Form **990**

Return of Organization Exempt From Income Tax

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

201**7**

▶ 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.

Open to Public Inspection

rtment of the Treasury Internal Revenue Service

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2017, and ending 20 For the 2017 calendar year, or tax year beginning D Employer identification number Check if applicable. C Name of organization Alligator Rural Water Co., Inc. Doing business as 57-0878765 Address change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change (843) 335-6464 PO Box 810 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated G Gross receipts \$ 3,756,012. McBee, SC 29101 Amended return Application pending F Name and address of principal officer H(a) Is this a group return for subordinates? Yes No H(b) Are all subordinates included? Tes No 547Sandy Point Ln, McBee, SC 29101 If "No," attach a list. (see instructions) **区** 501(c) (12) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status 501(c)(3) Website: ▶ N/A H(c) Group exemption number > Form of organization X Corporation Trust Association ☐ Other ▶ L Year of formation: 1987 M State of legal domicile: SC Part I Summary Briefly describe the organization's mission or most significant activities: Water Distribution and Sewer Service 1 Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 7 Number of voting members of the governing body (Part VI, line 1a) 7 ě Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities 5 14 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 6 0 Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 7a 20,000. Net unrelated business taxable income from Form 990-T, line 34 7b -27,918.Pror Year **Current Year** Contributions and grants (Part VIII, line 1h) 97,162 Revenue Program service revenue (Part VIII, line 2q) 3,675,595. 9 3,310,874 10 Investment income (Part VIII, column (A), lines 3,4, 1,170 8,838. Other revenue (Part VIII, column (A), lines 5, 6d 8c, 9c, foc, and 11918 93,608 71,579. 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A 3,756,012. 12 3,502,814 Grants and similar amounts paid (Part IX, column 13 14 Benefits paid to or for members (Part IX, column (M) line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 558,176 1,025,499. 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ b Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,982,398. 3,611,599. 17 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,540,574 4,637,098. -1,037,760. -881,086. Revenue less expenses. Subtract line 18 from line 12 19 Beginning of Current Year End of Year 43,985,482. 43,304,363. 20 Total assets (Part X, line 16) 26,134,122. 21 Total liabilities (Part X, line 26) . 25,934,155. 17,170,241. 22 Net assets or fund balances. Subtract line 21 from line 20 18,051,327. Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Date Sign Here Glenn Odom, General Manager Type or print name and title Print/Type preparer's name Date Check I If Paid 11715/2018 self-employed P01003218 Karen A. Currin, CPA **Preparer** Firm's EIN ▶ 20-4022503 Firm's name ▶ Phillips, Currin & Company, CPA's, LLC **Use Only** Firm's address ▶ 300 W. Home Avenue, Hartsville, SC 29550-4128 X Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions)

	0 (2017)	A		Page 2
art			art III	
1	Briefly describe the organization's missi		art III	· · ⊔
•	Water Distribution and Sewe			
2	Did the organization undertake any sign	ificant program services during the ve	ar which were not listed on the	
_	prior Form 990 or 990-EZ?			⊠ No
	If "Yes," describe these new services or	n Schedule O.	_	
3	Did the organization cease conducting	-		_
			· · · · · · · · · · · · · · · · · · ·	× No
4	If "Yes," describe these changes on Sch Describe the organization's program se		three largest program services as me	sured by
7	expenses. Section 501(c)(3) and 501(c) the total expenses, and revenue, if any,	(4) organizations are required to report	t the amount of grants and allocations	to others,
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	Provides a system for the s			
	local community. Also prov	<u>vides sewer services to lo</u>	cal businesses.	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
		••		
				·
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
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Part	V Checklist of Required Schedules			
	,		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
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		×
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
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		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		Î
а	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
h	complete Schedule D, Part VI	11a	×	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
	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		×
	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		×
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e	×	×
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
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	^	×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
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	_	×
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		×
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		×
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		×
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		×
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b 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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Part I	V Checklist of Required Schedules (continued)	-							
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 1 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II. 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 27 If "Yes," complete Schedule I, Parts I and III. 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 officer, director, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part I and III. 24 Did the organization and former officer, director, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part I was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule Schedule I, Part I was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule Schedule I, Part I was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule Schedule I, Part I was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule Schedule I, Part I was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, Part I was in a second some of the second and				Yes	No					
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part X, column (A), line 27 if "Yes," complete Schedule in Parts I and if I. 22 Did the organization seport more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Yes," complete Schedule i, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 9, 4, or 5 about compensation of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002 if "Yes," answer lines 240 through 24d and complete Schedule K. If "No." go to line 25d through 24d and complete Schedule K. If "No." go to line 25d through 24d and complete Schedule K. If "No." go to line 25d through 24d and complete Schedule K. If "No." go to line 25d through 24d and complete Schedule K. If "No." go to line 25d through 24d and complete Schedule K. If "No." go to line 25d through 24d and complete Schedule K. If "No." go to line 25d through 24d and complete Schedule K. If "No." go to line 25d through 24d and complete Schedule K. If "No." go to line 25d through 24d and complete Schedule K. If "No." go to line 25d through 24d and complete Schedule X. 24d to decide any tax exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 55a Section 501(63), 501(64), and 501(62)) organizations. Did the organization engage in an excess benefit transaction with a disqualified person line provide and the provide and the provide and the provide and the transaction with a disqualified person line provide and the provided provided provided persons? If "Yes," complete Schedule L, Part II. 15 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or damply member of a current or former officer, director, trustee, or key employee for a fam					×					
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization open time 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 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization in complete Schedule I. Parts I and III 23 24a Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization for the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II "Yos," or blue 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Cide of esses any tax-exempt bonds? Did the organization answer "Yes" to Parts II and III a	b		20b		<u> </u>					
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23 bid 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 . 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," yo to line 25a b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-evempt bonds? 10 Did the organization acts as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction during the year? If "Yes," complete Schedule I, Part I 25b 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 Form \$90 or 990 EZZ? If "Yes," complete Schedule I, Part I 26c Ibid the organization proor any amount on Part X. line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees. highest compensated employees, or disqualited persons? If "Yes," complete Schedule I, Part II 27c Did the organization provide a grant or other assistance to an officer, director, trustee, key employee? If "Yes," complete Schedule I, Part IV 28d Was the organization aparty to a business transaction with one of the following parties (see Schedule I, Part IV 28d A current or former officer, director, trustee, or key employee (if "Yes," complete Schedule I, Part IV 29d Did the organization access more than \$250 one to not provide schedule I, Part IV 29d Did	22									
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or IV, and Part V, line 1	24	· · · · · · · · · · · · · · · · · · ·	33		 ^					
Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		34		🗸					
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	352		_		1					
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related organization? If "Yes," complete Schedule R, Part V, line 2	36		1002	 	 ``					
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Part VI										
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		· · · · · · · · · · · · · · · · · · ·	37		×					
	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and								
			38	×	<u></u>					

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c		
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 14	L		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	0-	<u> </u>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	•	×
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		×
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		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
C	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		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		_ <u>×</u>
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		
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 . 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources	ŀ		
-	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 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	l		
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

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 in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See ins	struct	ions.
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			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3	×	
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	×	<u> </u>
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	×	
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		_x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	×	<u> </u>
ь 9	Each committee with authority to act on behalf of the governing body?	8b_	×	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	\	×
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
_	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 filing the form?	11a		×
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		×
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
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		×
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		×
b	Other officers or key employees of the organization	15b		×
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	L		
_	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 participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
Socii	organization's exempt status with respect to such arrangements?	16b		<u></u>
17	List the states with which a copy of this Form 990 is required to be filed SC			_
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501(c)(3)s	only)
19	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.			, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	>	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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 employees."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)					an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Robert E. Blackwell President	5.00		į	×				200.	0.	0.	
(2) Willie Mae Roary Board Member	5.00			×				250.	0.	0.	
(3) Wade H. Huggins Vice President	5.00	×						300.	0.	0.	
(4) Odis Hawkins Board Member	5.00	×						300.	0.	0.	
(5) Kenneth Sox Board Member	5.00	×						250.	0.	0.	
(6) Frankie Joyner Board Member	5.00	×						200.	0.	0.	
(7) Richard Catoe Board Member	5.00	×						200.	0.	0.	
(8) Harold Snipes Board Member	5.00	×	i					150.	0.	0.	
(9) Joseph Catoe Board Member	5.00	×						100.	0.	0.	
(10)Willie King Board Member	5.00	×						50.	0.	0.	
(11)Glenn Odom General Manager	40.00				×			428,727.	0.	0.	
(12)											
(13)											
(14)											

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	_		lighe	st C	ompensated E	mployees (cont	nued)
	(A) Name and title	(B) Average hours per week (list any	ge box, unless person is both officer and a director/trust						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)									-	-	-
(22)											
(23)											
(24)											
(25)			-								
1b c d	Sub-total Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio		•	•	· ·	•	> > >	430,727.	0.	
2	Total number of individuals (including but reportable compensation from the organi	not limited				ed	above	e) w		·	l
3	Did the organization list any former of employee on line 1a? If "Yes," complete s							-		est compensat	
4	For any individual listed on line 1a, is the organization and related organizations individual				000	? //		s, "			
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or individ	
Sectio	n B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization. Repyear.										
	(A) Name and business add	ress							(B) Description of s	ervices	(C) Compensation
Odom	and Associates, Inc., PO Bo	x 810, M	IcBe	Э,	sc	29	101	Ма	nagement (Company	363,629.
			_						<u> </u>		
2	Total number of independent contractor received more than \$100,000 of compens							th	lose listed abo	ove) who	

Part	VIII	Statement of Revenue				-		
	•	Check if Schedule O contain	s a res	ponse or note t	o any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
र स	1a	Federated campaigns	1a]			- 	
Gifts, Grants ilar Amounts	b	Membership dues	1b		Ĭ			
S, G	C	Fundraising events	1c]			
a E	d	Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions)	1e					
tion	f	All other contributions, gifts, grants						
ĕ ₹		and similar amounts not included above	9 <u>1f</u>					
Contributions, and Other Sim	g	Noncash contributions included in lines	1a-1f: \$,
-	h	Total. Add lines 1a-1f	٠	<u> ▶</u>				
Program Service Revenue				Business Code	1 = 1 - 1	COME.	10	
) Ye	2a	Water revenue		221000	2,952,196.	2,952,196.	0.	0.
~	b	Sewer revenue		221000	620,500.	620,500.	0.	0.
<u>Ş</u>	C	Penalties and tap fe	es	221000	72,337.	72,337.	0.	0.
Ser	d	Reconnect fees		221000	13,585.	13,585.	0.	0.
ᄪ	е	Credit card fees/bank ch		221000	9 <u>,</u> 802.	9,802.	0.	0.
ogu	f	All other program service reve			7,175.	7,175.	0.	0.
4	g	Total. Add lines 2a-2f			3,675, <u>595</u> .	<u> </u>	·	
	3	Investment income (including	g divid				_	_
		and other similar amounts) .		•	8,838.	8,838.	0.	0.
	4	Income from investment of tax-ex	empt b	ond proceeds ►				
	5	Royalties		<u> ▶</u>				
		(I) H	nal .	(ii) Personal	the spent			
	6a	Gross rents .			ng) na Hallendenberno k	1	الأساد المادية الأساد الأساد المادية الأساد المادية الأساد المادية الأساد المادية الأساد المادية المادية المادي	
	b	Less: rental expenses			1			
	C	Rental income or (loss)		<u> </u>		-		
	d	Net rental income or (loss) .						
	7a	Gross amount from sales of (i) Secu	irities	(ii) Other	1			
		assets other than inventory			1]		
	b	Less: cost or other basis						
		and sales expenses .			-			
	С	Gain or (loss)						
	d	Net gain or (loss)		<u> ▶</u>	li .			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line						
her F		See Part IV, line 18	· a		 -			
ð		Less: direct expenses				•		
		Net income or (loss) from fund Gross income from gaming act		events . ►				
		See Part IV, line 19	_		 		11.1	
	b	Less: direct expenses Net income or (loss) from gam						#### · · ·
	_	Gross sales of inventory,	-					
	104	returns and allowances				,		
	ь	Less: cost of goods sold	_		_			
		Net income or (loss) from sale			J			
		Miscellaneous Revenue		Business Code	1			
	11a	Pine straw income		110000	20,000.	0.	20,000.	0.
	l la b			11000	20,000.	 	20,000.	
	_			-	 			
	d	All other revenue		_	51,579.	51,579.	0.	0.
	e	Total. Add lines 11a–11d		•	71,579.	+	<u> </u>	
	12	Total revenue. See instruction				3,736,012.	20,000.	0.

	Statement of Functional Expenses	enloto all calumna. Al	I other ergenization	no must complete col	lump (A)
Sectio	n 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a response tinclude amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) 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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	428,727.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	378,038. 90,145.			
9 10 11	Other employee benefits	83,508. 45,081.			
a b	Management	363,629.			
c d e	Accounting	-			
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)		2 3 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
12 13 14	Advertising and promotion	13,173.	-		
15 16 17	Royalties	4,748.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	4,740.			
19 20 21	Conferences, conventions, and meetings . Interest	814,164.			
22 23	Depreciation, depletion, and amortization . Insurance	1,400,829. 41,820.			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a b	billing charges taxes and licenses	6,145. 521.			
c d e	Chemicals for water and sewer system Professional fees All other expenses	32,140. 38,759. 895,671.			
25	Total functional expenses. Add lines 1 through 24e	4,637,098.			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				

Form 990 (2017) Page **11** Part X Balance Sheet

	•	Check if Schedule O contains a response or note to any line in this Pal	<u>tX</u>	<u> </u>	<u></u> <u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	97,562.	1	196,528.
	2	Savings and temporary cash investments	890,434 <u>.</u>	2	893,104.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	491,745.	4	552,016.
	5	Loans and other receivables from current and former officers, directors,			1
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			ľ
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
/A		organizations (see instructions). Complete Part II of Schedule L	 -	6	
Assets	7	Notes and loans receivable, net		7	42,702.
Ass	8	Inventories for sale or use	97,000.	8	137,223.
_	9	Prepaid expenses and deferred charges	8,136.	9	8,136.
	10a	Land, buildings, and equipment, cost or	0,200.		
		other basis. Complete Part VI of Schedule D 10a 54, 569, 396.			
	ь	Less: accumulated depreciation 10b 13,311,946.	42,386,317.	10c	41,257,450.
	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	14,288.	14	217,204.
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	43,985,482.	16	43,304,363.
	17	Accounts payable and accrued expenses	1,436,391.	17	1,802,143.
	18	Grants payable	2 221	18	050 100
	19	Deferred revenue	2,021.	19	250,182.
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and			
Ē		disqualified persons. Complete Part II of Schedule L		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties	23,911,606.	23	23,404,873.
	24	Unsecured notes and loans payable to unrelated third parties	20,022,0001	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	1		
		of Schedule D	584,137.	25	676,924.
	26	Total liabilities. Add lines 17 through 25	25,934,155.	26	26,134,122.
Ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.			
and	27	Unrestricted net assets	17,160,893.	27	16,277,137.
Bai	28	Temporarily restricted net assets	890,434.	28	893,104.
5	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ę	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ž	33	Total net assets or fund balances	18,051,327.	33	17,170,241.
	34	Total liabilities and net assets/fund balances	43,985,482.	34	43,304,363.

Page	1	2
, age		-

Part	XI Reconciliation of Net Assets						
	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	3,	756,0	12.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,	637,0	98.		
3	Revenue less expenses. Subtract line 2 from line 1	3	_	881,0	86.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,	051,3	327.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7 Investment expenses							
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10	17,	170,2	241.		
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	in				
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		×		
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	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	×			
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a				
	separate basis, consolidated basis, or both:						
	⊠ Separate basis □ Consolidated basis □ Both consolidated and separate basis						
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or						
	of the audit, review, or compilation of its financial statements and selection of an independent account	ıntant	? <u>2</u> c	×			
	If the organization changed either its oversight process or selection process during the tax year, exchedule O.	plain	in				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in				
	the Single Audit Act and OMB Circular A-133?		. За		×		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b				
			Ec	.m 990	(2017)		

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 12b. ➤ Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name o	f the organization		Employer identification number
All	gator Rural Water Co., Inc.		57-0878765
Par			
	Complete if the organization answered '		
		(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)	<u> </u>	
4	Aggregate value at end of year	advisors in writing that the assets h	lold in donor advised
5	funds are the organization's property, subject to the	e organization's exclusive legal contro	ol? 🗌 Yes 🗌 No
6			or any other purpose
Par			
	Complete if the organization answered '		
1	Purpose(s) of conservation easements held by the		f - Listavically important land avec
	Preservation of land for public use (e.g., recreatProtection of natural habitat		f a certified historic structure
	Preservation of open space	rreservation o	i a dei allea filotorio difactare
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation
_	easement on the last day of the tax year.	,	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	s	2b
C	Number of conservation easements on a certified h	nistoric structure included in (a)	2c
d	Number of conservation easements included in		
	, motorio on control in the standard stage		· · 2d
3	Number of conservation easements modified, trans	sterred, released, extinguished, or teri	minated by the organization during the
	tax year ► Number of states where property subject to conse	nyation easement is located	
4 5	Does the organization have a written policy re		spection, handling of
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing	conservation easements during the year
_		handling of violations and onforcing	concentration accoments during the year
7	Amount of expenses incurred in monitoring, inspectin ▶ \$	ig, nandling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	f section 170(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?	• •	
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text of	of the footnote to the organization's fir	
	organization's accounting for conservation easeme		
Part	III Organizations Maintaining Collection		
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF	AS 116 (ASC 958), not to report in its	s revenue statement and balance sheet
	works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the f		
_	If the organization elected, as permitted under S		
b	works of art, historical treasures, or other similar public service, provide the following amounts relat	assets held for public exhibition, ed	
	(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 following amounts required to be reported under S	, historical treasures, or other simila	r assets for financial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		

Part	Organizations Maintaining Coll	ections of Art, His	torical Treasures,	or Other Similar As	sets (continued)
3	Using the organization's acquisition, access collection items (check all that apply):	ssion, and other recor	ds, check any of the	e following that are a s	ignificant use of its
а	☐ Public exhibition	d	Loan or exchang	e programs	
b	☐ Scholarly research	e			
С	☐ Preservation for future generations				
4	Provide a description of the organization's XIII.	collections and expla	in how they further	the organization's exer	npt purpose in Part
5	During the year, did the organization solic assets to be sold to raise funds rather than	to be maintained as p			
Part	Escrow and Custodial Arrange Complete if the organization ansi 990, Part X, line 21.		m 990, Part IV, line	9, or reported an an	nount on Form
1a	Is the organization an agent, trustee, cust included on Form 990, Part X?				
b	If "Yes," explain the arrangement in Part XI	II and complete the fo	llowing table:	A	mount
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 amount on			stodial account liability	? 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Part XI	II. Check here if the ex	planation has been	provided on Part XIII .	🗆
Par	V Endowment Funds.				
	Complete if the organization ans	wered "Yes" on For	m 990, Part IV, line	10.	
	(a)	Current year (b) Pro	or year (c) Two years	s back (d) Three years back	(e) Four years back
1a	Beginning of year balance				
b	Contributions				
С	Net investment earnings, gains, and losses				
ď	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 cu	irrent year end balanc	e (line 1g, column (a)) held as:	
а	Board designated or quasi-endowment ▶				
b	Permanent endowment ▶%	•			
C	Temporarily restricted endowment ▶	%			
	The percentages on lines 2a, 2b, and 2c sh	nould equal 100%.			
3a	Are there endowment funds not in the pos	session of the organia	zation that are held a	and administered for th	ne
	organization by:				Yes No
	(i) unrelated organizations				3a(i)
	(ii) related organizations				3a(ii)
b	If "Yes" on line 3a(ii), are the related organia				3b
4	Describe in Part XIII the intended uses of the	ne organization's endo	wment funds.		
Part			· · · · · · · · · · · · · · · · · · ·	,	
	Complete if the organization ans	wered "Yes" on For	m 990, Part IV, line	11a. See Form 990,	Part X, line 10.
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	1,264,061.			1,264,061.
b	Buildings	423,444.		133,119.	290,325.
С	Leasehold improvements		0.		0.
ď	Equipment	1,346,544.		1,331,194.	15,350.
е	Other	51,535,347.		11,847,633.	39,687,714.
Total.	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part)	(, column (B), line 10	c.)	41,257,450.

	(a) Description of security or category		(b) Book value		b) Method of valuation
	(including name of security)			Cost o	or end-of-year market value
(1) Financial			-		
	eld equity interests				
(3) Other				_	
(A)			-		
(B)			-		
(C)		· 		_	
(D)				<u> </u>	
(E)					
(F)		· 			
(G)					
(H)				,	
) must equal Form 990, Part X, col (B) line 12.) ▶	<u> </u>			
Part VIII	Investments—Program Related		000 B + 11/		' 000 D1 V 1' 40
	Complete if the organization answ	wered "Yes" on Fo		ĭ	
	(a) Description of investment		(b) Book value) Method of valuation: or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)		·			
(6)					
CT					
(7)				_	
(8)					
(8) (9)					
(8) (9) Total. (Column (t	n) must equal Form 990, Part X, col. (B) line 13.) ▶				
(8) (9)	Other Assets.				
(8) (9) Total. (Column (t	Other Assets. Complete if the organization answ		orm 990, Part IV,	line 11d. See F	
(8) (9) Total. (Column (t	Other Assets. Complete if the organization answ	wered "Yes" on Fo	orm 990, Part IV,	line 11d. See F	Form 990, Part X, line 15
(8) (9) Total. (Column (t	Other Assets. Complete if the organization answ		orm 990, Part IV,	line 11d. See F	
(8) (9) Total. (Column (t Part IX	Other Assets. Complete if the organization answ		orm 990, Part IV,	line 11d. See F	
(8) (9) Total. (Column (t	Other Assets. Complete if the organization answ		orm 990, Part IV,	line 11d. See F	
(8) (9) Total. (Column (t Part IX	Other Assets. Complete if the organization answ		orm 990, Part IV,	line 11d. See F	
(8) (9) Total. (Column (t Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answ		orm 990, Part IV,	line 11d. See F	
(8) (9) Total. (Column (t Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answ		orm 990, Part IV,	line 11d. See F	
(8) (9) Total. (Column (t Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answ		orm 990, Part IV,	line 11d. See F	
(8) (9) Total. (Column (t Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answ		orm 990, Part IV,	line 11d. See F	
(8) (9) Total. (Column (t Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answer	a) Description	orm 990, Part IV,	line 11d. See F	
(8) (9) Total. (Column (t) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (t)	Other Assets. Complete if the organization answard (a	a) Description	orm 990, Part IV,	line 11d. See F	
(8) (9) Total. (Column (t Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answard (a	ol. (B) line 15.)			(b) Book value
(8) (9) Total. (Column (t) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (t)	Other Assets. Complete if the organization answard (a	ol. (B) line 15.)			(b) Book value
(8) (9) Total. (Column (t) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (t)	onn (b) must equal Form 990, Part X, concepted if the organization answers. Other Liabilities. Complete if the organization answers.	ol. (B) line 15.)			(b) Book value
(8) (9) Total. (Column (t) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (t) Part X	other Assets. Complete if the organization answers. (a mn (b) must equal Form 990, Part X, complete if the organization answers. Complete if the organization answers. (a) Description of liability	ol. (B) line 15.) wered "Yes" on Fo			(b) Book value
(8) (9) Total. (Column (t) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (t) Part X	onn (b) must equal Form 990, Part X, concepted if the organization answers. Other Liabilities. Complete if the organization answers. Ine 25. (a) Description of liability.	ol. (B) line 15.) wered "Yes" on Fo	orm 990, Part IV,		(b) Book value
(8) (9) Total. (Column (t) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (t) Part X 1. (1) Federal in (2) Net Pe	other Assets. Complete if the organization answers. (a mn (b) must equal Form 990, Part X, complete if the organization answers. Complete if the organization answers. (a) Description of liability	ol. (B) line 15.) wered "Yes" on Fo			(b) Book value
(8) (9) Total. (Column (t) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (t) Part X	onn (b) must equal Form 990, Part X, concepted if the organization answers. Other Liabilities. Complete if the organization answers. Ine 25. (a) Description of liability.	ol. (B) line 15.) wered "Yes" on Fo	orm 990, Part IV,		(b) Book value
(8) (9) Total. (Column (t) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (t) Part X 1. (1) Federal in (2) Net Pe (3) (4)	onn (b) must equal Form 990, Part X, concepted if the organization answers. Other Liabilities. Complete if the organization answers. Ine 25. (a) Description of liability.	ol. (B) line 15.) wered "Yes" on Fo	orm 990, Part IV,		(b) Book value
(8) (9) Total. (Column (t) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (t) Part X 1. (1) Federal In (2) Net Pe (3) (4) (5)	onn (b) must equal Form 990, Part X, concepted if the organization answers. Other Liabilities. Complete if the organization answers. Ine 25. (a) Description of liability.	ol. (B) line 15.) wered "Yes" on Fo	orm 990, Part IV,		(b) Book value
(8) (9) Total. (Column (t) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (t) Part X 1. (1) Federal in (2) Net Pe (3) (4) (5) (6)	onn (b) must equal Form 990, Part X, concepted if the organization answers. Other Liabilities. Complete if the organization answers. Ine 25. (a) Description of liability.	ol. (B) line 15.) wered "Yes" on Fo	orm 990, Part IV,		(b) Book value
(8) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) Federal in (2) Net Pe (3) (4) (5) (6) (7)	onn (b) must equal Form 990, Part X, concepted if the organization answers. Other Liabilities. Complete if the organization answers. Ine 25. (a) Description of liability.	ol. (B) line 15.) wered "Yes" on Fo	orm 990, Part IV,		(b) Book value
(8) (9) (7) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) Federal in (2) Net Pe (3) (4) (5) (6) (7) (8) (9)	onn (b) must equal Form 990, Part X, concepted if the organization answers. Other Liabilities. Complete if the organization answers. Ine 25. (a) Description of liability.	ol. (B) line 15.) wered "Yes" on Fo	orm 990, Part IV,		(b) Book value
(8) (9) Total. (Column (t) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (t) Part X 1. (1) Federal in (2) Net Pe (3) (4) (5) (6) (7) (8) (9)	onn (b) must equal Form 990, Part X, concepted if the organization answers. Other Liabilities. Complete if the organization answers. Ine 25. (a) Description of liability.	ol. (B) line 15.) wered "Yes" on Fi	orm 990, Part IV,		(b) Book value

. Part		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	3,756,012.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a	:	
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,756,012.
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.)	4.	
_	Add lines 4a and 4b	4c	2.756.010
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 Dotu	3,756,012.
Part		i netu	111.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1	4 637 000
1	Total expenses and losses per audited financial statements		4,637,098.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b			
ب د			
d	Other (Describe in Part XIII.)	2e	
e	Subtract line 2e from line 1	3	4,637,098.
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		4,037,030.
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,637,098.
Part			
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in		
			·····
			•••••
	,		
			

Schedule D (Fo	om 990) 2017	Page 5
Part XIII	Supplemental Information (continued)	
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Schedule D (Form 990) 2017

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Alligator Rural Water Co., Inc. **Employer identification number** 57-0878765

Part	Questions Regarding Compensation			
			Yes	No
Ίа	Check the appropriate box(es) if the organization provided any of 990, Part VII, Section A, line 1a. Complete Part III to provide any re			
		allowance or residence for personal use		
		ts for business use of personal residence		
	· · · · · · · · · · · · · · · · · · ·	or social club dues or initiation fees		
		Il services (such as, maid, chauffeur, chef)		
		a solvious (saori au, maia, onaunear, oner)		١ ،
b	If any of the boxes on line 1a are checked, did the organizat	ion follow a written policy regarding payment		
	or reimbursement or provision of all of the expenses des			
	explain			
2	Did the organization require substantiation prior to reimbu	ursing or allowing expenses incurred by all		
	directors, trustees, and officers, including the CEO/Executive	Director, regarding the items checked on line		
	1a?			
3	Indicate which, if any, of the following the filing organization us			
	organization's CEO/Executive Director. Check all that apply. De			
	related organization to establish compensation of the CEO/Exe	· · ·	1	
	<u> </u>	employment contract		
	· · · · · · · · · · · · · · · · · · ·	nsation survey or study		
	☐ Form 990 of other organizations ☐ Approve	al by the board or compensation committee		
		l i		
4	During the year, did any person listed on Form 990, Part VII, Se	ction A, line 1a, with respect to the filing	1	
	organization or a related organization:	<u> </u>		
а	Receive a severance payment or change-of-control payment?			×
b	Participate in, or receive payment from, a supplemental nonqui	· · · · · · · · · · · · · · · · · · ·		×
С	Participate in, or receive payment from, an equity-based comp	() () () () () () () () () ()	_	×
	If "Yes" to any of lines 4a-c, list the persons and provide the ap	oplicable amounts for each item in Part III.	ŀ	
	Only 2015 2015 2015 2015 2015 2015 2015 2015	a must a must be lines 5.0		
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organization			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did compensation contingent on the revenues of:	the organization pay or accrue any		
_				
a	The organization?			
D	Any related organization?		/	
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any		
U	compensation contingent on the net earnings of:	and organization pay or additioning		
а	The organization?			
b				
•	If "Yes" on line 6a or 6b, describe in Part III.			7
	ii 100 oi iiio oa oi ob, aosoribo ii i ar iii.			
7	For persons listed on Form 990, Part VII, Section A, line 1	a, did the organization provide any nonfixed	 	
_	payments not described on lines 5 and 6? If "Yes," describe in	• • • • • • • • • • • • • • • • • • • •	- 1	
8	Were any amounts reported on Form 990, Part VII, paid or acci	<u></u>		
_	to the initial contract exception described in Regulations			
	ın Part III			
		<u> </u>		
9	If "Yes" on line 8, did the organization also follow the reb	uttable presumption procedure described in		
	Regulations section 53.4958-6(c)?	· · · · · · · · · · · · · · · · · · ·		

9

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	or eac	h listed ındividual mı	ust equal the total ame	ount of Form 990, Pa	rt VII, Section A, line	1a, applicable columi	n (D) and (E) amount:	s for that individual.
		(B) Breakdown c	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)-(D)(B)	in column (B) reported as deferred on prior Form 990
Glenn Odom	(3)	428,727.		0.	48,918.	0	477,645.	0.
	€	.0	0.	0.	.0	0.	0.	0.
	€							
2	€							
	(3)							
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	(3)							
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	(9)							
8	(ii)							
	(j)							
6	(E)							
	9							
10	<u>(i)</u>							
	()							
11	(E)							
	€							
12	(ii)							
	()							
13	(ii)							
	(3)							
14	(ii)							
	9					!		
15	(E)				1			
	€		-					1
16	(E)							
BAA			REV 10/16/18 PRO				Sch	Schedule J (Form 990) 2017

Schedule J (Form 990) 2017 REV 10/16/18 PRO -₩-

SCHEDULE L

Transactions With Interested Persons (Form 990 or 990-EZ)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury

Open To Public

nternal F	Revenue Service		► Go t	o www.irs.gov/F	orm99	0 for instru	ictions and t	he late	st information.			In	spect	ion	
lame of	the organization			<u> </u>						yer ider	tificati	on nu	nber		
Alli	gator Rural	Wate	r Co.,	Inc.					57-	0878	765				
Part	Excess Be	enefit T	ransaction	s (section 501	(c)(3),	section	501(c)(4), a	nd 50	1(c)(29) organiz	ations	only)				
	Complete	if the or	ganization	answered "Ye	s" on	Form 99	0, Part IV, lı	ne 25	a or 25b, or Fo	rm 990)-EŽ,	Part '	V, line	40b.	
4				(b) Relationship be	tween	disqualified	person and		(a) Desemble					(d) Corr	rected?
1	(a) Name of disqual	mea perso	on		organız	ation			(c) Description	n or trair	ISACTION	1		Yes	No
(1)					_										
(2)	<u> </u>						_								
(3)															
(4)															
(5)		_		•											
(6)			-	_											
2	Enter the amou	unt of ta	ax incurred	by the organ	nizatio	n manag	gers or disc	qualifi	ed persons du	ring tl	ne ye	ar			
	under section 4											▶ \$;		
3	Enter the amou	nt of tax	. if anv. on	line 2. above.	reimb	oursed by	the organi	zatior	1		1	▶ \$,		
•	2		.,,,			,	3					,			
Part	I Loans to	and/or	From Inter	ested Person	S.										
	Complete					Form 99	0-EZ, Part \	V, line	38a or Form 99	90, Pa	rt IV,	line 2	6; or i	f the	
	organizatio	on repoi	rted an amo	ount on Form 9	90, F	Part X, line	e 5, 6, or 22	2.							
	· <u>-</u> ·	T.					l			T					
(a) Na	me of interested pers		Relationship organization	(c) Purpose of loan		oan to or om the	(e) Origin principal am		(f) Balance due	(g) in c	lefault?		proved pard or		ntten ment?
		"""	r organization	l loui.		nization?				1			nittee?		
					То	From	ł		ı	Yes	No	Yes	No	Yes	No
(1)						1.0				+	'''		1110		
(2)							 			1					
(3)				-		-	 			1					
(4)						+									
(5)															
(6)			_		 					1		-			
(7)				-		+	-			 					\vdash
(8)								_		 					
(9)						+			-	+			 		
(10)															
Total					1	l		. >	\$						
Part				fiting Interest				<u>: </u>	<u>*</u>						
rait				answered "Ye			0, Part IV, I	ine 27	,						
	<u></u>			ship between inter					•			٠			
(a)	Name of interested p	erson	(b) Relation	ship between inter and the organization	ested on	(c) Amoun	t of assistance	١ '	d) Type of assistant	Ce	(e	Purpo	ose or a	ssistan	ce
/4\			P												
(1)			_								-				
(2)			-			-									
(3)						-			.		 				
(4)			 			-		-							
(5)						-		1			-				
(6)						-									
(7)						-		-							
(8)			-			<u> </u>		 			-				
m			1					1			i				

(10)

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	ation
				Yes	No
dom and Associates, Inc	. Management Company	363,629.	Provide Management Services		×
	-				<u> </u>
***************************************				 	ļ

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				 -	
Supplemental Information					
Provide additional information	Tion responses to questions		, instructions).		
~ DRUWER DAR BURKER BURKER SV DR					
			· 		

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.

20**17**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Name of the organization	Employer identification number					
Alligator Rural Water Co., Inc.	57-0878765					
Pt VI, Line 18: Copies are available at office for anyone who req	uests.					
Pt VI, Line 3: The Organization contracts with a management company for the						
day to day operations.						
Pt VI, Line 6: The Organization has members.						
Pt VI, Line 7a: Members elect						
Pt VI, Line 11b: General manager reviews with CPA and board membe	rs are given					
copies usually after filed.						
Pt IX, Line 24e:						
Description: telephone						
Total: \$44,898						
Description: water and sewer repairs and supplies						
Total: \$154,215						
Description: Bank charges						
Total: \$10,923	•••••••••••••••••••••••••••••••••••••••					
Description: Dues and permits						
Total: \$14,261						
Description: Utilities for the water system						
Total: \$367,096						
Description: Sewer contract city of Hartsville						
Total: \$217,850	, 					
Description: Adjustments and bad debt						
Total: \$86,428	·····					
Description:						
<u></u>						