Form 8879-EO	IRS <i>e-file</i> Signature Authorization for an Exempt Organization		OMB No. 1545-0047
	For calendar year 2020, or fiscal year beginning, and ending		0000
Department of the Treasury	Do not send to the IRS. Keep for your records.		2020
Internal Revenue Service	Go to www.irs.gov/Form8879EO for the latest information.		
Name of exempt organization or pe	rson subject to tax	Taxpayer identificat	ion number
BRONSTON WATER AS		61-0847213	
VICKIE RAMSEY, MA	NAGER		
Part I Type of Re	eturn and Return Information (Whole Dollars Only)		
check the box on line 1a, 2a blank, then leave line 1b, 2	n for which you are using this Form 8879-EO and enter the applicable amount, if any, a , a , 4a , 5a , 6a , or 7a , below, and the amount on that line for the return being filed with b , 3b , 4b , 5b , 6b , or 7b , whichever is applicable, blank (do not enter -0-). But, if you en applicable line below. Do not complete more than one line in Part I. b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	th this form was atered -0- on the	
2a Form 990-EZ check here			
3a Form 1120-POL check			
4a Form 990-PF check he			and the second se
5a Form 8868 check here			
6a Form 990-T check here			
7a Form 4720 check here			0
	n and Signature Authorization of Officer or Person Subject to		
	declare that 📋 I am an officer of the above organization or 📋 I am a person		
(name of organization)	, (EIN) and that I I		ру
of the 2020 electronic return	n and accompanying schedules and statements, and, to the best of my knowledge ar	nd belief, they are	
true, correct, and complete	I further declare that the amount in Part I above is the amount shown on the copy of	the electronic return	n.
I consent to allow my intern	nediate service provider, transmitter, or electronic return originator (ERO) to send the	return to the IRS ar	nd
to receive from the IRS (a) a	an acknowledgement of receipt or reason for rejection of the transmission, (b) the reas	son for any delay in	
processing the return or ref	und, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its	designated Financi	al
Agent to initiate an electron	ic funds withdrawal (direct debit) entry to the financial institution account indicated in	the tax preparation	
	federal taxes owed on this return, and the financial institution to debit the entry to thi		e
	ne U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days pi		•
	horize the financial institutions involved in the processing of the electronic payment of		
	essary to answer inquiries and resolve issues related to the payment. I have selected		
identification number (FIN)	as my signature for the electronic return and, if applicable, the consent to electronic t	unos withorawai.	
PIN: check one box only			
X lauthorize BARR	Y D. DAULTON, CPA, PSC to enter my PIN 13971 ERO firm name Enter five numbers, b do not enter all zeros	as my signature ut	9
state agency(ies) re	0 electronically filed return. If I have indicated within this return that a copy of the retu- egulating charities as part of the IRS Fed/State program, I also authorize the aforeme disclosure consent screen.		
electronically filed r	son subject to tax with respect to the organization, I will enter my PIN as my signature eturn. If I have indicated within this return that a copy of the return is being filed with as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure of the IRS Fed/State program, I will enter my PIN on the return's disclosure of the IRS Fed/State program.	a state agency(ies)	20
Signature of officer or person subject	t to tax Date	▶ 11-15-202	1
Part III Certificat	ion and Authentication		
ERO's EFIN/PIN. Enter you	r six-digit electronic filing identification		
number (EFIN) followed by	your five-digit self-selected PIN. 61	6748 34469	
•			er all zeros
	eric entry is my PIN, which is my signature on the 2020 electronically filed return indic		
that I am submitting this retu	rn in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Inform	nation for Authorized	d
IRS e-file Providers for Busi	ness Returns.		
ERO's signature	Mangelland PA Date	▶ <u>11-23-202</u>	1
	ERO Must Retain This Form - See Instructions		
	Do Not Submit This Form to the IRS Unless Requested To	Do So	
For Paperwork Reduction	Act Notice, see instructions.	50.00	Form 8879-EO (2020)

_	00		Detum of Organization Evenuet From Income	Tav		OMB No. 1545-0047						
Form	99		Return of Organization Exempt From Income	elax		2020						
		u	Inder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except p		lations)							
Departn	nent of t	he Treasury	Do not enter social security numbers on this form as it may be made			Open to Public						
			► Go to www.irs.gov/Form990 for instructions and the latest inform	in the second		Inspection						
_			ear, or tax year beginning , 2020, and en C Name of organizationBRONSTON WATER ASSOCIATION INC	aing	D. Famil	, 20						
	leck if a	D Empl	oyer identification number 61–0847213									
	Address change Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite											
	tial retur		(606) 561-5209									
Ē	nal retur	G Gross										
Ar	nended	\$	820,422									
Ap	plication	n pending	F Name and address of principal officer:	H(a) Is this a	group return f	or subordinates? Yes X No						
				H(b) Are all	subordinate	es included? Yes No						
			(c)(3) 🗴 501(c)(12) ◀ (insert no.) 🗌 4947(a)(1) or 🗌 527	If "No,"	attach a lis	t. See instructions						
-		▶ N/A		H(c) Group								
Par		ganization: Cor Summary	poration Trust X Association Other L Year of formation: 1	969 M	State of leg	al domicile: KY						
Fai	1											
			he organization's mission or most significant activities: THE ORGANIZATION		RY EX.	EMPT PURPOSE IS						
nce		TO PROVIDE	A CLEAN, SANITARY, RELIABLE SOURCE OF WATER FOR MEMB	SKS								
rna												
Activities & Governance	2	Check this box	▶ ☐ if the organization discontinued its operations or disposed of more than 25% of	its net asse	ts							
ğ	3		g members of the governing body (Part VI, line 1a)		1 1	5						
oo v	4		endent voting members of the governing body (Part VI, line 1b)			5						
itie	5		individuals employed in calendar year 2020 (Part V, line 2a)			5						
ctiv	6		volunteers (estimate if necessary)									
Ă	7a		usiness revenue from Part VIII, column (C), line 12		. 7a	0						
	b		siness taxable income from Form 990-T, Part I, line 11		. 7b	0						
				Prior Year		Current Year						
	8	Contributions an	d grants (Part VIII, line 1h)	370	,286	0						
anu	9	Program service	revenue (Part VIII, line 2g)		5,949	816,494						
Revenue	10	Investment incor	ne (Part VIII, column (A), lines 3, 4, and 7d)		5,209	3,928						
Re	11	Other revenue (F	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0						
	12	Total revenue - a	dd lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,212	2,444	820,422						
	13	Grants and simil	ar amounts paid (Part IX, column (A), lines 1-3) • • • • • • • • • • • • • • • • • • •			0						
	14		or for members (Part IX, column (A), line 4)			0						
Se			ompensation, employee benefits (Part IX, column (A), lines 5-10)	169	9,666	153,142						
Expenses			draising fees (Part IX, column (A), line 11e)		and the second	0						
xpe		-	expenses (Part IX, column (D), line 25)									
Ш	1000		(Part IX, column (A), lines 11a-11d, 11f-24e)		L,374	806,298						
	18		Add lines 13-17 (must equal Part IX, column (A), line 25)		L,040	959,440						
5	19	Revenue less ex	penses. Subtract line 18 from line 12		L,404	(139,018)						
ts o	20	Total assets (Par		ginning of Curr		End of Year						
Bal	21		art X, line 26)	7,874		7,665,437 3,683,343						
Net Assets or Fund Balances			d balances. Subtract line 21 from line 20		L,112	3,982,094						
Par		Signature		1,12.	, 114	5,502,054						
Under	penaltie	s of perjury, I declare t	hat I have examined this return, including accompanying schedules and statements, and to the best of my kn	owledge and be	ief, it is	1						
true, c	orrect, a	nd complete. Declarat	ion of preparer (other than officer) is based on all information of which preparer has any knowledge.									
~.		VICKIE	RAMSEY									
Sign		Signature of o	fficer		Dat	e						
Here		VICKIE	RAMSEY, MANAGER									
		Type or print			_							
_		Print/Type preparer	's name Prepare's signature Voul Plate	Check	X if	PTIN						
Paid		BARRY DAU	LTON BARRY DAULTON 11-23-2021		ployed	P00734469						
Prep			BARRY D. DAULTON, CPA, PSC	Firm's EIN	i.							
Use	Only	Firm's address	423 EAST MT VERNON STREET	Phone no.								
			Somerset KY 42501			679-9344						
			rn with the preparer shown above? (see instructions)		• • • • •							
For Pa	aperw	ork Reduction A	ct Notice, see the separate instructions.			Form 990 (2020)						

ra	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO PROVIDE A CLEAN, SANITARY, RELIABLE SOURCE
	WATER FOR MEMBERS
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
5	services?
	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	(Code:) (Expenses \$ 924,332 including grants of \$) (Revenue \$
	PROVIDED WATER TO BRONSTON, KENTUCKY RESIDENTS AND SURROUNDING AREAS IN A SANITARY AND
	ECONOMICALLI EFFICIENI MANNER.
41-	
4b	
	(Code:) (Expenses \$ including grants of \$) (Revenue \$
-N	(Code:) (Expenses \$ including grants of \$) (Revenue \$
ŦN	(Code:) (Expenses \$ including grants of \$) (Revenue \$
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TN	(Code:) (Expenses \$ including grants of \$) (Revenue \$
-10	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	(Code:) (Expenses \$ including grants of \$) (Revenue \$
T	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	
4c	

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Pa	rt 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,"	1			
	complete Schedule A		1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?		2		x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to				
	candidates for public office? If "Yes," complete Schedule C, Part I		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, Part II		4		*
5			-		
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,		F		_
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "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 I	• • • • ,•	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				1.1
	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 donor-restricted endowments				
~	or in 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,				1.4
	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
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		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				
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		11d		x
•			11e	-	x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		110		-
			11f		
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		10		X
120			120		
	Schedule D, Parts XI and XII		12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If		4.01		
		• • • • •	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>		13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,				
	fundraising, business, investment, and program service activities outside the United States, or aggregate				
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or				
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	• • • • •	15		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 See instructions		17		x
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		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?				
	If "Yes," complete Schedule G, Part III		19		x
20 a			20a		x
b			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		x

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Pa	rt IV Checklist of Required Schedules (continued)		3	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		v
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			X
20	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?			
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?			
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 or any of these persons? If "Yes," complete Schedule L, Part II	26		x
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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part	1.20		
	IV instructions, for applicable filing thresholds, conditions, and exceptions):	1400	1	13
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	-	x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
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		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
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		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
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		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
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		and the second second	
	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Par				L
	Check if Schedule O contains a response or note to any line in this Part V			\square
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1.12	1.25	
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable		a viete	123
c	Did the organization comply with backup withholding rules for reportable payments to vendors and		124	
	reportable gaming (gambling) winnings to prize winners?	1c	a linear and	
		_		

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Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			1	
		F	and the second	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	5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	77	2b	x	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	• • • • • • • • •	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,		~		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country				
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			95.9	1000
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
С	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		X
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?		-	19.18	
h		-	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?		7.		
d			7c		artistor.
d e	If "Yes," indicate the number of Forms 8282 filed during the year		7e		CES LO.
f	Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?		7e 7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as require	-			
g 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	•••••	711		
U	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.	•••••		and the second	
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		04100
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	-	9b		
10	Section 501(c)(7) organizations. Enter:		55	Selen I	
а	Initiation fees and capital contributions included on Part VIII, line 12				12.2
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		2.10	La tra	
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	o			
b	Gross income from other sources (Do not net amounts due or paid to other sources				Sec.
	against amounts due or received from them.) • • • • • • • • • • • • • • • • • • •	0			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	Closelvilles	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.		19	e and	2-15-18 g
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans 13b				
с	Enter the amount of reserves on hand			- 44	a second
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 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	F			
	excess parachute payment(s) during the year?		15		х
	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	a description of the later	x
	If "Yes," complete Form 4720, Schedule O.				

Form	990	(2020)
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_	1990 (2020) BRONSTON WATER ASSOCIATION INC 61-0847		F	Page 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			_
_	Check if Schedule O contains a response or note to any line in this Part VI			. x
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5		
	If there are material differences in voting rights among members of the governing body, or		52. E	1
	if the governing body delegated broad authority to an executive committee or similar	-	1	-12
	committee, explain on Schedule O.			24
b		5		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?	. 6		X
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		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	Sec.	1	124
	the year by the following:			19.9
a	The governing body?			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			
Sec	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
10-		40-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	. <u>10a</u>		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	101		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	· 11a	x	1007
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10-	2010	12.1
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. 12b	x	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	10-		
40	describe in Schedule O how this was done		X	
13 14	Did the organization have a written whistleblower policy?		X	
		. 14	x	Sel Cate
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?			
	The organization's CEO, Executive Director, or top management official	150		1.40
a	Other officers or key employees of the organization		X	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	. 15b	x	- 2000
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
Tua	with a taxable entity during the year?	160	1949-195	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	. 16a		X
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	in the second		See.
		166	10-2-2	in the second
Sec	organization's exempt status with respect to such arrangements?	. 16b		
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
-•	CHARLES CASADA (606)561-5209, P O BOX 243, BRONSTON, KY 42518			
	CHARLES CHERENA (COUPSEL SAUS, I C DOR 245, BRONDION, RI 42510			

Form 990 (20	20) BRONSTON WATER ASSOCIATION INC	61-0847213 Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees,	Highest Compensated Employees, and
	Independent Contractors	
7	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 Employ	es
1a Complete	this table for all persons required to be listed. Report compensation for the calendar year	nding with or within the

• 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.

organization's tax year.

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

				((C)					
(A)	(B)	(B) Position (do not check more than one						(D)	(E)	(F)
Name and title	Average					nan one s both ar		Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week							from the organization	from related organizations	compensation from the
	(list any hours for	oro	Ins	Officer	Key	Hig	For	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	lividu	titutio	cer	/ em	hest	Former			related organizations
	organizations	al tru tor	onal		Key employee	com				
	below dotted line)	Individual trustee or director	Institutional trustee		ee	ipen				
	dotted line)	U.	ee			Highest compensated employee				
						a				
-								ta:		
(1) CLINT_KEITH	2.00									
DIRECTOR		x						0	0	0
(2) MATT_TUCKER	2.00									
DIRECTOR		x						0	0	0
(3) LELAND KEITH	2.00									
VICE PRESIDENT		x						0	0	0
(4) ERIC_KEITH	2.00		<u>^</u>							
SECRETARY TREASURER		x		X				0	0	0
(5) CHARLES CASADA	2.00									
PRESIDENT				x				0	0	0
<u>(6)</u>										
(7)										
(8)										
							_			
(9)		1								
(10)										
(11)										
(12)										
(13)				_						
(14)										

	90 (2020) BRONSTON WATER AS	SOCIATIC	N IN	С						61-0847	213	P	age 8
Part	VII Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	Hig	hest	Com	pens	sated Employees	(continued)	r	š	
	(A) Name and title	(C) Position (D) (do not check more than one Average box, unless person is both an hours officer and a director/trustee) from the per week from the compensation							Reportable compensation	(E) Reportable compensation from related organizations	со	(F) nated amo of other mpensati from the	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	orga	anization a d organiz	
(15)													
(16)												and a second second	
(17)													
(18)							v						
(19)					Wax a								
(20)													
(21)													
(22)	· · · · · · · · · · · · · · · · · · ·												
(23)													
(24)									м				
(25)													
1b c	Subtotal		 	· ·	 	 		•					
d	Total (add lines 1b and 1c)									0	ē.		0
2	Total number of individuals (including but not limiter reportable compensation from the organization		sted at	ove) wh	o re	ceivec	d mo	re than \$100,000 c	f			0
3	Did the organization list any former officer, directo	r tructoo ko	ample		or	hich	a at a a		neeted	*		Yes	No
5	employee on line 1a? If "Yes," complete Schedule				•		••••				3	151513	x
4	For any individual listed on line 1a, is the sum of re							e:					
	organization and related organizations greater that individual										4		x
5	Did any person listed on line 1a receive or accrue			5			-		ation or individual				
Secti	for services rendered to the organization? If "Yes," on B. Independent Contractors	complete Sc	chedule	e J fo	or su	ch p	erson		* * * * * * * *	********	5		X
1	Complete this table for your five highest compensation	ated indeper	ndent c	ontra	actor	rs tha	at rece	eivec	d more than \$100,0	00 of			
	compensation from the organization. Report comp	ensation for	the ca	lend	ar ye	eare	ending	with	n or within the orgai	nization's tax year.			
	(A) Name and business addres	•							(B) Description of servic	a s	(C) Compens	ation	
				-							Compone		
2	Total number of independent contractors (including	a hut not limi	ited to t	hos	a liet	ad a	hove	who					
_	received more than \$100,000 of compensation fro	-				Jud	.50ve)	WIIC	A				

Form 990 (2020)

Form 99	1		TON	WATER A	ASSO	CIATION INC			61-08472	13 Page 9
Part '	VIII	Statement of Rev					4			~
		Check if Schedule O co	ntain	s a respons	e or n	ote to any line in thi	s Part VIII ••• (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Grants nounts	1a b c	Membership dues • • • • • • • • • • • • • • • • • • •	 		1a 1b 1c					SECTORS 012-014
Contributions, Gifts, Grants and Other Similar Amounts	d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in 1									
Contri and O	g h	lines 1a-1f	• •		1g 	\$ ▶ Business Code				
e	2a	WATER SALES				221000	803,826	803,826		
Program Service Revenue	b c		EVE	NUE		221000	12,668	12,668		
Prograr Rev	d e f			ue						
		Total. Add lines 2a-2f					816,494			
	3	Investment income (includi other similar amounts)	•••		• • •		3,928	3,928		
	4 5	Income from investment of Royalties			• • •					
	b c	Gross rents Less: rental expenses Rental income or (loss)	6a 6b 6c							
		Net rental income or (loss) Gross amount from sales of assets other than inventory		(i) Securiti		(ii) Other				
venue		Less: cost or other basis and sales expenses Gain or (loss)								
Other Revenue	d	Net gain or (loss) • • • • Gross income from fundrai	sing							
ò		events (not including \$ _ of contributions reported on 1c). See Part IV, line 18	n line		8a					
	c	Less: direct expenses . Net income or (loss) from f Gross income from gaming	undra J	aising event	8b s .					
		activities, See Part IV, line Less: direct expenses . Net income or (loss) from g			9a 9b 					
		Gross sales of inventory, le returns and allowances • Less: cost of goods sold	•••		10a 10k					
		Net income or (loss) from s								
ous	11a					Business Code				
Miscellanous Revenue	b									
Rev	c d	All other revenue								
Σ		Total. Add lines 11a-11d								
	No. al	Total revenue. See instruc					820,422	820,422	0	0

Form 990 (2020)

Part IX

20) BRONSTON WATER ASSOCIATION INC Statement of Functional Expenses

61-0847213 Page 10

Secti	ion 501(c)(3) and 501(c)(4) organizations must complete all col	umns. All other organiza			
	Check if Schedule O contains a response or note to	any line in this Part IX			
Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.	Iotal expenses	expenses	general expenses	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			1998 (1998) 1998 - State (1998)	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16			and the second second	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			_	
7	Other salaries and wages	135,276	135,276		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	6,654	6,654		
10	Payroll taxes	11,212	11,212		
11	Fees for services (nonemployees):				
а	Management	8,050		8,050	
b	Legal • • • • • • • • • • • • • • • • • • •				
С	Accounting	13,100		13,100	
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			* 10	
	(A) amount, list line 11g expenses on Schedule O.) ••				
12	Advertising and promotion				
13	Office expenses	14,198	14,198		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest • • • • • • • • • • • • • • • • • • •	95,184	95,184		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	223,248	223,248		
23	Insurance	17,867	17,867		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	WATER PURCHASES	318,360	318,360		
b	MATERIALS AND SUPPLIES	73,941	73,941		
С	WATER TESTING	6,030	6,030		
d	PSC ASSESSMENT	1,672	1,672		
е	All other expenses	34,648	20,690	13,958	
25	Total functional expenses. Add lines 1 through 24e	959,440	924,332	35,108	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here 🕨 🔲 if				
	following SOP 98-2 (ASC 958-720)				

	990 (20		6:	1-084721	L3 Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	181,730	1	157,335
	2	Savings and temporary cash investments	1,033,593	2	1,043,427
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	68,468	4	71,401
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined		Service Service	
	_	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	61,581	8	60,196
A	9	Prepaid expenses and deferred charges	2,501	9	1,798
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 9,959,654		10-	
	b	Less: accumulated depreciation	6,516,184		6,321,273
	11 12	Investments - publicly traded securities		11 12	
	12	Investments - other securities. See Part IV, line 11		12	
	14	Investments - program-related. See Part IV, line 11	10 (40	13	10.000
	15	Other assets. See Part IV, line 11	10,442	15	10,007
	16	Total assets. Add lines 1 through 15 (must equal line 33)	E 0E4 400	16	7 665 427
	17	Accounts payable and accrued expenses	7,874,499	17	7,665,437
	18	Grants payable	144,750	18	146,097
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
litie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	3,608,637	23	3,537,246
	24	Unsecured notes and loans payable to unrelated third parties	570007007	24	0,00,7210
	25	Other liabilities (including federal income tax, payables to related third			
	00-002004	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	3,753,387	26	3,683,343
		Organizations that follow FASB ASC 958, check here		Carlos de La	
ces		and complete lines 27, 28, 32, and 33.			
and	27	Net assets without donor restrictions	4,121,112	27	3,982,094
Ba	28	Net assets with donor restrictions		28	
pu		Organizations that do not follow FASB ASC 958, check here			
Fu		and complete lines 29 through 33.	And Parking the	S.M. C.	
or	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ase	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	4,121,112	32	3,982,094
2	33	Total liabilities and net assets/fund balances	7,874,499	33	7,665,437
EEA					Form 990 (2020)

	990 (2020) BRONSTON WATER ASSOCIATION INC	61-08	347213	3	Pa	age 1:
Par	t XI Reconciliation of Net Assets					
đ	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)				820,	
2	Total expenses (must equal Part IX, column (A), line 25)				959,	
3	Revenue less expenses. Subtract line 2 from line 1				139,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			4,	121,	112
5	Net unrealized gains (losses) on investments					
6	Donated services and use of facilities	6				
7	Investment expenses	7	-			
8	Prior period adjustments	8				
Э	Other changes in net assets or fund balances (explain on Schedule O)	9				0
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		з,	982,	094
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					<u>. D</u>
					Yes	No
	Accounting method used to prepare the Form 990: Cash X Accrual Other			100		leves i -
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					2.5-
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis		4			1.5
b	Were the organization's financial statements audited by an independent accountant?			2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					19
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			ex-Capition - S		0.220.00200
	Single Audit Act and OMB Circular A-133?			3a		x
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					-
~	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
Δ				200	990 (

SCHEDULE	D
(Form 990)	

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

1000	Open to Public
	Inspection

Go to www.irs.gov/Form990 for instructions and the latest information	rmation.	Ins
	Employer identifica	tion number

Name	of the organization		Employer identification number
BRO	NSTON WATER ASSOCIATION INC		61-0847213
Pa	rt I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or Accou	nts.
	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		
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 w	riting that the assets held in donor advised	
	funds are the organization's property, subject to the organizatio	-	No
6	Did the organization inform all grantees, donors, and donor ad		
	only for charitable purposes and not for the benefit of the dong		
	conferring impermissible private benefit?		Yes 🗌 No
Pa	rt II Conservation Easements.	1	
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organizatio		
	Preservation of land for public use (e.g., recreation or edu		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form of a co	onservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic struc	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the orga	anization during the
	tax year 🕨		
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	nolds?	Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing conservat	tion easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation e	easements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) above		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial statements the	hat describes the
Da	organization's accounting for conservation easements. rt III Organizations Maintaining Collections	of Art Historical Trassures or O	thar Similar Assats
Га	Complete if the organization answered "Yes" of		diel Similal Assets.
1a	If the organization elected, as permitted under FASB ASC 958		alance sheet works
Ta	of art, historical treasures, or other similar assets held for publi		
	service, provide, in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958		ce sheet works of
D	art, historical treasures, or other similar assets held for public e		
			too of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · · · ► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas		
2	following amounts required to be reported under FASB ASC 99		
•	Revenue included on Form 990, Part VIII, line 1		► ¢
а			· · · · · · · · · · · · · · · · · · ·

b Assets included in Form 990, Part X

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

▶ \$

-	JIE D (Form 990) 2020 BRONSTON WATER			torical T		or Oth	61-084		ontin	Page 2
-	t III Organizations Maintaining C							sets (C	onun	ueu)
3	Using the organization's acquisition, accession,	, and other records,	check an	y of the foll	owing that m	ake signi	ficant use of its			
	collection items (check all that apply):									
а	Public exhibition		d		or exchange	program	S			
b	Scholarly research		е	Other						
C	Preservation for future generations									
4	Provide a description of the organization's colle	ctions and explain h	low they	further the o	organization's	s exempt	purpose in Part			
	XIII.									
5	During the year, did the organization solicit or re	eceive donations of a	art, histor	ical treasur	es, or other s	similar				
	assets to be sold to raise funds rather than to be	e maintained as par	t of the o	rganization	's collection?	. <mark>.</mark>		ים .	es	🗌 No
Pa	t IV Escrow and Custodial Arran									
	Complete if the organization a	nswered "Yes" of	on Forr	n 990, Pa	art IV, line	9, or re	eported an am	ount or	For	m
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodian	or other intermediar	ry for con	tributions o	r other assets	s not				
	included on Form 990, Part X?							· · 🗆 ١	es	No
b	If "Yes," explain the arrangement in Part XIII and									_
			•				Ar	nount		
с	Beginning balance					. 10	and the second sec			
d	Additions during the year					. 10	1			
е						. 16	1			
f	Ending balance					. 1f				
2a	Did the organization include an amount on Forr							· []	es	No
b	If "Yes," explain the arrangement in Part XIII. Ch									
	t V Endowment Funds.	icon nore in the expla	anatorri	as been pr						
	Complete if the organization a	nswered "Yes" (on Forr	n 990 Pa	art IV line	10				
-								(1) [- h l
1a	Beginning of year balance	(a) Current year	(0) P	rior year	(c) Two year	SDACK	(d) Three years back	(e) F	our year	S DACK
b				4						
								_		
С	Net investment earnings, gains, and									
d	Grants or scholarships							_		
е	Other expenditures for facilities and									
	programs							_		
f	Administrative expenses									
g	End of year balance								-	
2	Provide the estimated percentage of the curren	t year end balance (line 1g, c	olumn (a))	held as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment %									
С	Term endowment									
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.								
3a	Are there endowment funds not in the possessi	on of the organization	on that ar	e held and	administered	for the				
	organization by:								Yes	s No
	(i) Unrelated organizations	* * * * * * * * * *						. 3a	i)	
	(ii) Related organizations							. 3a(i)	
b	If "Yes" on line 3a(ii), are the related organization	ons listed as required	d on Sche	edule R? .				. 3ł		
4	Describe in Part XIII the intended uses of the or	ganization's endowr	ment fund	ds.						
Pa	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization a	nswered "Yes" o	on Forn	n 990, Pa	art IV, line	11a. Se	ee Form 990,	Part X,	line '	10.
	Description of property	(a) Cost or othe			or other basis		Accumulated		ook valu	
		(investme			other)	1	epreciation	,,,		ord
1a	Land	•				1000				
b	Buildings			9	959,654		3,638,381	6	,321	. 273
c	Leasehold improvements						_,,	J	,	,_,,
d	Equipment									
e	Other									
Total	. Add lines 1a through 1e. (Column (d) must equ		column	(B) line 10	^)			-	201	072
EEA	, nee intes ra anough re. (column (u) must equ	an oni 990, Fail X,	, column	(D), III e 100				5 Schedule		,273

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial derivatives		
2) Closely-held equity interests		
3) Other		
(A)	1	
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	A
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	•

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value	
(1) Federal	income taxes		
(2)			
(3)			
(4)		Δ.	
(5)			
(6)			
(7)			
(8)	-		
(9)			
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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Sched	ule D (Form 990) 2020 BRONSTON WATER ASSOCIATION INC	61-0847213	Page 4			
Part XI Reconciliation of Revenue per Audited Financial Statements 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	820,422			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments					
b	Donated services and use of facilities					
С	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d	2e				
3	Subtract line 2e from line 1	3	820,422			
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					
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••					
С	Add lines 4a and 4b	4c				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		820,422			
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense	es per Return.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements	1	959,440			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities 2a					
b	Prior year adjustments					
С	Other losses					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d	2e				
3	Subtract line 2e from line 1	3	959,440			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a					
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••					
С	Add lines 4a and 4b	4c				
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	959,440			
Pa	Part XIII Supplemental Information.					
-						

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047
2020
Open to Public
Inspection
Employer identification number

61-0847213

Name of the organization

BRONSTON WATER ASSOCIATION INC

01. Governing body meeting documentation (Part VI, line 8a)

THE BOARD AND SECRETARY REVIEWED THE 990 BEFORE IT WAS FILED. IT WAS COMPARED TO THE

AUDIT.

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

FORM 990 AND ANNUAL AUDIT REPORT WERE COMPARED BY COMMISSIONERS.

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

DISCUSSIONS AT REGULAR MONTHLY COMMISSION MEETINGS.

04. CEO, executive director, top management comp (Part VI, line 15a)

DETERMINED ANNUALLY BY COMMISSIONERS.

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

DETERMINED ANNUALLY BY COMMISSIONERS.

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

ALL REQUIRED DOCUMENTS AVAILABLE TO PUBLIC WITHIN REASONABLE TIME PERIOD UPON REQUEST.

07. Explanation of other changes in net assets or fund balances (Part XI, line 9)

TAP ON FEES ARE RECORDED AS MEMBER EQUITY; CONTRIBUTIONS IN AID OF CONSTRUCTION ARE

RECORDED AS EQUITY

08. List of other expenses (Part IX, line 24e)

EXPENSES PER AUDITED FINANCIAL STATEMENTS

	8868
Form	0000
(Rev. Jai	nuary 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

- File a separate application for each return.
- ▶ Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN)				
print	BRONSTON WATER ASSOCIATION INC	61-0847213			
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.				
due date for	P O BOX 243				
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.				
instructions.	BRONSTON KY 42518				

Application	Return	Application	Return	
Is For	Code	Is For	Code	
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07	
Form 990-BL	02	Form 1041-A	08	
Form 4720 (individual)	03	Form 4720 (other than individual)	09	
Form 990-PF	04	Form 5227	10	
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11	
Form 990-T (trust other than above)	06	Form 8870	12	

• The books are in the care of CHARLES CASADA, P O BOX 243 BRONSTON KY 42518

Т	elephone No. > 606-561-5209 FAX No. >		
• If	the organization does not have an office or place of business in the United States, check this box		🕨 🗆
lf	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	this is	
	ne whole group, check this box · · · · · · · · · · · · · · ·	h	
a list	with the names and TINs of all members the extension is for.		
1	I request an automatic 6-month extension of time until <u>11-15</u> , 20 <u>21</u> , to file the exempt organization ret the organization named above. The extension is for the organization's return for: ► X calendar year 20 <u>20</u> or	urn fo	r
	tax year beginning, 20, and ending	, 2	0
2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Final return Change in accounting period		
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less		
	any nonrefundable credits. See instructions.	3a	\$
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by		
	using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$
Caut	ion: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8	879-E	O for payment
nstru	uctions.		
For I	Privacy Act and Paperwork Reduction Act Notice, see instructions.	For	m 8868 (Rev. 1-2020)

EEA