SEPTEMBER 8, 2022

EAST DAVIESS COUNTY WATER ASSOC. INC. 9210 KY 144 PHILPOT, KY 42366

EAST DAVIESS COUNTY WATER ASSOC. INC.:

ENCLOSED IS THE ORGANIZATION'S 2021 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2022.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS.

ANDY ROBERTS, CPA

# **Filing Instructions**

i iiiig iiisti uctions					
Prepared for:	Prepared by:				
EAST DAVIESS COUNTY WATER ASSOC. INC	ALEXANDER & COMPANY CPAS PSC				
9210 KY 144	2707 BRECKENRIDGE STREET, SUITE 1				
PHILPOT, KY 42366	OWENSBORO, KY 42303				
2021 FORM 990					
ELECTRONIC FILING:					
THE RETURN FOR COMPLETENESS AND ACFORM 8879-TE TO OUR OFFICE. WE WI	TRONIC FILING. AFTER YOU HAVE REVIEWED CURACY, PLEASE SIGN, DATE AND RETURN LL TRANSMIT THE RETURN ELECTRONICALLY S REQUIRED. RETURN FORM 8879-TE TO US				

FEDERAL INFORMATIONAL FORMS

# Form 8879-TE

# IRS e-file Signature Authorization for a Tax Exempt Entity

or calendar year 2021, or fiscal year beginning	, 2021, and ending
or calcindar year zez i, or needr year beginning	, Lot 1, and chang

THOMAS A. FULKERSON

ending \_\_\_\_\_\_ , 20\_\_\_\_ **9**1

FIN or SSN

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records.
 Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

EAST DAVIESS COUNTY WATER ASSOC. INC.

TREASURER

Part I	Type of Return and I	Return Informatior

Name and title of officer or person subject to tax

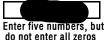
Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

ian oi	ie iii ie ii i Fait i.		
1a	Form 990 check here > X	<b>b Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12)	<sub>.</sub> 1ь <u>2,027,242.</u>
2a	Form 990-EZ check here	<b>b Total revenue,</b> if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here	<b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here >	b Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here >	b Total tax (Form 990-T, Part III, line 4)	
7a	Form 4720 check here >	b Total tax (Form 4720, Part III, line 1)	. 7b
8a	Form 5227 check here	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b
Part	II Declaration and Signatu	re Authorization of Officer or Person Subject to Tax	
Inder p	penalties of perjury, I declare that X	I am an officer of the above entity or 🔲 I am a person subject to tax with res	spect to (name
f entity	y)	, (EIN) and that I hav	e examined a copy of the
021 el	lectronic return and accompanying sch	edules and statements, and, to the best of my knowledge and belief, they are tr	rue, correct, and

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and 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. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

X I authorize	ALEXANDER	&	COMPANY	CPAS	PSC

to enter my PIN



ERO firm name

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date 🕨

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

number (EFIN) followed by your five-digit self-selected PIN.



I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS <sub>e-file</sub> Providers for Business Returns.

ERO's signature 
\_

Date > 09/08/22

# ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

FILEABLE FORMS

## Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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 EAST DAVIESS COUNTY WATER ASSOC. INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 9210 KY 144 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. PHILPOT, KY 42366 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 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 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) AGNES JOHNSON The books are in the care of ▶ 9210 KY 144 - PHILPOT, KY 42366 Fax No.  $\triangleright$  270-281-5709 Telephone No. ► 270-281-5187 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or \_\_\_ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. 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 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. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

123841 01-12-22

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

# EXTENDED TO NOVEMBER 15, 2022 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

ΑF	or the	e 2021 calendar year, or tax year beginning and	d ending		
	heck if pplicabl	C Name of organization		D Employer identif	ication number
	Addre				
	Name chang	Doing business as			
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 9210 KY 144	Room/suit	te E Telephone number 270-281-	
	⊐return. termin ated		1	G Gross receipts \$	2,044,750.
	Amen	, , , , , , , , , , , , , , , , , , ,		H(a) Is this a group r	
	Applic			for subordinates	
	pendi	9210 KY 144, PHILPOT, KY 42366		H(b) Are all subordinates i	·····= =
ΙT	ax-ex	empt status: 501(c)(3) 501(c)( 12) ◀ (insert no.) 4947(a)(1	or 52		a list. See instructions
J۷	Vebsi	te: N/A		H(c) Group exemption	
K F	orm of	organization: Corporation Trust X Association Other	L Ye		M State of legal domicile; KY
	rt I	Summary	•		
ce		Briefly describe the organization's mission or most significant activities: PRO OF WATER TO ITS SERVICE AREA	OVIDE	A SAFE RELI	ABLE SOURCE
Governance		Check this box if the organization discontinued its operations or dispo	sed of mo	re than 25% of its net as	sets.
ķ				3	5
ၓ		Number of independent voting members of the governing body (Part VI, line 1b)			5
Activities &		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			10
ij		Total number of volunteers (estimate if necessary)			0
딁		Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
a	8	Contributions and grants (Part VIII, line 1h)		0.	0.
ğ	9	Program service revenue (Part VIII, line 2g)		1,852,005.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,411.	-917.
۳	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		54,529.	
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,911,945.	•
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		448,681.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	_	0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25)		4 225 226	4 400 500
"	'''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,397,326.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	·····	1,846,007.	
		Revenue less expenses. Subtract line 18 from line 12		65,938.	195,956.
Net Assets or Fund Balances			Ľ	Beginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)	·····	8,177,247.	8,409,468.
et A	21	Total liabilities (Part X, line 26)		543,045. 7,634,202.	507,783. 7,901,685.
Z <sub>□</sub>	rt II	Net assets or fund balances. Subtract line 21 from line 20		1,034,202.	7,301,003.
		Ilties of perjury, I declare that I have examined this return, including accompanying schedul	oc and etato	mante, and to the heet of m	v knowledge and heliaf it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of v		· ·	y kilowieuge allu bellel, it is
uu,	COLLEC	ts, and complete. Declaration of proparer (other than officer) is based on all information of v	villett prepai	ci ilas ally kilowicugo.	
Sigr		Signature of officer		Date	
Here		THOMAS A. FULKERSON, TREASURER			
Here	<del>-</del>	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		ANDY ROBERTS, CPA		09/08/22 if self-emplo	
Prep		Firm's name ALEXANDER & COMPANY CPAS PSC		Firm's EIN	, vu
Use		Firm's address 2707 BRECKENRIDGE STREET, SUITE	1	I IIIII 3 LIIV	
	<b>,</b>	OWENSBORO, KY 42303	_	Phone no (2	70) 684-3237
—— Mav	the II	RS discuss this return with the preparer shown above? See instructions		11 Hollo Ho. ( =	X Yes No

Pai	t III Statement of Program Se	rvice Accomplishments				
	Check if Schedule O contains a re	esponse or note to any line in this Part III				
1	Briefly describe the organization's missi	on:				
	PROVIDE A SAFE RELIA	BLE SOURCE OF WATER TO IT	TS SERVICE AREA.			
2	Did the organization undertake any sign	ificant program services during the year which we				
	prior Form 990 or 990-EZ?		Yes X No			
	If "Yes," describe these new services or					
3	Did the organization cease conducting,	or make significant changes in how it conducts, a	any program services? Yes X No			
	If "Yes," describe these changes on Sch	nedule O.				
4	Describe the organization's program ser	vice accomplishments for each of its three larges	et 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					
<u></u>			) (Revenue \$1,943,226)			
	4,520 CUSTOMERS WHO					
	ASSOCIATION RECEIVE	WATER SERVICE				
4b	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$)			
	, (		,			
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$)			
	(2000)					
4d	Other program services (Describe on Sc	chedule O.)				
	(Expenses \$	including grants of \$	(Revenue \$			
4e	Total program service expenses	1,590,953.				
		· ·	Form <b>990</b> (2021)			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		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	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
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		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
_	Part VI	11a	Х	
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		х
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		х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	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		Х
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		Х
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		Х
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	L	Х
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		Х
20a	and the second s	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	L	Х

132003 12-09-21

Form 990 (2021) EAST DAVIESS COUNTY WATER ASSOC. INC.

Part IV | Checklist of Required Schedules (continued)

	Continued)		Vaa	Na
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22		22		х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		_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 the 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		X
	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 line 28a or 28b? If	00-		v
00	"Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		х
31	contributions? If "Yes," complete Schedule M  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? <i>If "Yes," complete</i>	"		
<b>32</b>	October 1 to M. Douttle	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- OZ		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	"		
	Part V. line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule 0	38	X	L
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  Ia  7  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b  0	-		
	Effect the number of Forms with a mineral effect of inforce applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	۵	Х	
	(gambling) winnings to prize winners?	1c	Λ	

132004 12-09-21



# 021) EAST DAVIESS COUNTY WATER ASSOC. INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
<b>2</b> a	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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			l
	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).			37
5a	J 1 7 1	_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
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	•		x
	any contributions that were not tax deductible as charitable contributions?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	CL		
7	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
a b	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?  If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.0		
·	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
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		$oxed{oxed}$
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a 2,028,159.			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 6,533.			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.  Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	ısa		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	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		х
	If "Yes," see the 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		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			1
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		_
	If "Yes." complete Form 6069.			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line oa, ob, or rob below, describe the circumstances, processes, or changes on schedule O. see instructions.			
800	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		Vaa	No.
10	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
Ia	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
h	- · · · · ·       -   -   -   -   -   -			
b	Enter the number of voting members included on line 1a, above, who are independent [1b] 5  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
2		2		х
3	officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision			1
3		3		x
4	of officers, directors, trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
5		6	Х	
6 70	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	<b>-</b> °	- 21	
7a			Х	
	more members of the governing body?	7a	Λ	
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			x
•	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:		v	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			x
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Λ
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	T
40-	Did the every instinct have lead about on hypothese or officiates?	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401-		
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	па	- 72	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a		х
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	400		
40	on Schedule O how this was done	12c		х
13	Did the organization have a written whistleblower policy?	13		X
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?	45.		Х
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10-		Х
	taxable entity during the year?	16a		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <b>XY</b>			L.
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)	avalla	bie
	for public inspection. Indicate how you made these available. Check all that apply.			
46	Own website X Another's website X Upon request 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	tinano	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	AGNES JOHNSON - 270-281-5187			
	9210 KY 144, PHILPOT, KY 42366			

# 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Check this box if neither the organization ne	ed any current officer, d	irector, or trustee.								
(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	not c	Pos	itior more	<b>ነ</b> than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	is both or/trus	n an	compensation	compensation	amount of
	week		cer ar	la a a	recio	r/trus	iee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	e e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	ional		ploye	t con	١.	1099-NEC)		and related organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1)	40.00		_		_	"				
GENERAL MANAGER				Х				69,321.	0.	0.
(2)	2.00									_
PRESIDENT	2 00		_	Х		┝		3,100.	0.	0.
VICE PRESIDENT	2.00			х				3,100.	0.	0.
(4)	2.00			^				3,100.	0.	0.
SECRETARY				x				3,100.	0.	0.
(5)	2.00									
TREASURER				Х		<u> </u>		3,100.	0.	0.
(6) COMMISSIONER	2.00							2 100		0
COMMISSIONER		Х	$\vdash$			┢		3,100.	0.	0.
						┢				
						_				
						_				

	- 3 (11)								SSOC. INC.				Pa	age 8
Par	Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B)			((				(D)	(E)			(F)	
	Name and title	Average hours per week (list any hours for	box	not c , unle	Posi heck r ss per nd a di	more son is	than o s both r/trus	tee)	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC	.,	ame comp	imate ount o other oensa om the	of tion
		related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	"	orga and	nizati relate nizatio	ion ed
											4			
											1			
							1							
							+							
											1			
											+			
1b	Subtotal	<u> </u>						<b></b>	84,821.	(	o. †			0.
С	Total from continuation sheets to Part VII							<b>&gt;</b>	0.		0.			0.
d								<u> </u>	84,821.		0.			0.
	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable		1,	v I	0
3	Did the organization list any <b>former</b> officer,												Yes	No
4	line 1a? If "Yes," complete Schedule J for so For any individual listed on line 1a, is the su	m of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	he organization		3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a										├	4		X
	rendered to the organization? If "Yes." com											5		Х
	tion B. Independent Contractors													
1	Complete this table for your five highest cor the organization. Report compensation for t										nsati	on troi	m	
	(A) Name and business	address	NC	ONI	3				(B) Description of s	services	Co	(C) ompen		า
								-						
_	Takahannahan ati da aka atau a	- de la contraction de la cont	- 1 "						ah awa Yanta at a fa	and the co				
	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	Jt III	iiited	ı (O 1	thos (		tea	above) who received me	ore than		orm 9	000	

132008 12-09-21

		Check if Schedule O contains a response or	note to any lin	a in this Part VIII			
		Officer if Ochedule O Contains a response of	note to any in	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenuè excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
ts s	1 :	a Federated campaigns1a					
Contributions, Gifts, Grants and Other Similar Amounts	-	b Membership dues 1b					
e, E		c Fundraising events1c					
ifts Ir A		d Related organizations 1d					
n G≒		e Government grants (contributions) 1e					
Sir		f All other contributions, gifts, grants, and		-			
eti je							
ĕ₽		similar amounts not included above 1f					
o p	!	g Noncash contributions included in lines 1a-1f					
<u>Ω</u> <u>e</u>		h Total. Add lines 1a-1f	<b></b>				
			Business Code				
ė	2	a METERED WATER SALES	221000	1,943,226.	1,943,226.		
Σĕ		b					
Se		С					
ž š		d					
Beg		e					
Program Service Revenue		f All other program service revenue					
_				1,943,226.			
_		g Total. Add lines 2a-2f		1,743,2200			
	3	( )		6 522			C E22
		other similar amounts)		6,533.			6,533.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)	<b></b>				
		a Gross amount from sales of (i) Securities	(ii) Other				
	•		10,058.	-			
			10,030.	-			
		<b>b</b> Less: cost or other basis	17 500				
Revenue			17,508.	-			
Ş.		. ,	-7,450.	- 4-0	- 4-0		
æ		d Net gain or (loss)	<u></u>	-7,450.	-7,450.		
her	8	a Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		b Less: direct expenses 8b					
		c Net income or (loss) from fundraising events					
		a Gross income from gaming activities. See					
	9	<b>I</b>					
		Part IV, line 19 9a		-			
		b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities	<b></b>				
	10	a Gross sales of inventory, less returns					
		and allowances10a					
		b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory					
			Business Code				
sno	11	a FEES AND MISC.INCOME	221000	84,933.	84,933.		
Miscellaneous Revenue				32,333.	,,,,,,,,,		
llar Ven		b					
Sce		C					
Ĕ		d All other revenue		04 022			
		e Total. Add lines 11a-11d		84,933.	0 000 500		6 500
	12	Total revenue. See instructions	<b>)</b>	2,027,242.	2,020,709.	0.	6,533.

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 66,160. 84,821. 18,661. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 303,565. 239,486. 64,079. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 42,317. 33,302. 9,015. 10 Payroll taxes Fees for services (nonemployees): Management Legal 29,359. 29,359. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 55,126. 55,126. Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 31,735. 31,735. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 15,969. 15,969. 20 Payments to affiliates 21 239,075 227,484. 11,591. Depreciation, depletion, and amortization 22 167,919. 162,882. 5,037. 23 Other expenses. Itemize expenses not covered 24 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.) 650,219. 650,219. SUPPLIES REPAIRS AND MAINTENANCE 100,510. 99,505. 1,005. 42,489. 1,314. 43,803. UTILITIES 14,594. 20,818. 6,224. d MISCELLANEOUS 46,050. 15,498. 30,552. e All other expenses 1,831,286. 1,590,953. 240,333. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

Form **990** (2021)

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Form 990 (2021)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,096,287.	1	1,336,974.
	2	Savings and temporary cash investments			33,716.	2	34,594.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			174,286.	4	194,529.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-	stantial c	contributor, or 35%			
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqua	lified per				
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			177,436.	8	185,991.
As	9	Prepaid expenses and deferred charges	14,989.	9	13,021.		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	12,818,258.			
	b	Less: accumulated depreciation	10b	6,181,466.	6,673,135.	10c	6,636,792.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			7,398.	15	7,567.
	16	Total assets. Add lines 1 through 15 (must eq	ual line 3	33)	8,177,247.	16	8,409,468.
	17	Accounts payable and accrued expenses			145,591.	17	124,601.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub-					
jab		controlled entity or family member of any of the			264 205	22	240 520
_	23	Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·	364,997.	23	349,738.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p	-				
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X	22 457		22 444
		of Schedule D		·····	32,457.		33,444.
	26	Total liabilities. Add lines 17 through 25			543,045.	26	507,783.
ý		Organizations that follow FASB ASC 958, ch	eck her	e ▶ □			
JCe		and complete lines 27, 28, 32, and 33.					
a <u>a</u>	27			·····		27	
Ö	28	Net assets with donor restrictions				28	
ڃ		Organizations that do not follow FASB ASC	958, cne	eck here 🕨 🛕			
P		and complete lines 29 through 33.			0	-00	0
ţ	29	Capital stock or trust principal, or current funds		<u>0.</u> 7,394,666.		7,466,193.	
SSE	30	Paid-in or capital surplus, or land, building, or			239,536.	30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated i			7,634,202.		435,492. 7,901,685.
ž	32	Total liabilities and not assets (fined balances			8,177,247.		8,409,468.
	33	Total liabilities and net assets/fund balances			0,111,441.	33	0,407,400.

Form	990	(2021)

## EAST DAVIESS COUNTY WATER ASSOC. INC.

_	4	n
Page		_
ı ayc	-	_

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,02			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,83	1,831,286		
3	Revenue less expenses. Subtract line 2 from line 1	3		5,9		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,63	7,634,202		
5	Net unrealized gains (losses) on investments					
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	7,90	1,6	<u>85.</u>	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				X	
			_	Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
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:					
	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 Scho	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit	t			
	Act and OMB Circular A-133?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	,			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			

## **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.

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

OMB No. 1545-0047

Name of the organization

EAST DAVIESS COUNTY WATER ASSOC. INC.

	Inspection
Employer	identification number

Pa		Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		imilar Funds or A	accounts. Complete if the			
		organization answered Tes On Form 990, Fait IV, line	(a) Donor advise	ed funds	(b) Funds and other accounts			
1	Total n	umber at end of year	( )					
2		gate value of contributions to (during year)						
3		pate value of grants from (during year)						
4		gate value at end of year						
5		e organization inform all donors and donor advisors in w	riting that the assets he	eld in donor advised fu	nds			
Ū		organization's property, subject to the organization's ex	~					
6		e organization inform all grantees, donors, and donor adv						
Ū		ritable purposes and not for the benefit of the donor or						
		nissible private benefit?	,	, , ,				
Pai		Conservation Easements. Complete if the organic						
1		se(s) of conservation easements held by the organization						
	_	Preservation of land for public use (for example, recreation		Preservation of a his	torically important land area			
		Protection of natural habitat		¬	tified historic structure			
	=	Preservation of open space			thed historic structure			
2		ete lines 2a through 2d if the organization held a qualifie	d conservation contrib	ution in the form of a c	onservation easement on the last			
_	-	the tax year.	a concervation continu		Held at the End of the Tax Year			
а					2a			
b					2b			
c		er of conservation easements on a certified historic struc						
d		er of conservation easements included in (c) acquired aft						
-					2d			
3								
	year <b>&gt;</b>		3	3	3			
4	•	er of states where property subject to conservation ease	ment is located					
5		he organization have a written policy regarding the perio		tion, handling of				
		ons, and enforcement of the conservation easements it h			Yes No			
6	Staff a	nd volunteer hours devoted to monitoring, inspecting, ha						
	<b>•</b>							
7	Amour	t of expenses incurred in monitoring, inspecting, handling	ng of violations, and en	forcing conservation e	asements during the year			
	▶\$							
8	Does e	ach conservation easement reported on line 2(d) above	satisfy the requirement	ts of section 170(h)(4)(E	3)(i)			
	and se	ction 170(h)(4)(B)(ii)?			Yes No			
9		XIII, describe how the organization reports conservation						
	balanc	e sheet, and include, if applicable, the text of the footno	te to the organization's	financial statements t	hat describes the			
	organiz	zation's accounting for conservation easements.						
Pa		Organizations Maintaining Collections of A		asures, or Other	Similar Assets.			
		Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.					
1a	If the o	rganization elected, as permitted under FASB ASC 958,	, not to report in its rev	enue statement and ba	alance sheet works			
	of art, I	nistorical treasures, or other similar assets held for publi	c exhibition, education	, or research in further	ance of public			
	service	e, provide in Part XIII the text of the footnote to its finance	ial statements that des	cribes these items.				
b	If the o	rganization elected, as permitted under FASB ASC 958	, to report in its revenue	e statement and baland	ce sheet works of			
	art, his	torical treasures, or other similar assets held for public e	exhibition, education, o	r research in furtherand	ce of public service,			
	•	e the following amounts relating to these items:						
	(i) Re	venue included on Form 990, Part VIII, line 1						
	(ii) As	sets included in Form 990, Part X			• \$			
2	If the o	rganization received or held works of art, historical treas	sures, or other similar a	ssets for financial gain	, provide			
	the foll	owing amounts required to be reported under FASB AS	C 958 relating to these	items:				
а	Revenu	ue included on Form 990, Part VIII, line 1			• \$			
b	Assets	included in Form 990, Part X			▶ \$			
LHA	For Pa	perwork Reduction Act Notice, see the Instructions t	for Form 990.		Schedule D (Form 990) 2021			

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Par	t III Organizations Maintaining Co	ollections of Ar	t, Hist	orical Tre	easures, o	r Other	Similar	Assets	continu	ıed)	<u>,                                    </u>
3	Using the organization's acquisition, accessio								(**************************************		_
	collection items (check all that apply):	•		•	·						
а	Public exhibition	d	ı 🔲	Loan or exc	hange progr	am					
b	Scholarly research	е									
С	Preservation for future generations										
4	Provide a description of the organization's col	lections and explain	n how th	ey further th	ne organizatio	on's exem	pt purpos	e in Part	XIII.		
5	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be mai	ntained as part of the	he orgar	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arrang	ements. Comple	ete if the	organizatio	n answered	"Yes" on I	Form 990,	Part IV,	line 9, or		
	reported an amount on Form 990, Part										
1a	Is the organization an agent, trustee, custodia	n or other intermed	iary for	contribution	s or other as	sets not ir	ncluded				
	on Form 990, Part X?							$\square$	Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amount		
С	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year										
f	Ending balance						1f		_		
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for (	escrow or co	ustodial acco	unt liabilit	y?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds. Complete if								1		
	_	(a) Current year	(b) F	Prior year	(c) Two yea	ırs back (	d) Three ye	ears back	(e) Four y	ears b	ack
1a	Beginning of year balance										
b	Contributions										
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 curre	ent year end balance	e (line 1	g, column (a	)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	6									
	The percentages on lines 2a, 2b, and 2c should	ld equal 100%.									
За	Are there endowment funds not in the posses	sion of the organiza	ation tha	t are held a	nd administe	red for the	organiza	tion			
	by:									/es	No_
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)	_	
b	If "Yes" on line 3a(ii), are the related organizat								3b		
4 Do:	Describe in Part XIII the intended uses of the		wment f	unds.							
Pai	t VI Land, Buildings, and Equipme		) Deut IV	/ line 44 = C	S F 000	) D-4 V I	10				
	Complete if the organization answered		-	i		i i		.			
	Description of property	(a) Cost or o			t or other		cumulate	d	(d) Book	value	
		basis (investr	nent)		(other)	aep	reciation		1 7 7	6.0	
	Land				7,666.	1	10 11	0	177		
	Buildings			45	<u> 9,756.</u>		48,41	.0•	311	, 33	<u>o .</u>
	Leasehold improvements			ГС	000		E0 70	-	110	2.2	1
	Equipment				0,986.		50,76		110		
	Other				9,850.		82,28		6,037		
Tota	. Add lines 1a through 1e. (Column (d) must eq	<u>ıual Form 990, Part</u>	X, colun	<u>nn (B), line 1</u>	0c.)				6,636	, 19	⊿•

Schedule D (Form 990) 2021

	nvestments - Other Securities.	See Francisco Dest IV Francis	44b Occ Form 900 Book V Prov 40	
	complete if the organization answered "Yes" of Security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
	lerivatives	(b) Book value	(e) meaned of valuations over or one	a or your market value
	ld equity interests			
2) Olosely fie 3) Other	d equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Fotal. (Col. (b) r	nust equal Form 990, Part X, col. (B) line 12.)			
	nvestments - Program Related.			
	omplete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	nust aqual Form 000 Port V and (P) line 12 )			
	nust equal Form 990, Part X, col. (B) line 13.)  Other Assets.			
	complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	-	Description		(b) Book value
(1)	, ,			. ,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line	e 15.)	<b>&gt;</b>	
Part X C	Other Liabilities.			
C	omplete 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
	al income taxes			
(2) CUS'	TOMER DEPOSITS			33,444.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				22.4
	n (b) must equal Form 990, Part X, col. (B) line			33,444.
	r uncertain tax positions. In Part XIII, provide on's liability for uncertain tax positions under			

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Schedule D (Form 990) 2021

Pai	rt XI	Reconciliation of Revenue per Audited Financial S	Statements With Revenue p	er Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a.		
1	Total	revenue, gains, and other support per audited financial statements		1	2,027,242.
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a		
b	Dona	ted services and use of facilities	2b		
С	Reco	veries of prior year grants	2c		
d	Other	(Describe in Part XIII.)	2d		
е	Add I	ines 2a through 2d		2e	0.
3	Subtr	act line <b>2e</b> from line <b>1</b>		3	2,027,242.
4		ints included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Inves	tment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		•
С		ines <b>4a</b> and <b>4b</b>			0.
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line	12.)		2,027,242.
Pa	rt XII	Reconciliation of Expenses per Audited Financial		s per Return	•
		Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a.	<u> </u>	1 021 206
1				1	1,831,286.
2		unts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
a		ted services and use of facilities			
b		year adjustments			
С.		losses			
d		(Describe in Part XIII.)			0
		ines 2a through 2d			0. 1,831,286.
3		act line 2e from line 1		3	1,031,200.
4		unts included on Form 990, Part IX, line 25, but not on line 1:	45		
a		tment expenses not included on Form 990, Part VIII, line 7b			
b		(Describe in Part XIII.) ines <b>4a</b> and <b>4b</b>		40	0.
5		ines <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, lir			1,831,286.
	rt XIII	Supplemental Information.	ie 18.)	<b>3</b>	1,031,200
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a d 4b; and Part XII, lines 2d and 4b. Also complete this part to provid		v, mie 4, i ait 7,	mez, ratxi,

Schedule D (Form 990) 2021

# **SCHEDULE O** (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

EAST DAVIESS COUNTY WATER ASSOC. INC.

Inspection Employer identification number

FORM 990, PART VI, SECTION A, LINE 6:
EACH WATER CUSTOMER IS A MEMBER.
FORM 990, PART VI, SECTION A, LINE 7A:
EACH MEMBER IS ENTITLED TO ONE VOTE TO ELECT A MEMBER OF THE GOVERNING
BODY.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE 990 IS PROVIDED TO THE BOARD OF DIRECTORS AND IT IS REVIEWED
AT A BOARD MEETING BEFORE IT IS MAILED.
FORM 990, PART VI, SECTION C, LINE 19:
THE ASSOCIATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST. ALSO AVAILABLE ON GUIDESTAR.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
CONTRIBUTIONS IN AID 71,527.
PART XII, LINE 2C
NO CHANGE IN OVERSIGHT PROCESS OR SELECTION PROCESS FROM THE PRIOR YEAR
HAS OCCURED.