Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

\overline{A}	For the	2017 cale	ndar year, or tax year beginning	CANUARY 1	, 20	17, and end	ding Decel	nher 3	1,2017					
В				D Employer identification number										
$\bar{\Box}$	Address		C Name of organization Hilldale Water Doing business as	1	64-0562827									
$\overline{\sqcap}$	Name ch		Number and street (or P O, box if mail is	s not delivered to s	treet address)	Room	/suite	E Telepho	one number					
Ħ	Initial ret			601-636-8475										
$\overline{\Box}$		m/terminated	4326 Lee Road City or town, state or province, country,	and ZIP or foreign	postal code	<u> </u>		 	001-000-0470					
$\overline{\Box}$	Amende		Vicksburg, Mississippi 39180	J	•			G Gross re	eceints \$	1451259				
\exists		•	F Name and address of principal officer		-		H/a) Is thus	_	subordinates? Yes	☑ No				
_	Аррисан	ion pending	George Hunt, President, same as a	hove					es included? Tes	_				
	Tay-ovor	mpt status		2) ◀ (insert no)	4947(a)(1)	or 527			a list, (see instructio					
÷	Website		<u> </u>	Z) ~ (iiiseit iio)	#347 (a)(1)	101 🗀 323		up exemption	•					
<u>K</u>			Corporation Trust Association	Other ▶	l I	L Year of form			of legal domicile	NAC .				
P	art I	Summ		I Outer =	<u> </u>	L Teal Of Ton	nation: 195	6 W State	or legal dorniche	<u>MS</u>				
	_			or most signif	icant activit	tion: Own	orchin onorc	tion and n	naintananaa of a	rural				
Ð	'	1 Briefly describe the organization's mission or most significant activities: Ownership, operation, and maintenance of a rural												
Governance		water association												
Ĕ	,	Chook th	s box ▶☐ If the organization dis	continued its			d of more th		ita nat secata					
Š	2		of voting members of the governi				u oi more un	ı	its net assets.	_				
Ģ				• • •				. 3	-	<u></u>				
Se	4		of independent voting members of	-			b)							
ŧ	5		ber of individuals employed in c	-	,	•		. 5		6				
Activities &	6		ber of volunteers (estimate if ned	• •	· · · · ·			. 6		0				
٩	7a		elated business revenue from Par					. 7a		0				
_	b	ivet unrei	ated business taxable income fro	m Form 990 -1	June 34 .	:-:	Prior	. 7b	Current Ye	0				
		Contribut	ions and grants (Dort VIII, line 1h		RECE	11	Filor	1 Cai	Current re					
e	8		ions and grants (Part VIII, line 1h)	+										
Revenue	9	1901 WAV												
Be.	10	Other revenue (Part VIII, column (A), lines 3, 4, and 76) /												
	11						3/							
_	12		nue—add lines 8 through 11 (mus			A), line 1/2)7	//	1330056	-	1451259				
	13		nd similar amounts paid (Part IX,											
	14		paid to or for members (Part IX, o		-	· · · · /								
Ses	15		other compensation, employee ber	•		nes 5=+U)		361122	!	373844				
Expenses	16a		nal fundraising fees (Part IX, colu		-		0.54 NS / 1968 TWS #		1-38645-004265-0038-0040	waren will				
쫎	b		draising expenses (Part IX, colum							*******				
_	17		penses (Part IX, column (A), lines		-		<u> </u>	781538	1	877582				
	18	•	enses. Add lines 13-17 (must eq			e 25) .		1142660	 	1251426				
_	19	Revenue	less expenses. Subtract line 18 f	rom line 12 .		• • •		187396	·	199833				
ets or							Beginning of		End of Ye					
Sset	20		ets (Part X, line 16)					7887492		7839743				
Net Ass	21		lities (Part X, line 26)					4548583		4301001				
			s or fund balances. Subtract line	21 from line 2	<u>0</u>	· · ·		3338909	<u></u>	3538742				
Ľ	art II	Signat	ure Block											
			y, I declare that I have examined this retu						my knowledge and	belief, it is				
	e, correc	t, and compl	ete. Declaration of preparer (other than off	icer) is based on ai	i information o	wnich prepa	arer nas any kno	wieage.						
		I —	George L.	Hunt, Jc.					/					
Sig	_	Sign	ature of officer	P 71.	11-1		ĺ	סate איש	5/10					
He	ere	I —	seone -	1./4V	11 g	1,		~/ (0/18					
_		<u> </u>	or print name and title											
Pa	aid	Print/Ty	pe preparer's name Pro	eparer's signature		cos	Date	Check	☐ 4 PTIN	_				
	epare	A Kenr	eth Halford, Jr.	14inc	11750	71	1/2/18	self-em	ployed P0083	0313				
	se Onl	1	ame F The Halford Firm, PLLC				F	rm's EIN 🕨	64-07550	13				
		Firm's a	ddress ► 1612 Mission 66, Vicksbu				Р	hone no.	601-636-89	73				
Ma	y the IF	RS discus	this return with the preparer sho	wn above? (se	e instruction	ons)			🗹 Yes	No				
Fo	r Paperv	work Redu	ction Act Notice, see the separate	instructions.		Cat	. No. 11282Y		Form 9	90 (2017)				

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1251426 including grants of \$) (Revenue \$1451259)
	Water treatment and distribution to approximately 1,800 members
4b	(Code:) (Expenses \$ncluding grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)

4d	Other program services (Describe in Schedule O.)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1251426
70	Total program service expenses ► 1251426 Form 990 (2017
	Form 990 (2017



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		7
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			-
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4	-	
-	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
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		V
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		<i>y</i>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		7	
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		
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		<u> </u>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		V
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	,	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	~	
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		~
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
b	Schedule D, Parts XI and XII	12a	~	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		<u> </u>
	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		<u> </u>
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		<u> </u>
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		<u> </u>
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		<u> </u>
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		<u> </u>

Part	Checklist of Required Schedules (continued)	_		-3- •
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
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_		V.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		v
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		,
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		v
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		~
25a		25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		v
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		v
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		,
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 contributions? If "Yes," complete Schedule M	30		,
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	\vdash	1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	V	

art	V	Check if Schodule O centains a response or note to any line in this Part V			
		Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	Yes	No
1a	Ente	er the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 8		223	
		er the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Dıd	the organization comply with backup withholding rules for reportable payments to vendors and			To de
	repo	ortable gaming (gambling) winnings to prize winners?	1c		V
2a	Ente	er the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Stat	ements, 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	~	
	Note	e. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			300
3a		the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
þ	If "Y	'es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a		my time during the calendar year, did the organization have an interest in, or a signature or other authority			
		r, a financial account in a foreign country (such as a bank account, securities account, or other financial	'	i	_
		ount)?	4a		~
b		'es," enter the name of the foreign country: ▶			
		instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBA	·			727
_		s the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_		~
b		any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		~
C-		'es" to line 5a or 5b, did the organization file Form 8886-T?	5c_		~
6a		es the organization have annual gross receipts that are normally greater than \$100,000, and did the			
h		anization solicit any contributions that were not tax deductible as charitable contributions?	6a		_
b		Yes," did the organization include with every solicitation an express statement that such contributions or	Ch.		
7	_	s were not tax deductible?	6b	39184.7	~250
	_	the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_		services provided to the payor?	7a		
b		es," did the organization notify the donor of the value of the goods or services provided?	7b		
c		the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		
		uired to file Form 8282?	7c		
d	If "Y	res," indicate the number of Forms 8282 filed during the year			100
е		the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ACTAIN NA	. 17.5.,*
f		the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g		e organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the	e organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Spo	onsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
		nsoring organization have excess business holdings at any time during the year?	8_		
9	-	onsoring organizations maintaining donor advised funds.			
а		the sponsoring organization make any taxable distributions under section 4966?	9a		
b		the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10		tion 501(c)(7) organizations. Enter:			
а		ation fees and capital contributions included on Part VIII, line 12			
b		ss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			1
11		tion 501(c)(12) organizations. Enter:			
a	-	ss income from members or shareholders			
b		ss income from other sources (Do not net amounts due or paid to other sources			
	_	inst amounts due or received from them.)			
12a		ction 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	100	MACK!
D D		/es," enter the amount of tax-exempt interest received or accrued during the year			1
13		ction 501(c)(29) qualified nonprofit health insurance issuers. The organization licensed to issue qualified health plans in more than one state?	10		Z X
а		te. See the instructions for additional information the organization must report on Schedule O.	13a	hanani	2247
b	Ente	er the amount of reserves the organization is required to maintain by the states in which			
	the	organization is licensed to issue qualified health plans			
С		er the amount of reserves on hand			2.0
14a		the organization receive any payments for indoor tanning services during the tax year?	1/10	• •	理解を
		(es." has it filed a Form 720 to report these payments? If "No." provide an evolunation in Schedule O	14a		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C). See ins		ions.					
Secti	Check if Schedule O contains a response or note to any line in this Part VI	<u>· · · · · · · · · · · · · · · · · · · </u>	•	. <u>v</u>					
		[*e2*] 1	Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	737.3							
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 wire any other officer, director, trustee, or key employee?	7 th 2		•					
3	Did the organization delegate control over management duties customarily performed by or under the dire supervision of officers, directors, or trustees, or key employees to a management company or other person? .	ct 3		~					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1					
5 6 7a	Did the organization have members or stockholders?								
b	one or more members of the governing body?								
	stockholders, or persons other than the governing body?	7b	n w shi	V					
8	Did the organization contemporaneously document the meetings held or written actions undertaken durir the year by the following:	9							
a	The governing body?	8a	~						
ь 9	Each committee with authority to act on behalf of the governing body?	8b	<u> </u>	~					
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		~					
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Rev	<u>renue C</u>	ode.,						
10a	Did the organization have local chapters, branches, or affiliates?	10a	res	No 🗸					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapter affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?			~					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		17.57.1 182.11						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		~					
b b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts. Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes describe in Schedule O how this was done.								
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 transfer independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	У	£\$93	- 194 - 194					
a	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 with a taxable entity during the year?								
b		16a		~					
J	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?								
Secti	ion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶ None								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sec available for public inspection. Indicate how you made these available. Check all that apply.	iion 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 financial statements available to the public during the tax year.	ınterest	policy	y, and					
20	State the name, address, and telephone number of the person who possesses the organization's books and	records	:▶						
	Bradley Barnes 4326 Nailor Road, Vickshurg, MS 39180 601-636-8475								

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Form	aan	/201	7

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Part VII	Compensation of Officers, Directors,	Trustees, Ko	ey Employees,	Highest Co	mpensated E	Employees,	and
	Independent Contractors						

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization no	r any relate	d orga	anız	atıo	n c	ompe	nsa	ited any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos eck s pe	rson	e than c is both or/trust	an ee)	(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
(1) George Huny	various									
President		1		~				3900	0	0
(2) John Moss	various									
Vice-President		~		~			L	3900	0	0
(3) David Downey	various		ŀ							
Secretary/Treasurer	ļ	~	_	~				3900	0	0
(4) Randall Williams	various	١.						ļ		_
Director	ļ	"	<u> </u>		_		<u> </u>	3900	0	0
(5) Cliff Grey	various	١.						1		
Director	ļ	<u> </u>	┡		<u> </u>		<u> </u>	3300	0	0
(6) Mark Dortch	various	١.		ļ				Ì		
Director	<u> </u>	"	├	<u> </u>	-		_	3600	0	0
(7) Jeff Averett	various	,								_
Director	 	-	⊢	-	_			3600	0	0
(8)										
(9)										
(10)										
(11)							-			
(12)			-							
(13)			-							
(14)	 	-			-					, .

Part	Section A. Officers, Directors, Trust	ees, key E	mpio	yees	, ai	ių r	ilgile	51 C	ompensated L	inhinaees (JOHEN	
	(A) Name and title	(B) Average hours per	box, office	unles	Pos eck s pe	rson	e than o is both or/trus	an	(D) Reportable compensation	(E) Reportab compensation related		(F) Estimated amount of other
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizatio Organizatio (W-2/1099-N		compensation from the organization and related organizations
(15)												
(16)												
(17)												
(18)						ļ				<u> </u>		
(19)												
(20)				H		_				<u> </u>		
(21)								\vdash				
(22)						<u> </u>	ļ	-				
(23)								\vdash				
(24)					<u> </u>	-						
(25)								├				
1b	Sub-total				Ŀ	<u>. </u>	L	<u> </u>	26100)	0	0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			•				>	26100		0	
2	Total number of individuals (including bu reportable compensation from the organ	t not limited					abov	e) w		ore than \$1		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direct	tor, o	or tr uch	ust ind	ee, ivid	key (emp	oloyee, or high	nest compe	nsate	d Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization											
Section	on B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization. Rej year.											
	(A) Name and business add	tress							(B) Description of s	ervices		(C) Compensation
None								F				
								+				
2	Total number of independent contractor received more than \$100,000 of compens							o th	nose listed ab None	ove) who	-18 	

Pari	VIII	Statement of Reve			! ! ! !			
10		Check if Schedule O	contains a	response or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants ounts	1a b	•	[1a 1b				
, Gifts, (nilar Arr	c d e	Fundraising events . Related organizations Government grants (con	[1c 1d 1e				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, grand similar amounts not incl	fts, grants, luded above	1f				
	g h	Noncash contributions includ Total. Add lines 1a–1						
Program Service Revenue	2a b	Water Sales & Tap Fee		221000	1416378	1416378		
m Servic	c d e						,,	
Progra	f g	All other program serv Total. Add lines 2a–2	/ice revenue f	·	1416378			
	3	Investment income and other similar amo	unts)		4881	4881		
	5		(i) Real	(ii) Personal				
	6a b c	Gross rents Less: rental expenses Rental income or (loss)						
	d 7a	Net rental income or (Gross amount from sales of assets other than inventory	(i) Securitie	s (ii) Other				
	b	Less: cost or other basis and sales expenses . Gain or (loss)						
a	d	Net gain or (loss)						
Revenu	8a	Gross income from fu events (not including \$ of contributions reporte						
Other Reve		See Part IV, line 18 . Less: direct expenses		a b			· · · · · · · · · · · · · · · · · · ·	3 377 1
		Net income or (loss) for Gross income from gas See Part IV, line 19		es.				
	С	Less: direct expenses Net income or (loss) for Gross sales of in returns and allowance	rom gaming ventory, le	activities >	,		, ,	
		Less: cost of goods s Net income or (loss) f	rom sales o					
	11a b	Miscellaneous H		Busiliess Code				
	d e	All other revenue . Total. Add lines 11a-						- 1
	12	Total revenue. See in			1451259	1451259		<u> </u>

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 respon				<u> </u>
	t include 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				
	ındıvıduals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	_			3/4/8 (1 3 %)
5	Compensation of current officers, directors,				
_	trustees, and key employees	26100			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	270824			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	18799			
9	Other employee benefits	38501			
10	Payroll taxes	19620	·		
11	Fees for services (non-employees):				
a	Management				
b	Legal	563			
c d	Accounting	7000			
e	Professional fundraising services. See Part IV, line 17			7001	
f	Investment management fees			en signer (version and the month)	
g	Other. (If line 11g amount exceeds 10% of line 25, column			***************************************	
_	(A) amount, list line 11g expenses on Schedule O.)	46033			
12	Advertising and promotion				
13	Office expenses	20923			
14	Information technology				
15	Royalties	···			
16 17	Occupancy				
18	Travel				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest	99246			
21 22	Payments to affiliates	21/520			
23	Insurance	316530 35564	· · · · · ·		
24	Other expenses. Itemize expenses not covered	33304			
	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.)				
а	Utilities & Telephone	101243	·		
b	Supplies	56761			
C	Repairs & Maintenance	124836			
d	Truck Expense	9778			
	All other expenses Total functional expenses, Add lines 1 through 24e	59105		_	
25 26	Joint costs. Complete this line only if the	1251426			
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year Savings and temporary cash investments Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Loans and other receivables from other disqualified persons (as defined under section 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 organizations (see instructions). Complete Part II of Schedule L . Prepaid expenses and deferred charges . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 7035674 10c Investments-other securities. See Part IV, line 11 Investments-program-related. See Part IV, line 11 . . . Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) 22972 17 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X Total liabilities. Add lines 17 through 25 . 4548583 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 3338909 27 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Paid-in or capital surplus, or land, building, or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds. Total liabilities and net assets/fund balances 7887492 34 Form 990 (2017)

Page 12

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u></u> .		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		145	51259
2	Total expenses (must equal Part IX, column (A), line 25)	2		125	51426
3	Revenue less expenses. Subtract line 2 from line 1	3		19	99833
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		333	<u> 38909</u>
5	Net unrealized gains (losses) on investments	5			
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 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		353	<u> 38742</u>
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u> </u>	···;	_Ц
4	A # # 1 1 1		582959a	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			25	
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in			
0-					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com		2a	£00,853°	4.214.9251
	reviewed on a separate basis, consolidated basis, or both:	olled of			
	Separate basis Consolidated basis Both consolidated and separate basis				
h	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 audit	 od on a		Sub-	WOR
	separate basis, consolidated basis, or both:	Ju 011 u			
	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 o	versiaht	72.72.40	4::20	
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		~
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in			
	Schedule O.	•			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	the Single Audit Act and OMB Circular A-133?		3a		"
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udıts.	3b		
_			Form	n 990	(2017)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

2017

Open to Public Inspection

Employer identification number

Hillda	e Water District, Inc.		64-0562827
Pa			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6	•
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the	ne organization's exclusive legal contr	ol? 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that gra	
	only for charitable purposes and not for the bene	fit of the donor or donor advisor, or	for any other purpose
	conferring impermissible private benefit?	<u>.</u>	· · · · · ·
Par	t II Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	Preservation of land for public use (e.g., recrea	tion or education) Preservation of	of a historically important land area
	☐ Protection of natural habitat		of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contributi	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	ts	2b
С	Number of conservation easements on a certified I		
d	Number of conservation easements included in	(c) acquired after 7/25/06, and not	on a
3	Number of conservation easements modified, trans	sferred, released, extinguished, or ter	minated by the organization during the
	tax year ►		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re-		
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation easements during the year
_	\\$		
8	Does each conservation easement reported on line		f section 170(h)(4)(B)(i)
			· · · · · · · 🗋 Yes 🗌 No
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text of		nancial statements that describes the
	organization's accounting for conservation easeme		
Par	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	assets held for public exhibition, ed	ducation, or research in furtherance of
	public service, provide, in Part XIII, the text of the f		
b	If the organization elected, as permitted under S	FAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar	assets held for public exhibition, ed	ducation, or research in furtherance of
	public service, provide the following amounts relating (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	ing to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		• \$
2	in the organization received of field works of art,	, motorical deasures, of other similar	r assets for financial gain, provide the
	following amounts required to be reported under S	FAS 116 (ASC 958) relating to these in	tems:
а	Revenue included on Form 990, Part VIII, line 1 .		▶ \$
b	Assets included in Form 990, Part X		

Part					
3	Using the organization's acquisition, acce collection items (check all that apply):	ssion, and other reco	rds, check any of th	ne following that are a	significant use of its
а	☐ Public exhibition	d	☐ Loan or exchang	ge programs	
b	☐ Scholarly research				
С	☐ Preservation for future generations				
4	Provide a description of the organization's XIII.	s collections and expl	ain how they further	the organization's ex	empt purpose in Part
5	During the year, did the organization solid	cit or receive donation	ns of art, historical ti	reasures, or other sim	nılar
	assets to be sold to raise funds rather than	n to be maintained as	part of the organizat	ion's collection? .	· 🗌 Yes 🗌 No
Part					
	Complete if the organization ans 990, Part X, line 21.				
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?	stodian or other interr	nediary for contribut	tions or other assets	not · ☐ Yes ☐ No
b	If "Yes," explain the arrangement in Part XI				. 🗆 162 🗀 140
	ii res, explain the arrangement iii art Xi	in and complete the it	niowing table.		Amount
С	Beginning balance			1c	
d	Additions during the year			1d	
e	Distributions during the year			1e	
f	Ending balance			1f	····- ·· · · · · · · · · · · · · · ·
2a	Did the organization include an amount on				ıtv? 🗆 Yes 🗀 No
	If "Yes," explain the arrangement in Part X				
Par		THE OTHER PROPERTY OF THE PROP	Apianation has been	provided erri dit xiii	· · · · · · · · · · · · · · · · · · ·
	Complete if the organization ans	wered "Yes" on Fo	m 990. Part IV. line	e 10.	
			or year (c) Two yea		ack (e) Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains, and				
al.	losses		-		
d	Grants or scholarships				
е	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance			<u> </u>	
2	Provide the estimated percentage of the cr	•	ce (line 1g, column (a	i)) neid as:	
a	Board designated or quasi-endowment				
b	Permanent endowment ► % Temporarily restricted endowment ►				
С	· · · · · · · · · · · · · · · · · · ·	%			
3a	The percentages on lines 2a, 2b, and 2c sh Are there endowment funds not in the pos		zation that are hold	and administered for	tha.
Ja	organization by:	ssession of the organi	zation that are neig	and administered for	
					Yes No
	(i) unrelated organizations				. 3a(i)
	(ii) related organizations				. 3a(ii)
b	If "Yes" on line 3a(ii), are the related organic Describe in Part XIII the intended uses of the state of the				. 3b
4			owment funds.		
Part			m 000 Dart IV lin	. 11a San Farm 00	O Dard V lime 40
	Complete if the organization ans				
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		230352		230352
b	Buildings		251078	170697	80381
C	Leasehold improvements				
d	Equipment		10033123	3396667	6636456
e	Other				
Total.	Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X, column (B), line 10)c.) ▶	6947189

Part VII Investments - Other Securities.

	(a) Description of security or category	,	(b) Bo	ok value		(c) Method	of valuation:
	(including name of security)		.,,,,				year market value
(1) Financia	Il derivatives		 		···		
(2) Closely-	held equity interests						
(3) Other		·					
(/ <u>^</u>)							
(B)							
(C)							
(D)							
(E)							
(F)			<u> </u>				
(G)		***************************************	ļ				
(H)			<u> </u>		outon status at a so	Wildlams of Authors	Wattober C. A Charles and Car Phys. Co.
	(b) must equal Form 990, Part X, col (B) line 12.) ▶		<u> </u>			de Sis	
Part VIII	Investments – Program Related		000		44 0		
	Complete if the organization answ	wered "Yes" on Fo	1				
	(a) Description of investment		(b) Bo	ok value			of valuation year market value
	***					01 010 01)	year market value
(1)							
(2)			-				
(3)			 				
(4)			 				
(5)	- 4	-	 				
(6)			-				
77)							
(7)							
(8)							
(8) (9) Total. (Column	(b) must equal Form 990, Part X, col (B) line 13.) > Other Assets.					(TELL)	
(8) (9) Total. (Column Part IX	Other Assets. Complete if the organization answ	wered "Yes" on Fo	rm 990, I	Part IV, line	11d. See	Form 99	(b) Book value
(8) (9) Total. (Column Part IX (1) Replace	Other Assets. Complete if the organization answ		rm 990, I	Part IV, line	11d. See	Form 99	
(8) (9) Total. (Column Part IX (1) Replace (2)	Other Assets. Complete if the organization answ		rm 990, I	Part IV, line	e 11d. See	Form 99	(b) Book value
(8) (9) Total. (Column Part IX (1) Replace (2) (3)	Other Assets. Complete if the organization answ		rm 990, I	Part IV, line	2 11d. See	Form 99	(b) Book value
(8) (9) Total. (Column Part IX (1) Replace (2) (3) (4)	Other Assets. Complete if the organization answ		rm 990, I	Part IV, line	11d. See	Form 99	(b) Book value
(8) (9) Total. (Column) Part IX (1) Replace (2) (3) (4) (5)	Other Assets. Complete if the organization answ		rm 990, I	Part IV, line	e 11d. See	Form 99	(b) Book value
(8) (9) Total. (Column) Part IX (1) Replace (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answ		rm 990, I	Part IV, line	11d. See	Form 99	(b) Book value
(8) (9) Total. (Column Part IX (1) Replace (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answ		rm 990, I	Part IV, line	e 11d. See	Form 99	(b) Book value
(8) (9) Total. (Column Part IX (1) Replace (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answ		rm 990, I	Part IV, line	e 11d. See	Form 99	(b) Book value
(8) (9) Total. (Column) Part IX (1) Replace (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answ) Description	rm 990, I	Part IV, line	e 11d. See	Form 99	(b) Book value
(8) (9) Total. (Column) Part IX (1) Replace (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answare (a sement Reserve	ol. (B) line 15.)				. •	(b) Book value
(8) (9) Total. (Column) Part IX (1) Replace (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column) Part X	Other Assets. Complete if the organization answerse (assembly the complete if the organization answerse) Imm (b) must equal Form 990, Part X, complete if the organization answerse	ol. (B) line 15.)				. •	(b) Book value
(8) (9) Total. (Column) Part IX (1) Replace (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column) Part X	Other Assets. Complete if the organization answers. (asternation answers.) (asternation answers.) (b) must equal Form 990, Part X, complete if the organization answers. (b) must equal Form 990, Part X, complete if the organization answers.	ol. (B) line 15.) wered "Yes" on Fo				. •	(b) Book value
(8) (9) Total. (Column Part IX (1) Replace (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answers. (a sement Reserve amn (b) must equal Form 990, Part X, complete if the organization answers. Complete if the organization answers. (a) Description of liability income taxes	ol. (B) line 15.) wered "Yes" on Fo				. •	(b) Book value
(8) (9) Total. (Column Part IX (1) Replace (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal III (2) Meter Deliveral (1)	Other Assets. Complete if the organization answers. (a sement Reserve amn (b) must equal Form 990, Part X, complete if the organization answers. Complete if the organization answers. (a) Description of liability income taxes	ol. (B) line 15.) wered "Yes" on Fo				. •	(b) Book value
(8) (9) Total. (Column Part IX (1) Replace (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal III (2) Meter Decay (3)	Other Assets. Complete if the organization answers. (a sement Reserve amn (b) must equal Form 990, Part X, complete if the organization answers. Complete if the organization answers. (a) Description of liability income taxes	ol. (B) line 15.) wered "Yes" on Fo				. •	(b) Book value
(8) (9) Total. (Column Part IX (1) Replace (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal III (2) Meter Divided (3) (4)	Other Assets. Complete if the organization answers. (a sement Reserve amn (b) must equal Form 990, Part X, complete if the organization answers. Complete if the organization answers. (a) Description of liability income taxes	ol. (B) line 15.) wered "Yes" on Fo				. •	(b) Book value
(8) (9) Total. (Column Part IX (1) Replace (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal III (2) Meter Decay (3)	Other Assets. Complete if the organization answers. (a sement Reserve amn (b) must equal Form 990, Part X, complete if the organization answers. Complete if the organization answers. (a) Description of liability income taxes	ol. (B) line 15.) wered "Yes" on Fo				. •	(b) Book value
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Schedul	e D (Form 990) 2017			Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue p	er Return.	
	Complete if the organization answered "Yes" on Form 990,			
1	Total revenue, gains, and other support per audited financial statements		. 1	1451259
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	2b	520	
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d		. 2e	0
3	Subtract line 2e from line 1		3	1451259
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i	233	1431237
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		. 4c	•
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)	. 5	0
	XII Reconciliation of Expenses per Audited Financial Staten			1451259
ı aı ı	Complete if the organization answered "Yes" on Form 990,		per neturn.	
		-	1 2 1	
1	·		. 1	1251426
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	799	
þ	Prior year adjustments	2b		
C	Other losses	2c	\$\frac{1}{2}\frac{1}{2}\frac{1}{2}	
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		. 2e	0
3	Subtract line 2e from line 1		. 3	1251426
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:]	2.73	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		. 4c	0
_ 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	. 5	1251426
	XIII Supplemental Information.			
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			

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

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.

2017

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number
Hilldale Water District, Inc	64-0562827
Part VI, #6 & #7(a)- Each customer of the Organization is considered a member for voting purposes. B	loard members are elected on a
rotating basis by the membership at the Organization's annual meeting	
Part Vi, #11(b)- The Form 990 is prepared by the Organization's auditor and is reviewed by the Preside	nt prior to filing
Part VI, #15- The general manager receives an annual evaluation by the Board.	
Part VI, #19- The Organization's audited financial ststements, Form 990, and governing documents are	available to the general public
on request	
on request	
	••••••
	••••••

Schedule O (Form 990 or 990-EZ) (2017)		Page Z
Name of the organization	Employer identification number	
		•