Form, 990-EZ

Short Form (1) Return of Organization Exempt From Income Tax

OMB No 1545-0047

2020

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A F	or the	2020 calendar year, or tax year beginning January 1 , 2020, and ending	Dece	mber 3	1 , 20	
B Check if ap		pplicable C Name of organization ?	D Employ	er ident	tification number ?	
	ddress c	change Westside Water Association		916	048498	
$\overline{}$	lame cha	,	E Telepho	one num	ber	
=	nitial retur	F.O. BOX 207		206-5	567-4568	
=	inai returi Imended	City or town, state or province, country, and ZIP or foreign postal code	F Group	Group Exemption		
=		vashon, WA 98070	Numb	er 🕨	?\	
G A	ccount	ting Method ☐ Cash ☐ Accrual Other (specify) ► H C	heck ►	☐ If th	ne organization is not	
I W	ebsite/	e: http://westsidewater.org	equired t	o attacl	n Schedule B	
J Ta	x-exen	npt status (check only one) — ☐ 501(c)(3) ☑ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (F	Form 990), 990-E	Z, or 990-PF).	
KF	orm of	organization 🗹 Corporation 🔲 Trust 🔲 Association 🔲 Other				
LA	dd lines	is 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	assets			
(Par	t II, coli	lumn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ		\$		
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the ir	nstruct	ions fo	or Part I) 🔽	
		Check if the organization used Schedule O to respond to any question in this Part I.			<u></u> 🗹	
?	1	Contributions, gifts, grants, and similar amounts received	L	1	2,595	
?	2	Program service revenue including government fees and contracts	[_	2	139,890	
?	3	Membership dues and assessments	[3	1,205	
?	4	Investment income	[4	388	
	5a	Gross amount from sale of assets other than inventory 5a	0			
	b	Less: cost or other basis and sales expenses	0			
	С	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	L	5c	0	
	6	Gaming and fundraising events:	- 4			
	а	Gross income from gaming (attach Schedule G if greater than		IR	ECEIVED	
ηce		\$15,000)	Þ			
Revenue	b	Gross income from fundraising events (not including \$ of contributions	s K		AY 1 8 2021	
Re		from fundraising events reported on line 1) (attach Schedule G if the		M	AY 18 2021 🤉	
		sum of such gross income and contributions exceeds \$15,000) 6b	<u>Þ</u>		ĕ	
	С	Less: direct expenses from gaming and fundraising events 6c	<u>þ</u>	DO	GDEN, UT	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subt	ract 🖳		, -,	
		line 6c)	∟	6d	<u> </u>	
	7a	Gross sales of inventory, less returns and allowances	0			
	b	Less: cost of goods sold	0			
	С	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	0	
	8	Other revenue (describe in Schedule O)	_	8	0	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	144,078	
	10	Grants and similar amounts paid (list in Schedule O)	· · ⊢	10	2,628	
	11	Benefits paid to or for members	_ ⊢	11	0	
ses	12	Salaries, other compensation, and employee benefits 2	· · -	12	0	
. E	13	Professional fees and other payments to independent contractors 2	ļ	13	56,740	
Expense	14	Occupancy, rent, utilities, and maintenance	⊢	14	15,533	
ш	15	Printing, publications, postage, and shipping	<u> </u>	15	1,026	
	16	Other expenses (describe in Schedule O)	h	16	76,635	
	17	Total expenses. Add lines 10 through 16	. •	17	152,562	
ţ	18	Excess or (deficit) for the year (subtract line 17 from line 9)		18	(8,484)	
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree v				
Ă		end-of-year figure reported on prior year's return)	⊢	19		
Zet	20	Other changes in net assets or fund balances (explain in Schedule O)	—	20		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	. 🕨 📋	21	Schedule O	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2020)

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Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part	Yes	No.
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	res	NO
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		•
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?			
	· · · · · · · · · · · · · · · · · · ·	35a 35b	 -	
c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		/
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a)		
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	-	~
	If "Yes," complete Schedule L, Part II, and enter the total amount involved	-		
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	-		
b 40=	Gross receipts, included on line 9, for public use of club facilities	-		
40a	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed ► Washington			
42a	The organization of books are in tail of the second are in the second are in tail of the second are in the second ar	206-71	5-380	5
	Located at ► 11205 SW Corbin Beach Road, #2, Vashon, WA ZIP + 4 ►	980	070	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No V
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		•
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	. 1	▶ □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	<u> </u>	
С	Did the organization receive any payments for indoor tanning services during the year?	44c		V
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	<u> </u>	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	440 45a	 	~
45a b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	70a		_
J	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		_
		1450		

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6√ Did	I the organization engage, directly or in candidates for public office? If "Yes," o	ndirectly, in political o	ampaign activities on	behalf of or in opposi	tion	Yes	No
art VI	Section 501(c)(3) Organization:		, Faiti		· 46		
ai C 01	All section 501(c)(3) organization		stions 47–49b and	52, and complete th	e tables f	or lin	es
	50 and 51.						_
	Check if the organization used Sci	hedule O to respond	to any question in t	nis Part VI	<u> </u>		[
7 Did	I the organization engage in lobbying	activities or have a	section 501/h) electio	n in effect during the	tav [Yes	N
	ar? If "Yes," complete Schedule C, Par				. 47		
•	he organization a school as described ii			Schedule E	. 48		┢╌
	I the organization make any transfers t				. 49a		
	Yes," was the related organization a se				. 49b		
	mplete this table for the organization's						
em	ployees) who each received more than	1 \$100,000 of compe	nsation from the orgar	1	e, enter "N	lone."	
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	(d) Health benefits, contributions to employee	(e) Estimate	d amoi	unt (
,	(a) Name and this of each employee	devoted to position	(Forms W-2/1099-MISC)	benefit plans, and deferred compensation	other con	pensat	ion
				Componication			
					·		
Co	al number of other employees paid ov mplete this table for the organization 00,000 of compensation from the orgal	s five highest compo	ensated independent	contractors who each	n received	more	th
	(a) Name and business address of each independ		(b) Type of serv	ce (c	(c) Compensation		
			-				

			1				
d Tot	al number of other independent contra	ctors each receiving	over \$100,000	<u> </u>	_		
	I the organization complete Schedu					-4	
			· · · · · · · ·	·	► ☐ Yes		
	ies of penury, I declare that I have examined this i and complete. Declaration of preparer (other than				nowledge and	belief,	ıt ıs
•	1 Falebul De	TU \		5/13/	1 £06		
jn	Signature of officer			Date	<u>~~~ </u>		
re ?	Richard Perret, Treasurer						
	Type or print name and title						
aid	Print/Type preparer's name	Preparer's signature	Dar	Check			
ronaro	_ Stacey Sampson	1 (Machina	5	113/2021 self-emplo			

▶ Island Water Management

May the IRS discuss this return with the preparer shown above? See instructions

Firm's address ▶ 11205 SW Corbin Beach Road, #2, Vashon, WA 98070

26-2374704

206-567-4568 ext 2

► ✓ Yes ☐ No

Firm's EIN ▶

Phone no

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.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public

Inspection

Name of the organization

Westside Water Association

Department of the Treasury Internal Revenue Service

Employer identification number 91-6048498

Part I, Line 19-29, Part II Line 23-27 Reason for non-preparation of Balance Sheet. For a number of years, the Association was not required
to file Form 990 informational returns because the gross receipts were below the filing minimum. During that period, the records of fixed
assets were not maintained. The cost, depreciated basis and value of those assets are now unknown. If required by the Internal Revenue
Code of Regulations, the assets will be inventoried, appraised and balance sheet prepared.
Part I, Line 16 Other Expenses: Captial Expenses \$66,707, Taxes \$6,184, Insurance \$3,744 - Total: \$76,635
Part I, Line 10 Some association members voluntarily donate to a non-profit group, El Porvenir, that creates clean water sources for those
In need
Dort II. Line 24 Liabilities implyeds \$4.044 in automournants by mambars
Part II, Line 26 Liabilites include \$4,064 in overpayments by members.
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