**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

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For the 2	015 calendar year, or tax year beginning and	ending		
	Check if applicable:	C Name of organization		D Employer identifi	cation number
-	Address change Name	EAST DAVIESS COUNTY WATER ASSOC. INC.		P	
-	lchange lnitial	Doing business as		THE EAST OF SECTION	<del></del>
F	return Final		Room/suite	E Telephone numbe	
	return/ termin- ated	9210 KY 144			281-5187
_	ated Amended	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,647,885.
F	return Applica- tion	PHILIPOT, KY 42300		H(a) Is this a group re	
-	ltion pending	F Name and address of principal officer: WILLIAM HAYNES		for subordinates	
	T	9210 KY 144, PHILPOT, KY 42366  pt status: 501(c)(3) X 501(c) ( 12 ) ◀ (insert no.) 4947(a)(1) o		H(b) Are all subordinates in	
- VX-2		pt status: 501(c)(3) X 501(c)( 12 ) (insert no.) 4947(a)(1) c ► N/A	or 527	H(c) Group exemptio	list. (see instructions)
-		ganization: Corporation Trust X Association Other	I Vone		M State of legal domicile: KY
		Summary	Liedi	DI TOTTI ALION, 1970 N	M State of legal dornlette. IVI
317	_	iefly esscribe the organization's mission or most significant activities: PROV	ITDE A	SAFE RELT	ABLE SOURCE
Activities & Governance		F WATER TO ITS SERVICE AREA	7100 71	DILL REEL	III DO CAROL
La		neck this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	ssets
Ve		umber of voting members of the governing body (Part VI, line 1a)			5
ğ		umber of independent voting members of the governing body (Part VI, line 1b)		49/19/01/00/01 - 10/09/01	5
SS	0.11	tal number of individuals employed in calendar year 2015 (Part V, line 2a)		10 march 2 10 march 2	15
<u> </u>		tal number of volunteers (estimate if necessary)			0
Ct	7 a To	tal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
٩		t unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
Revenue	8 Cc	ontributions and grants (Part VIII, line 1h)		0.	0.
	9 Pr	ogram service revenue (Part VIII, line 2g)		1,493,020.	
Seve	10 Inv	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		-5,403.	2,252.
11.	11 Ot	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		90,278.	111,705.
	The second of the little and the	tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	CONTRACTOR OF THE PROPERTY OF	1,577,895.	1,640,063.
	1.0	ants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		nefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Sec	15 Sa	laries. •ther compensation, employee benefits (Part IX, column (A), lines 5.10)		512,278.	534,735.
Expenses	16a Pr	ofessional fundraising fees (Part IX, column (A), line 11 e)		0.	0.
XX	p 10	tal fundraising expenses (Part IX, column (D), line 25)	<u>v.</u>	1 000 740	1 040 017
_	1/ Ot	her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,022,743.	1,042,817.
		tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,535,021.	1,577,552.
S	19 He	venue less expenses. Subtract line 18 from line 12		42,874.	
Net Assets or Fund Balances	00 T-	61 (D-AV E 10)		ginning of Current Year	End of Year
ASSE	20 To	tal assets (Part X, line 16) tal liabilities (Part X, line 26)		8,359,840.	8,281,397. 1,424,415.
Vet.	21 To 22 Ne	t assets or fund balances. Subtract line 21 from line 20		1,609,240. 6,750,600.	6,856,982.
P	art II	Signature Block		0,750,000.	0,030,302.
		s of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the hest of my	v knowledge and helief, it is
		nd complete. Declaration of preparer (other than officer) is based on all information of whi			,
		Villey Dale		5-18	-2016
Sig	n	Signature of officer		Date	
Her		J. WARREN LANHAM, TREASURER			
-		Type or print name and title			
	4	int/Type preparer's name Preparer's signature		ate /16/16 Check [	PTIN
Paic		DSEPH B. KELLER, JR. CPA Juga B Mile, C	14	Self-employs	P00520374
		m's name ALEXANDER & COMPANY CPAS PSC		Firm's EIN	
Use	Only Fi	m's address 2707 BRECKENRIDGE STREET, SUITE	1		EO) 604 000E
		OWENSBORO, KY 42303		Phone no. (2	70) 684-3237
MADE	I the IRS	discuss this return with the preparer shown above? (see instructions)			X Ves No

	ort III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  PROVIDE A SAFE RELIABLE SOURCE OF WATER TO ITS SERVICE AREA.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  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?  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 expenses.  Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	1 254 451
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue S)
4d	Other program services (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )
<b>4e</b>	Total program service expenses ► 1,374,471.

	official of frequired confedence		Voc	No
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		res	NO
1		1		Х
2	ff "Yes," complete Schedule A.  Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			21
3	public office? If "Yes," complete Schedule C, Part I	3		X
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? If "Yes," complete Schedule C, Patt II	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 98-197 # "Yes," complete Schedule C, Part III	5		X
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 1	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
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	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
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	X	
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	_	X
C	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	_	X
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			77
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	77	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	_
f				37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Scheduje , Parts XI and XII	12a	X	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
4.0	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	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	_	Α_
Ь	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	140		22
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. lines	- 1.2		-
.0	1c 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 \$a? If "Yes,"			
. •	complete Schedule G, Part III	19		X
	W. W.		000	2015)

Form 990 (2015) EAST DAVIESS COUNT
Part IV Checklist of Required Schedules (continued)

1 0	Oncokiist of Hodairoa contragico (commutety		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	163	X
	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 17 If "Yes," complete Schedule I, Parts I and II	21		X
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		X
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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			37
	complete Schedule L, Part II	26		X
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 35% controlled entity or family member			30
	of any of these persons? If "Yes," complete Schedule L, Part III	27	_	X
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):			30
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	-	Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			37
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	_	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	-	X
30		20		х
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations?	30		Λ
31	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer mora than 25% of its net assets? If "Yes," complete	-		16
32	Schedule N, Part II	32		х
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		Х
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)?	35a		Х
	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?			
	If "Yes," complete Schedule R, Part V, line 2	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		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	38	X	
			000	

Form 990 (2015) EAST DAVIESS COUNTY WATER ASSOC. INC.
Part V Statements Regarding Other IRS Filings and Tax Compliance

Entire The number reported in Box 3 of Form 1096. Enter 0: If not applicable 15		Check if Schedule O contains a response or note to any line in this Part V	20171120	57676	
16 Enter the number of Forms V-90 Chiculded in line 1.6 a Enter of Her of applicable 1.5 is 0.0 common through the programment of Forms V-90 Chiculded in line 1.6 a Enter of Her of applicable 1.5 is 0.0 common through the programment of Ports V-10 Chiculded in line 1.6 a Enter of Her of Ports V-10 Chiculded in line 1.6 a Enter of Her of Ports V-10 Chiculded in line 1.6 a Enter of Her of Ports V-10 Chiculded in line 1.6 a Enter of Her of Ports V-10 Chiculded in line 1.6 a Enter of Her of Ports V-10 Chiculded Interest in Cris a Signature or other authority ows, a financial account in a Portsjan Chiculded Interest of Portsjan C				Yes	No
b Finer the number of Forms W2G included in line 1a, Enter 0- if not applicable 0. Dit the organization comply with backup withholding ulse for reportable payments to vendors and reportable gaming (gardining) winnings to prize winners?  If the provision of the	1a	Enter the number reported in Box 3 of Form 1096. 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 price without without with or without the vendors and reportable gaming (gambling) within the without without with or within the year covered by this return  if let file the number of employees reported on Form W3. Transmitted of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  if let file the number of employees reported on Form W3. Transmitted of Wage and Tax Statements, filed for the calendar year and new without within the year of the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2 as greater than 250, you may be required to e-file (see instructions)  3a					
gamblingly wrinings to PinZe winners?  Enter the number of embloyces reBorted on Form W4G, Transmittal of Wage and Tax Statisments, liked for the calendar year ending with or within the year covered by this return  If you have a sum of lanes 1 and 2 as greater than 250, you may be required to define a motoryment tax returns?  2b If all least one is reported on line 2 as, did the organization like all required federal embloyment tax returns?  3c Note. If the sum of lanes 1 and 2 as greater than 250, you may be required to e-fice (see instructions)  3d If "Yes," has it filed a form 900 Toff the year "If "No," for size 20, provide an explanation in Schodulo 0 as 3 b If "Yes," that it filed a form 900 Toff the year "If "No," for size 20, provide an explanation in Schodulo 0 as 3 b If "Yes," enter the name of the foreign country.  3d If "Yes," enter the name of the foreign country.  5d If "Yes," enter the name of the foreign country.  5d Was the organization is partly to a profibite tax shelter transaction at any time during the tax year?  5d Was the organization is partly to a profibite tax shelter transaction at any time during the tax year?  5d Was the organization have annual gross receipts that are normally greater than \$100,#00, and did the organization solid any contributions that were not ax deductible a Form 886617.  5d If "Yes," if one is an 5th, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible a charatate contributions?  5d If "Yes," if did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charatate locarity to the profit of the partly as a contribution and partly for goods and services provided to the payor?  7d If "Yes," indicate the number of Forms 8282 filed during the year If					
2a			10	Х	
filled for the calendar-year ending with or within the year covered by this return    1	2a				
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the turn of lines 1a and 2a is greater than 250, you may be required to e-fife (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a At any time during the calandary year, did the organization have unitested in to a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly?  4a At any time of the right productry.  5b If "Yes," this is filed a form 990-Tri or this year? If "No," to fine 3b, provide an explanation or his extendity over, a financial account, in a foreign country (such as a bank account, securities account, or other financial accountly?  4a X  5b If "Yes," the fine the name of the foreign country.  5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (F8AR).  5a Was the organization a party to a prohibited tax shelter fransaction at any time during the tax year?  5a West the organization and the organization file form 8886-17?  5b If wes, "to line Sac ro 5b, did the organization file form 8886-17?  5c Is a local business of the organization include with every solicitation an explose statement that such contributions or gifts were not tax deductible?  7b If "Yes," did the organization include with every solicitation an exploses statement that such contributions or gifts were not tax deductible?  7c Organizations that many receive deductible contributions under section 170(c).  8c Is did the organization notify the donor of the value of the goods or services provided?  7c Is did the organization neceive any furnition include with every solicitation an explose statement that such contribution is the property of the organization free forms 899 as required?  7c If Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fife (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 As If "Yes," has it filed a Form 990-Tf or this year? If "Yo," to line 3b, provide an explanation in Schedule O 3 As A ray time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly over, a financial account in a foreign country. Implication of the provision of the foreign country. Implication of the organization and party to a prohibited tax sheller transaction at any time during the tax year?  Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Sae was the organization and party to a prohibited tax sheller transaction at any time during the tax year?  Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Sae was the organization and the organization that it was or is a party to a prohibited tax sheller transaction?  Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Sae in Yes, "India the organization have annual great for filing form 114, Brancial Accounts (FBAR).  Sae in Yes, "India the foreign annual great form 114, Brancial Accounts (FBAR).  Sae in Yes, "India the foreign annual great form 114, Brancial Accounts (FBAR).	b		2b	X	
3a bit the organization have unrelisted business gross income of \$1,000 or more during the year?  3b If "Yes," has it field a Form 990-T for this year? If "No," to size 3b, provide an explanation in 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)?  5a If "Yes," in the organization party to a prohibited the foreign country (such as a bank account, securities account, or other financial account)?  5a Was the organization of fing requirements for FinCEH Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization find the organization file Form 8886 17?  5a Was the organization have annual gross receipts that are normally greater than \$100,800, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5b If "Yes," and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5c Did the organization receive a payment in excess of \$75 made party as a contribution and pathy for goods and services provided to the payor?  5c Did the organization receive application solicity of the donor of the value of the goods or services provided?  5c Did the organization selle, example, or otherwise dispose of thangible personal property for which it was recuired to file Form 8892 filed during the year  5c Did the organization received a contribution of qualified incelectual property, did the organization file Form 8899 as required?  7c If If the organization received a contribution of qualified incelectual property, did the organization file Form 8899 as required?  7a If If the organization received a contribution of case, boats, alphanes, or other vehicles, did the organization file Form 1098-C7  7b Potential organization file and provided file of the payor organization file Form 109					
a At any time during the calendary 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, or other financial account)?  4	<b>3</b> a		3a		X
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, or other financial accounts (PSAR).  5b 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 party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization party to a prohibited tax shelter transaction at your did not a possibility of the organization filing form 886-17.  5b Was the organization have annual gross receipts that are normally greater than \$100,900, and old the organization solicit any contributions that were not tax deductible as chartable contributions?  6a X  6b If "Yes," to line 5a or 5b, did the organization file Form 8886-17.  6b If "Yes," the did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Organizations that may receive deductible contributions under section 170(c).  6c Did the organization receive a paymentin excess of 57 mate party as a contribution and party for goods and services provided to the payor?  6c Did the organization notity the donor of he value of the goods or services provided?  7c Did the organization notity the donor of he value of the goods or services provided?  7c Did the organization of the number of Forms 2822 filed during the year  8c Did the organization for payment of the goods of services provided?  9c Did the organization for each any funds, directly or indirectly, no a personal benefit contract?  9c Did the organization for each any funds, directly or indirectly, no a personal benefit contract?  9c Did the organization for each any funds, directly or indirectly, no a personal benefit contract?  9c Sponsoring organizations and accontribution of cars, boats, airplanes, or other vehicles, did the organization file a					
financial account in a föreign country (such as a bank account, securities account, or other financial accountity?  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).  Sa Was the organization a party to a prohibited tax shelter fransaction at any time during the tax year?  b Mich any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5					
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a 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  Section 501(c)(12) organizations. Enter:  a 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?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13b  Section 501(c)(29) qualified nonprofit health insurance issuers.  a is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule •  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  c Enter the amount of reserves on hand  13a  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			- 1		
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organization is licensed to issue qualified health plans				=	
c Enter the amount of reserves on hand	b				
b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					
b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					v
	0			990 (	2016)

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 discumstances, processes, or changes in Schedule O. See instructions

	to line 64, 66, 01 Typ below, describe the differentiations, processes, of charges in Schedule O. See institutions.			_
500	Check if Schedule O contains a response or note to any line in this Part VI	ormer.	******	X
Sec	tion A. Governing Body and Management		Van	1
10	Enter the purpher of voting members of the governing hody at the and of the tourisms	:	Yes	No
ıa	Enter the number of voting members of the governing body at the end of the tax year tax.	7		
	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 0.			
_	Enter the number of voting members included in line 1a, above, who are independent 1b 5	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v
_	officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		X
3				x
4	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5 6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or	0		
10	more members of the governing body?	7a	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	10		
ы	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
a	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	95		
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section 8 requests information about policies not required by the Internal Revenue Code.)			**
-	to 1 2 1 0 11 0 10 0 1 11 10 10 10 10 10 10 10		Yes	No
105	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	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	X	
Ь	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		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	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		X
14	Did the organization have a written document retention and destruction policy?	14		X
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		X
	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 KY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	availab	le	
	for public inspection, indicate how you made these available. Check all that apply,			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	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:			
	AGNES JOHNSON - 270-281-5187			
	9210 KY 144, PHILPOT, KY 42366			
		_	DOG	

532008 12-18-15

#### 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.

(A) Name and Title	(B) Average hours per week	Position (do not check more than one bex, unless person is beth an officer and a director/trustee)				than is bet	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organ rations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Key employee Highest compensaled employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) TOMMY FULKERSON	2.00						1			
COMMISSIONER		X		_	_			2,550.	0.	0
(2) WILLIAM HAYNES	2.00									
PRESIDENT	0.00			X			_	2,550.	0.	0
(3) WAYNE ESTES	2.00			30				2 550	0	0
VICE PRESIDENT	2.00			X				2,550.	0.	0
(4) HENRY SHOUSE	2.00			х				2,550.	0.	0
SECRETARY (5) JAMES LANHAM	2.00			Λ				2,330.	0.	
TREASURER	2.00			X				2,550.	0.	0
4										
J.										Form <b>990</b> (201

	(A) Name and title		offi	not d	Posi heck i	more rson	than is bot or/trus	n an	(D) Reportable compensation from the	(E) Reportable compensation from related		Estin amou otl	nated unt of ner
			Individual trustee or director	institutional frustee	Officer	Key employee	Highest compensated employee	Former	•rganization (W-2/1099-MISC)	organizations (W·2/1099-MISC	;)	from organ and re	nsation the ization elated zations
			_=	300	0	Ж.	IL W	4					
	al om continuation sheets to Pa								12,750.		0.		0
d Total (ac 2 Total nu	dd lines 1b and 1c)	but not limited to th				112754		<b>&gt;</b>	12,750.	(	) .		0
3 Did the o	organization list any former of	ficer, director, or tru									_	Y6	
4 For any and rela	If "Yes," complete Schedule J individual listed on line 1a, is the ted organizations greater than	he sum of reportabl \$150,000? If "Yes,	e co	mple	ensa ete S	tion Sche	and	oth J fo	or such individual	the organization		4	Х
rendered	person listed on line 1a receive I to the organization? If "Yes," dependent Contractors					-			ed organization or indivi	dual for services		5	Х
	e this table for your five higher nization. Report compensation	for the calendar ye							the organization's tax y		ensa		n
	(A) Name and busi		NC	NE	<u> </u>		_	-	(B) Description of so	ervices	Co	(C) ompensa	tion
								-					
	nber of independent contracto of compensation from the or		ot lin	nited	d to	thos		ted	above) who received m	ore than		Form <b>99</b>	

		Check if Schedule O cent	ains a response	or note to any line	e in this Part VIII	N	·	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded frem tax under sections 512-514
nts nts	1 a	Federated campaigns	1a					
our	b	Membership dues	1b					
S, C		Fundraising events						
ar		Related organizations						
nil.		Government grants (contributi						
Sign		All other contributions, gif:s, gran						
百百		similar amounts not included abo						
55	_	Noncasi contributions included in fines						
Contributions, Giffs, Grants and Other Similar Amounts	_							
טוי כ	n	Total. Add lines 1a-1f	******************					
.	•	MEMERED WAMED	AT DC	Business Code	F26 106	1 506 106		
		METERED WATER S		221000 1	1,520,100.	1,526,106.		-
S S	Ь							
e C	C							
a a	ď							
Program Service Revenue	е							
7		All other program service reve						
-	g	Total. Add lines 2a-2f			,526,106.			_
	3	Investment income (including						:
- 1		other similar amounts)			3,999.	3,999.		
	4	Income from investment of tax						
	5	Royalties		,				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
- 1	С	Rental income or (loss)						
- 1	d	Net rental income or (loss)		<b>&gt;</b>				
	7 a	Gross amount from sales of	(i) Securities					
		assets other than inventory		6,075.				
	b	Less: cost or other basis						
- 1		and sales expenses		7,822.	2.			
	c	Gain or (loss)		6 047				
- 1		Net gain or (loss)			-1,747.	-1,747.		
		Gress income from fundraising						
nue		including \$						
8		contributions reported on line						
2		Part IV, line 18	,					
Other Revenu	b	Less: direct expenses						
δ		Net income or (loss) from fund						
		Gross income from gaming ac	4					
	3 a	Part IV, line 19						
- 1	la.							
		Less: direct expenses			=			
		Net income or (loss) from game	_					
	ıv a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
1	C	Net income or (loss) from sales		T T				
-	44 -	Miscellaneous Revenue		Business Code	111 705	111 705		
		FEES AND MISC.I		221000	111,705.	111,705.		1
	b							1
	C	All other revenue						1
	d	All other revenue			111 705			
		Total. Add lines 11a-11d			111,705.	1 640 063	0	^
	12	Total revenue. See instructions.			,040,003.	1,640,063.	0	0.

## Part IX Statement of Functional Expenses

	Check if Schedule O contains a response not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Tetal expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		слропава	gariarai onportaca	Orthorizate.
	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	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	75,898.		75,898.	
6	Compensation not included above, to disqualified persons (as defined under section 495\$(f)(1)) and				
	persons described in section 4958(c)(3)(B)	200 050	262 225	20 645	
7	Other salaries and wages	299,970.	260,325.	39,645.	
8	Pension plan accruals and contributions (include	10 530	7 000	2 (22	
	section 401(k) and 403(b) employer contributions)	10,532.	7,899.	2,633.	
9	Other employee benefits	119,163.	89,373.	29,790. 7,293.	
0	Payroll taxes	29,172.	21,879.	1,293.	
1	Fees for services (non-employees):				
a	Management				
b	Legal	22 405		23,485.	
C	Accounting	23,485.		23,403.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Other. (If line 11) amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)			*	
2	Advertising and promotion	44 120	22 000	11 020	
3	Office expenses	44,120.	33,090.	11,030.	
4	Information technology				
5	Royalties				
5	Occupancy	24,216.	24,216.		
7	Travel	24,210.	24,210.		
3	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	F4 F50	F4 560		
0	Interest	54,562.	54,562.		
1	Payments to affiliates	205 203	205 202		
2	Depreciation, depletion, and amortization	295,093.	295,093.		
3	Insurance Charles average not sourced	22,706.	22,706.		
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES	377,063.	377,063.		
Ь	REPAIRS AND MAINTENANCE	100,465.	100,465.		
С	MISCELLANEOUS	53,230.	39,923.	13,307.	
d	UTILITIES	47,877.	47,877.		
ę	All other expenses				
5	Total functional expenses, Add lines 1 through 24e	1,577,552.	1,374,471.	203,081.	0
3	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form 990 (2015)

Part X	Balance Sheet					
	Check if Schedule O contains a response or no	te to any	line in this Part X	**************************************		
	4			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			950,547.	1	1,004,277
2	Savings and temporary cash investments			119,737.	2	122,576
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net			153,322.	4	145,941
5	Loans and other receivables from current and f	ormer offi	cers, directors,			##
	trustees, key employees, and highest compens					
	Part II of Schedule L		5			
6	Loans and other receivables from other disqual	ified perso	ons (as defined under			*
	section 4958(f)(1)), persons described in section	n 4958(c)(	(3)(B), and contributing			
	employers and sponsoring organizations of sec	tion 501(d	c)(9) voluntary			
3	employees' beneficiary organizations (see instr)				6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use			41,192.	8	42,105
9	Prepaid expenses and deferred charges			15,231.	9	15,134
10a	Land, buildings, and equipment: cost or other		TALLIAN THE STATE OF THE STATE			
	basis. Complete Part VI of Schedule D		11,872,417.			
b	Less; accumulated depreciation	10b	4,923,745.	7,075,354.	10c	6,948,672
11	Investments - publicly traded securities		11			
12	Investments - other securities, See Part IV, line	11			12	
13	Investments - program-related. See Part IV, line		13			
14	Intangible assets		14			
15	Other assets, See Part IV, line 11		4,457.	15	2,692	
16	Total assets. Add lines 1 through 15 (must equ	8,359,840.	16	8,281,397		
17	Accounts payable and accrued expenses	86,135.	17	81,765		
18	Grants payable		18			
19	Deferred revenue				19	
20	Tax-exempt bond liabilities			20		
21	Escrow or custodial account liability. Complete				21	
22	Loans and other payables to current and forme					
	key employees, highest compensated employee					
22	Complete Part II of Schedule L			1 400 100	22	1 216 070
23	Secured mortgages and notes payable to unrela			1,499,100.		1,316,970
24	Unsecured notes and loans payable to unrelate				24	
25	Other liabilities (including federal income tax, pa					
	parties, and other liabilities not included on lines			24 005		25 600
	Schedule D			24,005.	25	25,680
26	Total liabilities. Add lines 17 through 25			1,609,240.	26	1,424,415
	Organizations that follow SFAS 117 (ASC 958		here land			
27	complete lines 27 through 29, and lines 33 ar			9	07	
27					27	
28			-		29	
23	Organizations that do not follow SFAS 117 (A		check here		25	
	and complete lines 30 through 34.	00 000),	Check riche			
30	Capital stock or trust principal, or current funds			0.	30	0
31	Paid-in or capital surplus, or land, building, or ed			6,972,212.	31	7,016,083
27 28 29 30 31 32	Retained earnings, endowment, accumulated in			-221,612.	32	-159,101
33	Total net assets or fund balances			6,750,600.	33	6,856,982
34	Total liabilities and net assets/fund balances			8,359,840.		8,281,397
101				0/000/0401	01	Form 990 (201

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

## SCHEDULE D

Department of the Treasury

Internal Revenue Service

(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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0647 Open to Public Inspection

Name of the organization

EAST DAVIESS COUNTY WATER ASSOC

Employer identification number

Pa	art I Organizations Maintaining Donor Advised Funds or Other Similar Fund	s or Acc	ounts.Complete ifthe
	organization answered "Yes" on Form 990, Part IV, line 6.		
	(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor adv	ised funds	
	are the organization's property, subject to the organization's exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be		
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpos		
	impermissible private benefit?	-	
Pa	art II Conservation Easements. Complete if the organization answered "Yes" on Form 990		
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
	Preservation of land for public use (e.g., recreation or education)	storically imp	ortant land area
	Protection of natural habitat	rtified histori	c structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form	n of a conse	rvation easement on the last
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b			
С	Number of conservation easements on a certified historic structure included in (a)	20	
d			
	listed in the National Register	20	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the		ion during the tax
	year		
4	Number of states where property subject to conservation easement is located		**.
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling o	f	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co		
			3
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conserv	ation easem	ents during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 17	'0(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expens		
	include, if applicable, the text of the footnote to the organization's financial statements that describe		
	conservation easements.		3
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or	Other Sim	ilar 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 state	ement and ba	alance sheet works of art
10	historical treasures, or other similar assets held for public exhibition, education, or research in further		
	the text of the footnote to its financial statements that describes these items.	and or pub	no service, provide, arrait Arra
h	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue stateme	nt and halan	ce sheet works of art historical
D	treasures, or other similar assets held for public exhibition, education, or research in furtherance of p		
	relating to these items:	50110 3C1 VIGC	, provide the fallowing arrive in
	(i) Revenue included on Form 990, Part VIII, line 1		· \$
			\$
2	(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for finance		
2	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	a gan i prov	. 00
_	Revenue included on Form 990, Part VIII, line 1		e
d	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2015

		VIESS COUN								age 2
Pa	rt III Organizations Maintaining C								- 77	
3	Using the organization's acquisition, accessi	on, and other record	ds, check any of the	e following that	t are a s	significa	ant use of its	collectio	n item	IS
	(check all that apply):									
а		C		change Progra						
Ъ		е	U Other							
C	Preservation for future generations									
4	Provide a description of the organization's co							t XIII.		
5	During the year, did the organization solicit o							1		1
Date	to be sold to raise funds rather than to be ma							Yes		No
Pal	rt IV Escrow and Custodial Arran		ete if the organizati	on answered "	Yes" or	n Form	990, Part IV,	line 9, o		
	reported an amount on Form 990, Par									-
1a	Is the organization an agent, trustee, custodi							5		1
	on Form 990, Part X?							Yes		No
Ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:							
								Amoun	t	
	Beginning balance									
	Additions during the year						d		_	
	Distributions during the year					1007	e			
	Ending balance						f	7		T.N.
	Did the organization include an amount on Fo							Yes	-	No
	rt V Endowment Funds. Complete in						****************			
ı aı	Elicovitient i Bilds. Complete i	(a) Current year	(b) Prior year				ee years back	In Sou	veare	hack
40	Beginning of year balance	(a) Current year	(b) Filor year	(C) TWO year	SUALK	(0) 118	ES ARGIS DATY	(e) i ou	yours	QUUK
						-			-	2118 - 1
	Contributions			1						
	Net investment earnings, gains, and losses			-		_			-	
	Grants or scholarships Other expenditures for facilities		<del></del>							
e										
	and programs	Marian Company							-50	
T	Administrative expenses			1						
9	End of year balance  Provide the estimated percentage of the curr	cont wood and helped	o (line 1 a column	(a)) hold go:						-
2	Board designated or quasi-endowment		e (interry, colonin	(a)) Helu as.						
	Permanent endowment	%	70							
	Temporarily restricted endowment	%								
C	The percentages on lines 2a, 2b, and 2c sho									
35	Are there endowment funds not in the posse		ation that are held	and administer	red for t	he ora	ani <del>z</del> ation			
Ud	by:	SSION OF THE ORGANIZA	anon marare nere	ario darii koto	00 101 6	are org			Yes	No
	(i) unrelated organizations							3a(i)	100	-
	(ii) related organizations									
Ь	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the			1	**********	********	***************	_00		
Par	rt VI Land, Buildings, and Equipm		Availent lunus.			ō.				
	Complete if the organization answered		) Part IV line 11a	See Form 990	Part X	line 10	).			
	Description of property	(a) Cost or o		t or other				(d) Boo	k valu	e
	basis (investment) basis (other				r (c) Accumulated depreciation			(4) 2001. 74100		
12	Land			18,955.				148,955.		
b				48,554.		84	978.			76.
	Leasehold improvements									
	Equipment		7:	39,656.		481	923.	25	7,7	33.
	Other			35,252.				6,27		
	1 4 11 4 14 10 1 4 10	must Come and	V antum (D) line	1001					8 6	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740), Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2015

(8)(9)

25,680.

5320154	532054	=	-	0.0	. =	-
		5		20	5	4

#### 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. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

EAST DAVIESS COUNTY WATER ASSOC. INC.

Inspection on number

FORM 990, PART VI, SECTION A, LINE 6:
EACH WATER CUSTOMER IS A MEMBER.
FORM 990, PART VI, SECTION A, LINE 7A:
EACH MEMBER IS ENTITLED TO ONE VOTE TO ELECT A MEMBER OF THE GOVERNING
BODY.
FORM 990, PART VI, SECTION B, LINE 11:
A COPY OF THE 990 IS PROVIDED TO THE BOARD OF DIRECTORS AND IT IS REVIEWED
AT A BOARD MEETING BEFORE IT IS MAILED.
FORM 990, PART VI, SECTION C, LINE 19:
THE ASSOCIATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
CONTRIBUTED CAPITAL (REIMBURSED LINE COSTS, TAP-ON FEES) 43,871.
FORM 990, PART XII, LINE 2C:
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE
OVERWSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANTS.
THE PROCESS HAS NOT CHANGED FROM LAST YEAR.