ Check this box if neither the organization no | or any relate | d org | aniz | atio | n c | ompe | nsa | ted any current | officer, director, | or trustee. | |
|---|--|----------------------|----------------|----------------------|---------------|--|------|--|--|--|--|
| (A) Name and title | (B) Average hours per week (list any hours for related organizations | office or directo | unles er an | Pos neck ss pe | rson Irect | e than the state of the state o | n an | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations | |
| | below dotted line) | | rustee | | 8 | pensated | | | | | |
| (1) ANDY HULSMAN DIRECTOR | 1.00 | × | | | | | | 1,875. | 0. | 0. | |
| (2) ERIC KNIES DIRECTOR | 1.00 | × | | | | | | 1,050. | 0. | 0. | |
| (3) KEN SCHNAUS DIRECTOR | 1.00 | × | | | | | | 1,300. | 0. | 0. | |
| (4) RANDY MEHRINGER DIRECTOR | 1.00 | × | | | | | | 1,000. | 0. | 0. | |
| (5) STAN SCHNAUS DIRECTOR | 1.00 | × | | | | | | 1,050. | 0. | 0. | |
| (6) CHRISTOPHER HOPF DIRECTOR | 1.00 | × | | | | | | 1,050. | 0. | 0. | |
| (7) MATT BUELTEL DIRECTOR | 1.00 | × | | | | | | 965. | 0. | 0. | |
| (8) JERRY SANDER HIGHEST COMPENSATED EMPLOYEE | 25.00 | | | | | × | | 37,500. | 0. | 0. | |
| (9) TOM ERNY DIRECTOR | 1.00 | × | | | | | | 965. | 0. | 0. | |
| (10) CYNTHIA WEHR KEY EMPLOYEE | 40.00 | | | | × | | | 24,691. | 0. | 0. | |
| (11) GENE HOPF DIRECTOR | 1.00 | × | | | | | | 890. | 0. | 0. | |
| (12) | | | | | | | | | | | |
| (13) | | | | | | | | | | | |
| (14) | | | | | | | | | | | |

| Part | rt VII Section A. Officers, Directors, Trustees, | | | Em | plo | yee | s, an | and Highest Compensated Employees (continue | | | | | | | |
|----------|--|------------------------|--------------------------------|---------------|---------|---------------|------------------------------|---|---------------------------------|--|------------------------------|--|--|--|--|
| | | | | | | C) | | | | | | | | | |
| | (A) (B) | | | ot ch | | ition more | e than o | one | (D) | (E) (F) | | | | | |
| | Name and title | Average hours | box, | unles | ss pe | rson | is both | n an | Reportable compensation | Reportable compensation | Estimated amount of other | | | | |
| | | per week | | _ | | | or/trus | · | from the | from related | compensation | | | | |
| | | (list any hours for | r dr | ıst | Officer | ey e | m gle | Former | organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | from the organization and | | | | |
| | | related | Individual trustee or director | Institutional | " | Key employee | st co | 욕 | (** 27 1000 111100) | (** 27 1033 ********************************** | related organizations | | | | |
| | | organizations below | 7 2 | lai tr | | oye e | ap | | | | | | | | |
| | | dotted line) | tee | trustee | | " | Highest compensated employee | | | | | | | | |
| | | | | L" | | | e e | L. | | | | | | | |
| (15) | | | | | | | | | | | | | | | |
| /4 C) | | - | | <u> </u> | | <u> </u> | | | | | | | | | |
| (16) | | | ł | | | | | | | | | | | | |
| (17) | | | - | - | - | - | | - | | | <u> </u> | | | | |
| 3 | | | İ | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| (19) | | | Į | | | | | | | | | | | | |
| (20) | | | | _ | - | - | - | | | | _ | | | | |
| 120) | | | ł | | | | | | | | | | | | |
| (21) | | | | | | | | | | | 1 | | | | |
| | | | | | | 1 | | | | | | | | | |
| (22) | | | | | | | | | | | | | | | |
| (0.0) | | | | _ | | ļ | | | | | | | | | |
| (23) | | <u> </u> | | | | | | | | | | | | | |
| (24) | | | | - | | | | | | - · · · · · · · · · · · · · · · · · · · | | | | | |
| <u> </u> | | | | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 1b | Subtotal | | | | | | | • | 72,336. | 0. | 0. | | | | |
| C | Total from continuation sheets to Part | | | • | | | • | | 70.006 | | <u> </u> | | | | |
| d | Total (add lines 1b and 1c) | | | | | | | <u> </u> | 72,336. | 0. | <u>-</u> _ | | | | |
| 2 | Total number of individuals (including but reportable compensation from the organi | | i to tr | iose | ะแรเ | .ea | above | e) W | no received mon | e than \$100,00 | JOT | | | | |
| | reperiod to important in our time or gain | Zation | | | | | | | | | Yes No | | | | |
| 3 | Did the organization list any former of | officer, dire | ector, | tru | ste | e, k | ey e | mpl | oyee, or highes | st compensate | | | | | |
| | employee on line 1a? If "Yes," complete | | | | | | | ٠. | | | 3 × | | | | |
| 4 | For any individual listed on line 1a, is the | | | | | | | | | | | | | | |
| | organization and related organizations | greater th | an \$1 | 150, | 000 | ? / | f "Ye | s, " | complete Sched | dule J for suc | | | | | |
| _ | individual | | | • | · | | | | | | 4 × | | | | |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization? | | | | | | | | | tion or inalviaus | 5 × | | | | |
| Secti | on B. Independent Contractors | , 00, 0 | | <u> </u> | - | - | <i></i> | <u> </u> | | | | | | | |
| 1 | Complete this table for your five high | est compe | ensate | ed | inde | per | ndent | СО | ntractors that r | eceived more | than \$100,000 of | | | | |
| | compensation from the organization. Repo | ort compen | satior | n for | the | ca | lenda | r ye | ar ending with or | within the orga | nızatıon's tax year. | | | | |
| | (A) | | | | | | | | (B) | | (C) | | | | |
| | Name and business add | | | | | | | _ | Description of serv | rices | Compensation | | | | |
| | | | | | | | | \vdash | | | | | | | |
| | | | | | - | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 2 | Total number of independent contractor | | | | | | | th | ose listed abov | e) who | | | | | |
| | received more than \$100,000 of compens | ation from t | he or | gan | izat | ion l | ▶ | | | | | | | | |

| | 990 (201: VIII | Statement of Rev | | | | - | · | | Page |
|--|-----------------------------|--|-------------------------------|----------------------------------|-------------------|---|--|--------------------------------------|---|
| | | Check if Schedule | O contains a re | espon | ise or note to an | y line in this Pa (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a b c d e f | Federated campaig Membership dues Fundraising events Related organization Government grants All other contribution and similar amounts no Noncash contribution lines 1a–1f | ns | 1a 1b 1c 1d 1e 1f | • | 1,238. | | | |
| Program Service Revenue | 2a b c d e f | All other program se Total. Add lines 2a- | ervice revenue -21 | | | | | | |
| | 3 4 5 | Investment income other similar amoun Income from investring Royalties | its) | npt bo | ► ond proceeds ► | 9,538. | 9,538. | 0. | 0. |
| | 6а b с | Gross ronts . Less. rental expenses Rental income or (loss) | 6b 6c 1,8 | 336. 336. | | | | 1 | · |
| | 7a | Net rental income o Gross amount from sales of assets other than inventory | r (loss) (i) Securit | ties | (ii) Other | 1,836. | 1,836. | 0. | 0. |
| Other Revenue | | Less: cost or other basis and sales expenses . Gain or (loss) | 7b 7c | | | | | | |
| Other | d 8a | Net gain or (loss) Gross income from events (not including of contributions replac). See Part IV, line | \$ ported on line | 8a | • | | | | |
| | b c 9a | Less: direct expense Net income or (loss) Gross income f | from fundraisin rom gaming | | nts > | | | | |
| | ь с | activities. See Part I Less: direct expense Net income or (loss) | es from gaming ad | 9a 9b | es > | * - · · · | | | - |
| | 10a b | returns and allowan Less: cost of goods | ces sold | 10a 10b | | - F. 1. 500 | 551 500 | | |
| nue | 11a b | Net income or (loss) | | | Business Code | 551,522. | 551,522. | 0. | 0. |
| Miscellaneous Revenue | c d e | All other revenue Total. Add lines 11a | | | | 11,025. 11,025. | 11,025. | 0. | 0. |

12

Total. Add lines 11a-11d .

Total revenue. See instructions

575,159.

573,921.

0.

0.

0.

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 | | | | | | | | | |
|---|---|---------------------------------------|---------------------------------------|-------------------------------------|---------------------------------------|--|--|--|--|
| | t include amounts reported on lines 6b, 7b, , and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | | | |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . | | · · · · · · · · · · · · · · · · · · · | | · | | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | | | | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | 62,191. | | | | | | | |
| 6 | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 02,191. | | | | | | | |
| 7 | Other salaries and wages | 6,800. | ···· | | | | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 0,800. | | ; | · · · · · · · · · · · · · · · · · · · | | | | |
| 9 | Other employee benefits | | | | | | | | |
| 10 | Payroll taxes | 5,150. | | | | | | | |
| 11 | Fees for services (nonemployees): | | | | | | | | |
| а | Management | 10,145. | | | | | | | |
| b | | 10,143. | | | | | | | |
| - | Legal | | | | | | | | |
| C | Accounting | 4,200. | | | | | | | |
| d | Lobbying | | | | | | | | |
| е | Professional fundraising services See Part IV, line 17 | | | | | | | | |
| f | Investment management fees | | | | | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | | | | | | | | |
| 12 | Advertising and promotion | | , | | . | | | | |
| 13 | Office expenses | 3,109. | | | | | | | |
| 14 | Information technology | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| 15 | Royalties | | | | | | | | |
| 16 | Occupancy | 30,091. | | | | | | | |
| 17 | Travel | 9,225. | | | | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 3,223. | | | | | | | |
| 19 | Conferences, conventions, and meetings . | | | | | | | | |
| 20 | Interest | 47,242. | | | | | | | |
| 21 | Payments to affiliates | | | | | | | | |
| 22 | Depreciation, depletion, and amortization . | 86,394. | | | | | | | |
| 23 | Insurance | 8,033. | | | | | | | |
| | ! | 0,033. | | | | | | | |
| 24 | Other expenses. Itemize expenses not covered | | | 1 | | | | | |
| | above (List miscellaneous expenses on line 24e. If | | | | | | | | |
| | line 24e amount exceeds 10% of line 25, column | • | | | 1 | | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | <u> </u> | | | | | | | |
| а | SALES TAX PAID | 56,376. | | | | | | | |
| b | POSTAGE | 7,822. | | | | | | | |
| С | DUES & SUBSCRIPTIONS | 9,258. | | | | | | | |
| d | WATER SAMPLES | 4,180. | | | | | | | |
| e | All other expenses | 70,846. | | | | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 421,062. | | | | | | | |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720) | , , , , , , | | | | | | | |

Part X Balance Sheet

| | | Check if Schedule O contains a response or | note to | any line in this Par | tX | | |
|-----------------------------|-----|---|---|----------------------|---------------------------------------|------------|---------------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | | | 156,139. | 1 | 10,033. |
| | 2 | Savings and temporary cash investments | | | 133,821. | 2 | 342,467. |
| | 3 | Pledges and grants receivable, net | | | <u> </u> | 3 | |
| | 4 | Accounts receivable, net | | | 68,813. | 4 | 69,719. |
| | 5 | Loans and other receivables from any current or | r forme | r officer, director, | • | | 1 |
| | | trustee, key employee, creator or founder, substa | | | | | · |
| | | controlled entity or family member of any of these | e perso | ns [| | 5 | |
| | 6 | Loans and other receivables from other disquall under section 4958(f)(1)), and persons described | | | · · · · · · · · · · · · · · · · · · · | 6 | <u>,</u> |
| g | 7 | Notes and loans receivable, net | | 7 | | | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| As | 9 | Prepaid expenses and deferred charges | | | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other | | | | | • |
| | | basis. Complete Part VI of Schedule D | 10a | 5,230,731. | | | , , |
| | b | Less: accumulated depreciation | | 823,978. | 4,372,645. | 10c | 4,406,753. |
| | 11 | Investments—publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 1 | 1 | [| | 12 | |
| | 13 | Investments—program-related. See Part IV, line | 11 | [| | 13 | |
| | 14 | Intangible assets | | [| | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | [| | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal | | | 4,731,418. | 16 | 4,828,972. |
| | 17 | Accounts payable and accrued expenses | | | <u>5,773.</u> | 17 | 5,820. |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 21 | |
| | 21 | | Escrow or custodial account liability. Complete Part IV of Schedule D | | | | |
| Liabilities | 22 | Loans and other payables to any current or | | | | | |
| ΞĘ | | trustee, key employee, creator or founder, substa | | | | | |
| ia | 23 | controlled entity or family member of any of these | 1 405 730 | 22 | 1 200 200 | | |
| - | 24 | Secured mortgages and notes payable to unrelat Unsecured notes and loans payable to unrelated | · - | 1,485,730. | 23 24 | 1,389,209. | |
| | | • • | | 24 | | | |
| | 25 | Other liabilities (including federal income tax, parties, and other liabilities not included on lines | | | | | |
| | | of Schedule D | | · · | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 1,491,503. | 26 | 1,395,029. |
| S | | Organizations that follow FASB ASC 958, chec | | | -,, | , | |
| 2 | | and complete lines 27, 28, 32, and 33. | | | | - | |
| alai | 27 | Net assets without donor restrictions | | | | 27 | |
| ä | 28 | Net assets with donor restrictions | | [| | 28 | |
| Net Assets or Fund Balances | | Organizations that do not follow FASB ASC 95 | 8, che | ck here ▶ 🗵 | , | ٠,٦ | + 1 |
| Ī. | | and complete lines 29 through 33. | | _ | , | | |
| ō | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| Set | 30 | | Paid-in or capital surplus, or land, building, or equipment fund [| | | 30 | 1,793,853. |
| Asi | 31 | Retained earnings, endowment, accumulated income, or other funds | | | 1,486,002. | 31 | 1,640,090. |
| et | 32 | Total net assets or fund balances | | | 3,239,915. | 32 | 3,433,943. |
| z | 33 | Total liabilities and net assets/fund balances . | | | 4,731,418. | 33 | 4,828,972. |

| Part | XI Reconciliation of Net Assets | | | | | |
|------|--|--------|---|------------|--|------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 5 | 75,1 | 59. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 42 | 21,0 | 62. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 15 | 54,0 | 97. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | ` | 3,239,915. | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | |
| 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 on Schedule O) | 9 | | | | · |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | | |
| | 32, column (B)) | 10 | : | 3,39 | 94,0 | 12. |
| Part | XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u> </u> | | • • | |
| | | | _ | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other | | | | ·, | .* |
| | If the organization changed its method of accounting from a prior year or checked "Other," e | xplain | ı in | ٠, ` | 3, | |
| _ | Schedule O. | | - | 2a | <u>'-</u> - | لن |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | × | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | | • | 3+1 |
| | reviewed on a separate basis, consolidated basis, or both: | | | | | , |
| _ | Separate basis Consolidated basis Both consolidated and separate basis | | | <u></u> | | ليــّـ |
| р | The same of garden of the same | | · _ | 2b | | × |
| | If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both: | ted o | | - 4 | | 3 |
| | Separate basis Consolidated basis, or both. | | | . 0 | ·. ' | |
| • | · | | | <u> </u> | | لـــــ |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent accounts | | | 2c | × | |
| | If the organization changed either its oversight process or selection process during the tax year, e | | | 20 | <u>~ </u> | |
| | Schedule O. | хріант | 011 | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set for | rth in | | | | |
| | Single Audit Act and OMB Circular A-133? | | · - | 3a | | _ <u>×</u> |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not und | | | _ | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a | udits | <u>. </u> | 3b | | |
| | REV 03/04/20 PRO | | | Form | 990 | (2019) |

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

| Name of | the organization | | Employer identification number |
|---------|--|---|---|
| | AND UTILITIES, INC | | 35-1136371 |
| Part | | | |
| | Complete if the organization answered " | Yes" on Form 990, Part IV, | line 6. |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| | Aggregate value of contributions to (during year) . | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| | Did the organization inform all donors and donor a funds are the organization's property, subject to the | | |
| 6 | Did the organization inform all grantees, donors, ar only for charitable purposes and not for the beneficonferring impermissible private benefit? | nd donor advisors in writing that of the donor or donor advise | nat grant funds can be used or, or for any other purpose |
| Part | Conservation Easements. | | |
| | Complete if the organization answered " | | |
| | Purpose(s) of conservation easements held by the c | | |
| | Preservation of land for public use (for example, recreived) Protection of natural habitat | | vation of a historically important land area vation of a certified historic structure |
| | Preservation of open space | d a musikinal namaninakina nama | Authorities and the fermion of a constant |
| | Complete lines 2a through 2d if the organization hel easement on the last day of the tax year. | d a qualified conservation cor | |
| | | | Held at the End of the Tax Year |
| | | | |
| | Total acreage restricted by conservation easements | | |
| | Number of conservation easements on a certified hi | | |
| | Number of conservation easements included in (instoric structure listed in the National Register . | c) acquired after 7/25/06, an | |
| | Number of conservation easements modified, trans tax year ► | ferred, released, extinguished | , or terminated by the organization during the |
| | Number of states where property subject to conserv | vation easement is located ▶ | |
| 5 | Does the organization have a written policy region violations, and enforcement of the conservation eas | arding the periodic monitoring | |
| | Staff and volunteer hours devoted to monitoring, inspec | | |
| | Amount of expenses incurred in monitoring, inspecting | g, handling of violations, and en | forcing conservation easements during the year |
| 8 | Does each conservation easement reported on line 2 and section 170(h)(4)(B)(ii)? | (d) above satisfy the requirem | ents of section 170(h)(4)(B)(i) |
| 9 | in Part XIII, describe how the organization reports or calance sheet, and include, if applicable, the text of organization's accounting for conservation easemer | onservation easements in its re the footnote to the organization | evenue and expense statement and |
| Part | Organizations Maintaining Collections Complete if the organization answered " | | |
| | f the organization elected, as permitted under FASI of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote to | held for public exhibition, ed | ucation, or research in furtherance of public |
| b | f the organization elected, as permitted under FAS art, historical treasures, or other similar assets held provide the following amounts relating to these item | B ASC 958, to report in its re for public exhibition, educatio s: | venue statement and balance sheet works of n, or research in furtherance of public service, |
| | (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, following amounts required to be reported under FA | SB ASC 958 relating to these | items: |
| а | Revenue included on Form 990, Part VIII, line 1 . | | ▶ \$ |
| b | Assets included in Form 990, Part X | | <u> ▶ \$</u> |

| Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not | Part | Organizations Maintaining Col | lections of Art, His | torical Treasures, | or Other Similar As | sets (continued) |
|---|------|---|--------------------------|-------------------------|-----------------------------|-----------------------|
| b | 3 | | ession, and other reco | rds, check any of the | e following that make s | ignificant use of its |
| b | а | ☐ Public exhibition | d | ☐ Loan or exchange | e program | |
| c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historicel treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: 1 Seginning balance 1 Te | b | ☐ Scholarly research | е | | | |
| Sull. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? | С | ☐ Preservation for future generations | | | | |
| assets to be sold to raise funds rather than to be maintained as part of the organization's collection? | 4 | | s collections and exp | ain how they further | the organization's exem | npt purpose in Part |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is its the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? | 5 | | | | | |
| 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: | Part | | | | | |
| included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance | | | swered "Yes" on Fo | rm 990, Part IV, line | e 9, or reported an am | ount on Form |
| c Beginning balance | | included on Form 990, Part X? | | | ions or other assets no | ot |
| d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? | þ | If "Yes," explain the arrangement in Part X | III and complete the f | ollowing table: | Ar | mount |
| Ending balance Tending ba | С | Beginning balance | | | 1c | |
| Ending balance Tending ba | d | Additions during the year | | | 1d | |
| f Ending balance . 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? | e | | | | 1e | |
| Part V Endowment Funds. Calcument year Calcument year years back Calcument years | f | | | | 1f | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Fo | 2a | | | | ustodial account liability | ? 🗌 Yes 🗌 No |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 10. a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years (e) | b | If "Yes," explain the arrangement in Part X | III. Check here if the e | xplanation has been | provided on Part XIII . | \square |
| 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (b) Four years back (c) Four years back (d) Three years back (e) Four years | Par | | | · · | | |
| Beginning of year balance | | Complete if the organization ans | wered "Yes" on Fo | rm 990, Part IV, line | 2 10. | |
| b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (al)) held as. Board designated or quasi-endowment ▶ % Fermanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b if "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated deprecation deprecation 1a Land 0, 60, 672. 60, 672. b Buildings 0, 7, 200. 4, 230. 2, 970. c Leasehold improvements d Equipment 69, 500. 39, 249. 30, 251. e Other 5, 093, 359. 780, 499. 4, 312, 860. | | (a) | Current year (b) Pr | ior year (c) Two year | s back (d) Three years back | (e) Four years back |
| c Net investment earnings, gains, and losses | 1a | Beginning of year balance | | | | |
| cosses | b | Contributions | | | | |
| e Other expenditures for facilities and programs | С | | | | | |
| rograms | d | Grants or scholarships | | | | |
| f Administrative expenses | е | Other expenditures for facilities and | | | | |
| Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. Board designated or quasi-endowment ▶ % Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations | f | | | | | |
| Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. Board designated or quasi-endowment ▶ % Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations | g | | | | *** | |
| a Board designated or quasi-endowment b Permanent endowment | 2 | · · · · · · · · · · · · · · · · · · · | urrent year end balan | ce (line 1g, column (a |)) held as. | _ - |
| b Permanent endowment | а | | | | , | |
| Term endowment ► % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations | b | Permanent endowment ▶ % | 6 | | | |
| Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations | С | | | | | |
| Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations | | The percentages on lines 2a, 2b, and 2c sl | hould equal 100%. | | | |
| (i) Unrelated organizations | 3a | | ssession of the organ | zation that are held | and administered for the | |
| (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 0. 60, 672. 60, 672. 60, 672. b Buildings 7, 200. 4, 230. 2, 970. c Leasehold improvements 69, 500. 39, 249. 30, 251. e Other 5, 093, 359. 780, 499. 4, 312, 860. | | = | | | | 3a(i) |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land | | | | | | |
| 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 0. 60,672. 60,672. 60,672. b Buildings 7,200. 4,230. 2,970. c Leasehold improvements 69,500. 39,249. 30,251. e Other 5,093,359. 780,499. 4,312,860. | b | | | | | |
| Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 0. 60, 672. 60, 672. b Buildings 7, 200. 4, 230. 2, 970. c Leasehold improvements 69, 500. 39, 249. 30, 251. e Other 5, 093, 359. 780, 499. 4, 312, 860. | 4 | | • | | | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 0. 60,672. 60,672. 60,672. b Buildings 7,200. 4,230. 2,970. c Leasehold improvements 69,500. 39,249. 30,251. e Other 5,093,359. 780,499. 4,312,860. | Part | | | | | |
| Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 0. 60,672. 60,672. b Buildings 7,200. 4,230. 2,970. c Leasehold improvements 69,500. 39,249. 30,251. e Other 5,093,359. 780,499. 4,312,860. | | | | m 990. Part IV. line | 11a. See Form 990. | Part X. line 10. |
| b Buildings 7,200 4,230 2,970 c Leasehold improvements 69,500 39,249 30,251 e Other 5,093,359 780,499 4,312,860 | | | (a) Cost or other basis | (b) Cost or other basis | (c) Accumulated | |
| b Buildings 7,200 4,230 2,970 c Leasehold improvements 69,500 39,249 30,251 e Other 5,093,359 780,499 4,312,860 | 1a | Land | 0. | 60,672. | | 60,672. |
| c Leasehold improvements d Equipment 69,500 39,249 30,251 e Other 5,093,359 780,499 4,312,860 | _ | | | 1 | 4,230. | |
| d Equipment 69,500. 39,249. 30,251. e Other 5,093,359. 780,499. 4,312,860. | | _ | | | | |
| e Other | - | | | 69,500. | 39,249. | 30,251. |
| | | • • | | | | |
| | | | equal Form 990, Part | | | |

| Part VII | Investments - Other Securities. | | | |
|----------------|---|---------------------------------------|---------------------|--|
| | Complete if the organization answered "Yes" on For | · | | |
| | (a) Description of security or category (including name of security) | (b) Book value | | nod of valuation of-year market value |
| (1) Financial | | | | |
| | neld equity interests | | | |
| (3) Other | | | | |
| (^) | | | | |
| (B) | | | | |
| | ····· | | | |
| | • | | | |
| | | | | |
| (F) (G) | | · · · · · · · · · · · · · · · · · · · | | |
| (H) | | | | |
| | mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶ | | | |
| Part VIII | Investments—Program Related. | | <u> </u> | <u></u> |
| | Complete if the organization answered "Yes" on For | m 990. Part IV. lin | e 11c. See Form | 990 Part X line 13 |
| | (a) Description of investment | (b) Book value | (c) Meth | nod of valuation of-year market value |
| (1) | | | Cost of end- | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| _(8) | | | | |
| (9) | (I) | | | |
| Part IX | mn (b) must equal Form 990, Part X, col (B) line 13.) . Other Assets. | | | |
| Partix | Complete if the organization answered "Yes" on For | m 000 Bort IV lin | a 11d Can Farm | 000 Dort V line 15 |
| | (a) Description | ili 990, Part IV, IIII | e Hu. See Folli | (b) Book value |
| (1) | (a) becomplied | | | (b) Dook Value |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | · | | |
| (9) | | | | |
| Total. (Colu | mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. | | ▶ | |
| | Complete if the organization answered "Yes" on For line 25. | m 990, Part IV, lin | e 11e or 11f. See | Form 990, Part X, |
| 1. | (a) Description of liability | · | | (b) Book value |
| (1) Federal in | | | | (5) 25511 14145 |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Colui | mn (b) must equal Form 990, Part X, col. (B) line 25) | | | |
| | uncertain tax positions. In Part XIII, provide the text of the footnote | | | |
| organization's | s liability for uncertain tax positions under FASB ASC 740. Check | here if the text of the | footnote has been p | provided in Part XIII . |

| Part | XI Reconciliation of Revenue per Audited Financial Statement | ents With Revenue per | Return. |
|---|--|-----------------------------|-------------------------------|
| | Complete if the organization answered "Yes" on Form 990, | Part IV, line 12a. | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | (: |
| а | Net unrealized gains (losses) on investments | 2a | 1. |
| b | Donated services and use of facilities | 2b | 1 ; 1 |
| С | Recoveries of prior year grants | 2c | 1 . |
| d | Other (Describe in Part XIII.) | | [· · ·] |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 1 • 1 |
| b | Other (Describe in Part XIII.) | | 1.`, .] |
| c | Add lines 4a and 4b | <u> </u> | 4c |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | | 5 |
| Part | | | |
| | Complete if the organization answered "Yes" on Form 990, | | |
| 1 | Total expenses and losses per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| - а | Donated services and use of facilities | 2a | 1 |
| b | Prior year adjustments | | - - |
| c | Other losses | | - ⁶ - 및 |
| d | Other (Describe in Part XIII.) | | ┤' ・ |
| e | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | i | -:. |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | | [~ .*] |
| c | Add lines 4a and 4b | | 4c |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin | | 5 |
| | XIII Supplemental Information. | | |
| | le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an | d 4: Part IV lines 1b and 2 | o: Part V line 4: Part X line |
| | t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | | |
| • | | , | |
| | | | |
| | | | |
| | | ••••• | |
| | | | |
| • | | ••••• | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | ······································ | | |
| | | | |
| | | | |
| · · · · · · · · · · · · · · · · · · · | | | |
| | | | |
| | | | |
| | | | |
| | · | | |

| chedule D (Fo | rm 990) 2019 | Page 5 |
|---------------|--------------------------------------|---------------|
| Part XIII | Supplemental Information (continued) | |
| | * | |
| | | |
| | | |
| | | |
| | | |
| | | , |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | · |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | ••••• |
| | | |
| | | •••••• |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | •••••• |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | · |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | , | |
| | | |
| | P ROPE PV BIRT BIRINGE | |
| | | |
| | | |
| | | |
| | | ••••• |
| | | |

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

20**19**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

| Name of the organization | Employer identification number | | | |
|---|--------------------------------|--|--|--|
| IRELAND UTILITIES, INC | 35-1136371 | | | |
| Pt VI, Line 6: IN ORDER TO PURCHASE WATER YOU MUST BE A MEMBER | | | | |
| Pt VI, Line 7a: MEMBERS VOTE ON THE GOVERNING BODY | | | | |
| Pt VI, Line 7b: ALL MAJOR DECISIONS MUST BE APPROVED BY THE MEMBE | RS | | | |
| Pt VI, Line 11b: THE BOARD OF DIRECTORS REVIEW AND APPROVE THIS 9 | 90 | | | |
| Pt VI, Line 19: A WRITTEN REQUEST MUST BE MADE TO THE BOARD OF DI | RECTORS INDICATING | | | |
| WHAT RECORDS OR DOCUMENTS REQUESTER IS WANTING | | | | |
| Pt VI, Line 19: AND THOSE DOCUMENTS WOULD THEN BE AVAILABLE AT TH | E NEXT SCHEDULED | | | |
| BOARD OF DIRECTORS MEETING FOR INSPECTION | | | | |
| Pt VI, Line 8a: THE SECRETARY TAKES MINUTES OF ALL MEETINGS OF TH | E BOARD OF | | | |
| DIRECTORS | | | | |
| Pt VI, Line 8b: THE COMMITTEE APPOINTS MEMBER OF THE COMMITTEE TO | TAKE MINUTES | | | |
| OF THE COMMITTEE MEETINGS | | | | |
| Pt IX, Line 24e: | | | | |
| Description: SUPPLIES | | | | |
| Total: \$42,776 | | | | |
| Description: LICENSES & PERMITS | | | | |
| Total: \$1,883 | | | | |
| Description: SUBCONTRACTOR | | | | |
| Total: \$26,187 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |