Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury

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

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

▶ Go to vary irs gov/Form900 for instructions and the latest information

Inte	rnal Reve	nue Service	► Go to www.irs.g	ov/Form990 for instructions	and the late	est informat	ion.	Inspect	ion		
A	For the	2020 calend	dar year, or tax year beginning	, 20	20, and end	ling	William St. 198 School St.	, 20			
В	Check if	applicable:	C Name of organization West Lau	irel Water Association, Inc.			D Emplo	oyer identification	number		
\Box		change	Doing business as		****			61-1039994			
H	Name c			mail is not delivered to street addr	recel	Room/suite	F Teleph	none number			
一	Initial re		Liciopi	606-878-9420							
		1000 TO 1000		000 0.00 7.20							
		urn/terminated		ountry, and ZIP or foreign postal co	ode				450.050		
님		ed return	London, KY 40743			1			,659,858		
Ш	Applicat	tion pending	F Name and address of principal off					or subordinates? 🔲 Ye			
-	25.55		Otis Williams, P.O. Box 726, L					es included? 🗌 Ye	s L No		
<u> </u>		mpt status:	501(c)(3) 501(c) (12	2) ◀ (insert no.) 4947(a)	(1) or 527			st. See instructions			
<u>J</u>	Website						Group exemption	number ▶			
K	and the latest and the second		Corporation Trust Associa	ation ☐ Other ►	L Year of for	mation: 1	970 M State	of legal domicile:	KY		
P	art I	Summa									
	1	Briefly des	cribe the organization's miss	ion or most significant activ	vities:						
ce		Provide an	d sell potable drinking water to	o its members by creating a							
nan	1	complete w	vater supply and distribution s	ystem							
9	2	Check this	box ▶ 🗌 if the organization	discontinued its operations	s or dispos	ed of more	than 25% of	its net assets.			
ô	3	Number of	f voting members of the gove	erning body (Part VI, line 1a))	187 AS (8)	3		3		
જ	4	Number of	findependent voting member	rs of the governing body (P	art VI, line	1b)	4		3		
ies	5	Total numb	ber of individuals employed in	n calendar year 2020 (Part '	V, line 2a)		5		3		
Activities & Governance	6		ber of volunteers (estimate if	47			-		0		
Act	7a		lated business revenue from				. 7a	***************************************	0		
	b			7b		0					
			related business taxable income from Form 990-T, Part I, line 11								
	8	Contributio	ons and grants (Part VIII, line	35,404	Current Ye	6,520					
JE .	9		ervice revenue (Part VIII, line	2,596,256		2,610,750					
Revenue	10		t income (Part VIII, column (A	6,036							
æ	11		enue (Part VIII, column (A), line	The state of the s			116,287		4,122		
					<u> </u>	38,466					
-	12		nue-add lines 8 through 11 (r				2,753,983		2,659,858		
	13		d similar amounts paid (Part I				4 4 4 4 4				
	14		aid to or for members (Part I)					,			
Expenses	15		ther compensation, employee				29,711		30,034		
ens	16a		nal fundraising fees (Part IX, o								
S.	b		raising expenses (Part IX, col			. L					
ш	17	and the same of th	enses (Part IX, column (A), lin				2,649,050		,784,306		
	18		enses. Add lines 13–17 (must				2,678,761		,814,340		
	19	Revenue le	ess expenses. Subtract line 1	8 from line 12			75,222		-154,482		
0 or	200					Beginning	of Current Year	End of Ye	ar		
Net Assets	20	Total asse	ts (Part X, line 16)	1		Constant	7,597,387		,354,135		
t As	21	Total liabil	ities (Part X, line 26)				3,345,124		3,256,354		
S E	22	Net assets	or fund balances. Subtract I	line 21 from line 20			4,252,263		,097,781		
	art II	Signatu	ire Block								
			, I declare that I have examined this					my knowledge and	belief, it is		
tru	ue, correc	ct, and complet	te. Declaration of preparer (other than	n officer) is based on all information	n of which prep	parer has any	knowledge.				
		1	evere Louis								
Si	gn	Signat	ture of officer				Date				
He	ere	IN De	ENAME LEWES.	MANASER			05-14	1202			
		Type o	or print name and title			Win - Company - 1 Company	WX20		#m & u		
D .	ام: م	Print/Type	e preparer's name	Preparer's signature		Date	Check	I If PTIN			
	aid						self-em	222 4			
	epare		me ▶		C. 1935 Tool		Firm's EIN ▶				
119	se On	IV - III					The same of the sa	The state of the s			

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

(Expenses \$

Part	IV Checklist of Required Schedules			-
In the second se			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
2	complete Schedule A	2		7
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		~
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		V
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		V
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		V
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		v
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		V
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	V	
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		V
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		V
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		V
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	V	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	v	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		V
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	HA (12)	V
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	441		
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	14b		V
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.	15		V
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		~
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		~
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		~
	If "Yes," complete Schedule G, Part III	19		V
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		V
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
د د	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		V

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		V
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		V
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		V
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		III.C. SAUCENS
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		- W-71
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		*****
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		V
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		V
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		V
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		٧
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		٧
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		V
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		V
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		V
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		V
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		V
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		V
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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		V
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	V	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
24			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	7	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	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?	За		V
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		V
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		V
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		V
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	Ch		
7	gifts were not tax deductible?	6b		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.5		
ŭ	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		in our	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	None and the conf	lurownikary
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	•	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			arcana and
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	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			
100	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.			
13	Is the organization licensed to issue qualified health plans in more than one state?	40		
а	Note: See the instructions for additional information the organization must report on Schedule O.	13a		
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			
С	Enter the amount of reserves on hand		1118	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		V
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		V
	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		V
	If "Yes," complete Form 4720, Schedule O.			

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.
Section	on 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 1a 3			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent .			
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	and managers	V
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?.	3		V
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		~
6	Did the organization have members or stockholders?	6		~
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		V
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	V	
b	Each committee with authority to act on behalf of the governing body?	8b		V
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		V
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		V
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	V	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		V
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		100 XXXX
С	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		V
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	m	V
b	Other officers or key employees of the organization	15b		V
	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		~
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		
	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	4	
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ none			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☑ 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 and financial statements available to the public during the tax year.	f inter	rest p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re Dewayne Lewis, 1670 E. Hal Rogers Parkway, London, KY 40741 606-878-9420	cords	>	

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Page	
rade	- 8

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

Check this box if neither the organizatio	n nor any relate	d org	anız	atic	on c	ompe	nsa	ited any current of	officer, director,	or trustee.
				(C)					
(A)	(B)	(da n			sition			(D)	(E)	(F)
Name and title	Average	box,	unle	ss pe	erson	e than o is both	n an	Reportable	Reportable	Estimated amount
	hours per week		T	-	a director/trustee)			compensation from the	compensation from related	of other compensation
	(list any	Indiv or di	Insti	Officer	Key employee	High	Former	organization	organizations	from the
	hours for related	/idua	tutio	ĕ	emp	loye	ner	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	organizations below	or tr	nal t		loye	omp				
	dotted line)	Individual trustee or director	Institutional trustee		à	pens				
			8			Highest compensated employee				
(1) Otis Williams, President	10									
				V				9,300		
(2) John Gill, Vice-President	10									
(3) Monty Turner, Secretary/Treasurer	10		-	V	-			9,300		
(3) Monty runer, Secretary/Treasurer				1				9,300		
(4)						1000000	-			
(5)										
(6)		1								
(7)			\vdash	-	-					
(8)										
					_	ļ., .			Market Market II. 1	4
(9)										
(10)		-	╁	-	-	-				
(10)		1								
(11)										
(12)										
(4.9)		-	-	-	-	-				
(13)		1								
(14)		 								
		1					1	3		1

Part	VII Section A. Officers, Directors, 7	rustees,	Key I	Emp	olo	yee	s, an	d F	lighest Compe	nsated Emp	l <mark>oyees</mark> (cont	inued)
				**********		C)						
	(A)	I I (do not check more than one I				(E)	(F)					
	Name and title						Reportable compensation					
		per week						_	from the	from related	compensa	ation
		(list any hours for	Individual trustee or director	nstit	Officer	Key employee	lighe	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	from the organization	
		related	dua	utior	er er	mp	est c	9	(** 2) 1000 111100)	(11 Zi 1000 IIII00	related organ	
		organizations below	trus	nal tr		oye	dim					
		dotted line)	stee	Institutional truste		0	Highest compensated employee					
				Œ			ted					
(15)												
(16)			-		-	-		-			- -	
(10)												
(17)	NAME OF THE PROPERTY OF THE PR		1									
(18)												
(40)		* * * * * * * * * * * * * * * * * * * *		-		-	-		ļ			
(19)												
(20)						 	<u> </u>				1	
3								e e e e e e e e e e e e e e e e e e e				
(21)		ļ	1	- A-1								
(00)			-	-				800				
(22)			1									
(23)								-				
3												
(24)											3	
(25)			+									
1b	Subtotal		<u> </u>	<u> </u>		<u> </u>	l	>	27,900		-	
C	Total from continuation sheets to Part							N	27,760			
d	Total (add lines 1b and 1c)			i.	٠			▶	27,900			
2	Total number of individuals (including bu	t not limite						e) v	vho received mor	e than \$100,0	00 of	
	reportable compensation from the organ	ization >										
6.5		8.550 NO										s No
3	Did the organization list any former employee on line 1a? If "Yes," complete							250	1 - 100			1./
4	For any individual listed on line 1a, is the										COLUMN TO SERVICE AND ADDRESS OF	I V
4	organization and related organizations											
	individual										4	V
5	Did any person listed on line 1a receive of	or accrue c	ompe	nsa	tior	fro	m any	y ur	nrelated organiza	tion or individu	ual	
	for services rendered to the organization	? If "Yes,"	comp	lete	Sci	hed	ule J	for .	such person .		5	V
	on B. Independent Contractors											
1	Complete this table for your five hig compensation from the organization. Rep											
***	(A)	or compe	isatio	11 10	1 (1)	C C	ileride	l ye		- Within the Org	(C)	ix year.
	Name and business add	dress							(B) Description of ser	vices	Compensation	1
Wood	Creek Water District											
P.O. E	ox 726, London, KY 40743						201	op	perating services		1,	106,712
<u> </u>												Walter Commence
		V		7.		V						
2	Total number of independent contract	ors (includi	ing b	ut r	not	limi	ted to	0 +	hose listed above	(e) who		
	received more than \$100,000 of compens							- "		-)		

Part	VIII	Statement of Revenue Check if Schedule O contains a response or note to an	v line in this Pa	rt V/III		П
	Š	Check if Schedule C Contains a response of ficte to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
S S	1a	Federated campaigns 1a				
un au	b	Membership dues 1b				
ع ق	С	Fundraising events 1c				
ifts r A	d	Related organizations 1d				
nie, G	е	Government grants (contributions) 1e 6,520				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants,				
e ti		and similar amounts not included above 1f				
Q	g	Noncash contributions included in				
no pu		lines 1a–1f				
0 (0	h	Total. Add lines 1a–1f ▶ Business Code	6,520			
ø	20	metered sales - residential	2,463,127	2,463,127		
Ş	2a b	sales for resale	1,878	1,878		
yram Ser Revenue	C	metered sales - commercial	106,385	106,385		
m Ve	d	tap on fees	39,360	39,360		
gra	е					
Program Service Revenue	f	All other program service revenue				
	g	Total. Add lines 2a–2f ▶	2,610,750			
	3	Investment income (including dividends, interest, and				
		other similar amounts) ▶	4,122	4,122		
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	-	(i) Real (ii) Personal				
	6a b	Gross rents 6a Less: rental expenses 6b				
	C	Rental income or (loss) 6c				
	d	Net rental income or (loss)				
	7a	Gross amount from (i) Securities (ii) Other	ZARTANIAN SARTANIAN KARIKANIA K			
	14	sales of assets				
		other than inventory 7a				
enue	b	Less: cost or other basis and sales expenses . 7b				
eve	С	Gain or (loss) 7c				
r R	d	Net gain or (loss)				
Other Revenu	8a	Gross income from fundraising				
0		events (not including \$				
		of contributions reported on line				
		1c). See Part IV, line 18 8a				
		Less: direct expenses 8b				
	C	Net income or (loss) from fundraising events ▶				
	9a	Gross income from gaming activities. See Part IV, line 19 . 9a				
	b					
	C	Net income or (loss) from gaming activities				ł .
		Gross sales of inventory, less				
	100	returns and allowances 10a		THE REPORT OF		
	b	Less: cost of goods sold 10b				
		Net income or (loss) from sales of inventory				

Business Code

11,331

27,135

38,466

2,659,858

11,331

27,135

2,653,338

Miscellaneous Revenue

11a late chargesb service charges

d All other revenue

e Total. Add lines 11a-11d .

Total revenue. See instructions

a purchased water

25

b materials & supplies

c contr.svcs. - Trans & Dist. -operations

d contr.svcs. - Trans & Dist.- maintenance

e All other expenses schedule attached

Total functional expenses. Add lines 1 through 24e

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) . . .

	on 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a response				
10 n	ot include amounts reported on lines 6b, 7b,			(C)	
b, 9	b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	27,900		27,900	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				antinga again ag na ag bhí ag an ag ag ag ag
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				20,000
10	Payroll taxes	2,134		2,134	
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
C	Accounting	7,450	······································	7,450	
d	Lobbying				***************************************
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				The second second second
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
2	Advertising and promotion				
13	Office expenses				
4	Information technology				- W. C.
5	Royalties				
6	Occupancy				
7	Travel				
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				W. 9890 - V
9	Conferences, conventions, and meetings .				
0	Interest	121,452	121,452		
1	Payments to affiliates				
22	Depreciation, depletion, and amortization .	284,602	284,602		***************************************
3	Insurance	22,109	22,109		
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.)				

1,254,926

209,612

47,366

568,361

268,428

2,814,340

1,254,926

209,612

47,366

568,361

268,428

2,776,856

37,484

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	tX		🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	694,980	1	617,890
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	. W 9404 - 11154 - 11154 - 11154 - 11154 - 11154 - 11154 - 11154 - 11154 - 11154 - 11154 - 11154 - 11154 -
	4	Accounts receivable, net	483,471	4	526,530
	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	er en
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .			
m	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	Colorings medicentics (Cons.	8	
Ass	9	Prepaid expenses and deferred charges	1,308		1,068
	10a	Land, buildings, and equipment: cost or other	1,306	9	1,008
	IVa	basis. Complete Part VI of Schedule D 10a 11,742,449			
	b	Less: accumulated depreciation 10b 5,533,802	6,417,628	10c	6,208,647
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	7,597,387	16	7,354,135
	17	Accounts payable and accrued expenses	174,364	17	191,670
	18	Grants payable		18	
	19	Deferred revenue		19	- W - W - W - W - W - W - W - W - W - W
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
iak		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	3,070,313	24	2,968,778
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D	100,447		95,906
	26	Total liabilities. Add lines 17 through 25	3,345,124	26	3,256,354
nces		Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	666,396	27	615,203
B .	28	Net assets with donor restrictions	3,585,867	28	3,482,578
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	ed il Marakov de militar Ankal Car III (1907)
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ASS	31	Retained earnings, endowment, accumulated income, or other funds		31	***************************************
et /	32	Total net assets or fund balances	4,252,263	32	4,097,781
Ž	33	Total liabilities and net assets/fund balances	7,597,387	33	7,354,135

	Sen 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				3
Part					10.700.0
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			9,858
2	Total expenses (must equal Part IX, column (A), line 25)	2			4,340
3	Revenue less expenses. Subtract line 2 from line 1	3			4,482
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		4,25	2,263
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6		-	12.00
7	Investment expenses	7			- Inchina
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		4,09	7,781
Part	Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				_Ц
4			F	Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other		_ 1		
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain i	n		8-8
	Schedule O.			Name and the second	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	and the second	V
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled o	r		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	~	personal contract
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted on	a		
	separate basis, consolidated basis, or both:				
	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 ov				
	the audit, review, or compilation of its financial statements and selection of an independent account		2c	~	
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O.	xplain o	n		
•		No. 2 No.			
за	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in th	E0		1
L	Single Audit Act and OMB Circular A-133?		3a		V
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a		e 3b		
	required addit or addits, explain why on schedule of and describe any steps taken to undergo such	uaits .		000	
			For	n 990	(2020)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

	aurel Water Association, Inc.		61-1039994
Par		sed Funds or Other Similar Fund	
	Complete if the organization answered "		as of Associates
72. 100000		(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	Lagrandowsky man as the	
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, ar		
	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		· · · · · · · · Yes 🗌 No
Par	[4] [4] [4] [4] [4] [4] [4] [4] [4] [4]		
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the c		
	Preservation of land for public use (for example, recre		of a historically important land area
	Protection of natural habitat	☐ Preservation of	of a certified historic structure
2	Preservation of open space Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution	on in the form of a concentration
-	easement on the last day of the tax year.	a a qualified conservation contributio	Held at the End of the Tax Year
а	- The second of		The state of the s
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified hi		
d	Number of conservation easements included in (
3	Number of conservation easements modified, trans		
	tax year ▶		
4	Number of states where property subject to conserv	vation easement is located ▶	
5	Does the organization have a written policy reg		
	violations, and enforcement of the conservation eas	sements it holds?	· · · · · · 🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcin	g conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing	conservation easements during the year
	> \$		
8	Does each conservation easement reported on line 2		
•			
9	In Part XIII, describe how the organization reports c		
	balance sheet, and include, if applicable, the text of organization's accounting for conservation easemer		anciai statements that describes the
Pari			Other Similar Accets
i en	Complete if the organization answered "		Other Silmar Assets.
1a	If the organization elected, as permitted under FAS		ue statement and halance sheet works
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote t		
b	If the organization elected, as permitted under FAS	BB ASC 958, to report in its revenue	statement and balance sheet works of
	art, historical treasures, or other similar assets held		
	provide the following amounts relating to these item		
	(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 treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under FA		
а	Revenue included on Form 990, Part VIII, line 1 .		. \$
b	Assets included in Form 990, Part X		> \$

Part	Organizations Maintaining	Collections of	Art, His	storical	Treasures,	or Other Similar As	ssets (continued)	
3	Using the organization's acquisition, a collection items (check all that apply):	ccession, and ot	her reco	ords, ched	ck any of the	following that make	significant use of its	
а	☐ Public exhibition		d	☐ Loan	or exchange	program		
b	Scholarly research		е	☐ Othe	r			
С	☐ Preservation for future generations							
4	Provide a description of the organizati XIII.	on's collections a	and exp	lain how	they further th	ne organization's exe	mpt purpose in Part	
5	During the year, did the organization assets to be sold to raise funds rather	than to be mainta						
Part	Escrow and Custodial Arra Complete if the organization 990, Part X, line 21.		" on Fo	rm 990,	Part IV, line	9, or reported an ar	nount on Form	
1a	Is the organization an agent, trustee, included on Form 990, Part X?							
b	If "Yes," explain the arrangement in Pa					<u> </u>	Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amoun	t on Form 990, P	art X, lin	e 21, for	escrow or cus	stodial account liabilit	y? 🗌 Yes 🗌 No	
b	If "Yes," explain the arrangement in Pa	rt XIII. Check her	e if the e	explanation	on has been p	rovided on Part XIII .	U	
Par	t V Endowment Funds.							
	Complete if the organization	answered "Yes	" on Fo	rm 990,				
	ANALY TO A STATE OF THE STATE O	(a) Current year	(b) P	rior year	(c) Two years	back (d) Three years bac	ck (e) Four years back	
1a	Beginning of year balance							
b	Contributions	NAME OF THE OWNER.						
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the	ne current year er	nd balan	ce (line 1	q, column (a))	held as:		
а	Board designated or quasi-endowmen	t ▶	%		·			
b	Permanent endowment ▶	%						
С	Term endowment ▶ %							
	The percentages on lines 2a, 2b, and 2	c should equal 1	00%.					
3a	Are there endowment funds not in the			nization th	nat are held a	nd administered for t	he	
	organization by:						Yes No	
	(i) Unrelated organizations						3a(i)	
							3a(ii)	
b	If "Yes" on line 3a(ii), are the related or	ganizations listed	as requ	uired on S	chedule R? .		3b	
4	Describe in Part XIII the intended uses	T	250				leaves 1 in 1	
Par	t VI Land, Buildings, and Equip	ment.						
30.77.000 a 30.77.0	Complete if the organization	answered "Yes	" on Fo	rm 990,	Part IV, line	11a. See Form 990	, Part X, line 10.	
	Description of property	(a) Cost or of (investment)			or other basis other)	(c) Accumulated depreciation	(d) Book value	
1a	Land ,				126,179		126,179	
b	Buildings							
С	Leasehold improvements							
d	Equipment				11,616,270	5,533,802	6,082,468	
е	Other							
Total.	. Add lines 1a through 1e. (Column (d) m	ust equal Form 9	90, Part	X, colum	n (B), line 10d	:.) ▶	6,208,647	

Part VII	Investments—Other Securities.	000 D-+N/ I'	441 0 F 000 B 1 V II 40
	Complete if the organization answered "Yes" on For	A Maria Commission of the Comm	
	(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) Financia	derivatives		
	neld equity interests		
(3) Other		NAME OF STATE OF STAT	
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			White the same that the same t
(H)	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		
Part VIII	Investments—Program Related.	1	
r en c our	Complete if the organization answered "Yes" on Fo	rm 990 Part IV line	11c See Form 990 Part V line 12
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	(a) Boost paint of investment	(b) Book value	Cost or end-of-year market value
(1)	Grand and the state of the stat		
(2)			
(3)			
(4)			organically state of the state
(5)			20 In the second second second second
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		
Part IX	Other Assets.		
***************************************	Complete if the organization answered "Yes" on For	rm 990, Part IV, line	e 11d. See Form 990, Part X, line 15.
-	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities.	* * * * * * * * * * * * * * * * * * * *	· · · · · · · · · · · · · · · · · · ·
J. C. C. X.	Complete if the organization answered "Yes" on For	rm 990 Part IV line	11e or 11f See Form 000 Part V
	line 25.	iiii ooo, i ait iv, iiiic	The of Th. Gee Form 930, Fart X,
1.	(a) Description of liability	· · · · · · · · · · · · · · · · · · ·	(b) Book value
(1) Federal in			(S) Dook value
(2) accrued			60,282
(3) custome			8,470
	payroll taxes		9,850
	911 service fee		17,304
(6)			
(7)			
(8)			
(9)			
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 25.)		▶ 95,906
2. Liability fo	r uncertain tax positions. In Part XIII, provide the text of the footn	ote to the organization	's financial statements that reports the
organization'	s liability for uncertain tax positions under FASB ASC 740. Check	k here if the text of the	footnote has been provided in Part XIII .

Part	Reconciliation of Revenue per Audited Financial Statements William Complete if the organization answered "Yes" on Form 990, Part IV,		urn.
1	Total revenue, gains, and other support per audited financial statements		2,659,858
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	• • • • • • • •	2,037,030
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1		
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	40	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) .		2,659,858
Part	XII Reconciliation of Expenses per Audited Financial Statements V	/ith Expenses per R	eturn.
- Waste	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.	
1	Total expenses and losses per audited financial statements	1	2,814,340
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,814,340
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.)		
c	Add lines 4a and 4b	40	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,814,340
Part		N/ E 41 101 D	.V.E. 4.5.1VE
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi		
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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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

West Laurel Water Association, Inc.	61-1039994
Form 990, Part VI, Line 8b - Documentation by Committee Explanation: No seper	rate committees are maintained.
Form 990, Part VI, Line 11b - Organization's process to review Form 990: The Bo	ard of Directors review Form 990.
Form 990, Part VI, Line 19: Governing Documents Disclosure Explanation: The	Association advertises in local newspaper
that the documents are available to the public.	

Department of the Treasury

Internal Revenue Service Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

OMB No. 1545-0172

Attachment Sequence No. 179

Identifying number West Laurel Water Association, Inc. Form 990 61-1039994 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filling (a) Description of property (b) Cost (business use only) (c) Elected cost 6 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2021, Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 Other depreciation (including ACRS) . . . 284,602 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2020 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction (business/investment use only-see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 25 yrs. g 25-year property 27.5 yrs. h Residential rental MM S/L 27.5 yrs. property MM S/L i Nonresidential real 39 yrs. MM S/L MM Section C-Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. SIL c 30-year 30 yrs. S/L MM d 40-year MM Part IV Summary (See instructions.) 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 284,602 23 For assets shown above and placed in service during the current year, enter the 23

West Laurel Water Association, Inc. Attachment to Form 990 12/31/20

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Mgmt & General	Fund Raising
Purchased Power	\$15,154	\$15,154		
Contractual Svcs Water treatment	36,998	36,998		
Contractual SvcsCustomer Accts.	73,821	73,821		
Contractual SvcsGeneral	101,886	101,886		
Misc expense	15,156	15,156		
Bad Debt expense	17,924	17,924		
PSC Assessment	7,489	7,489		
	\$268,428	\$268,428	\$0	\$0