		99	מר מר	Return of Organization Exempt From Incom	2 2 4 ( e Tax	8 0	OMB No. 1545-0047	
	Forn (Rev	January	•	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except priv	vate foun	dations	2019	
			f the Treasury	Do not enter social security numbers on this form as it may be made		912	Open to Public	
	_		nue Service	► Go to www.irs.gov/Form990 for instructions and the latest inform ar year, or tax year beginning , 2019, and ending	ation.	110	Inspection . 20	
			applicable	<del></del>	D Employer identification number			
		Address		C Name of organization Hilldale Water District, Inc.  Doing business as		Jp.	64-0562827	
	=	Name ch	•	Number and street (or P O. box if mail is not delivered to street address) Room/suit	te	E Teleph	none number	
		initial ret	um	4326 Lee Road			601-636-8475	
			m/terminated	City or town, state or province, country, and ZIP or foreign postal code	ļ	<b>C</b> Groon	receipts \$ 1484238	
10	=	Amende	d return ion pending	Vicksburg, Mississippi 39180  F Name and address of principal officer  H(a		receipts \$ 1484238 or subordinates?  Yes  No		
'Y/	<b>,</b> '	гррпоц	on poneng		•	•	es included? Tes No	
10	_		mpt status	501(c)(3)			st. (see instructions)	
O	_	Website			<del></del> -		number >	
	_	Form of	organization / Summa		1956	M State	of legal domicile. MS	
		1		cribe the organization's mission or most significant activities: Ownership, op	peration,	and ma	intenance of a rural	
	8		water asso					
	Governance		Chook thin	how North the organization discontinued its operations or disposed of me	ro than 6	)E0/ of	to not oppose	
	e Ve	3		box ► ☐ if the organization discontinued its operations endisposed of me voting members of the governing body (Part VI, line 1a)	ED"	3	its net assets.	
	<b>∘</b> 5	4	Number of	independent voting members of the governing body (Part VI, line 1b)	ည္တ	4	6	
	Activities	5	Total numb	er of individuals employed in calendar year 2019 (Party, line 21 202	<b>D</b> OS	5	6	
	cţi	6	Total numl	er of volunteers (estimate if necessary)		6	0	
	⋖	7a b	Total unrel	ated business revenue from Part VIII, column (C), line 12 OGDEN; Led business taxable income from Form 990-T, line 39	J [ · ]	7a 7b	0	
	_	B	Net unrela		Prior Year		Current Year	
	۵	8	Contribution	ns and grants (Part VIII, line 1h)				
	Revenue	9	_	ervice revenue (Part VIII, line 2g)	1	496294	1479419	
	Rev	10		income (Part VIII, column (A), lines 3, 4, and 7d)		4239	4819	
		11 12		ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		500533	1484238	
	_	13		sımılar amounts paid (Part IX, column (A), lines 1–3)		_		
		14		lid to or for members (Part IX, column (A), line 4)				
	nses	15		ner compensation, employee benefits (Part IX, column (A), lines 5–10)	413139		380104	
•	əğ E	16a		al fundraising fees (Part IX, column (A), line 11e)			e same N	
N	ΔŰ	17		nses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>ئۆرە 1 ياسى</u>	912186	867557	
Ţ		18	Total expe	nses. Add lines 13-17 (must equal Part IX, column (A), line 25)		325335	1247661	
r	Ú_	19	Revenue le	ss expenses. Subtract line 18 from line 12		175198	236577	
C.	Sets of	20	Total acco	s (Part X, line 16)	ng of Curre		End of Year	
N	Asse	21		ttes (Part X, line 26)		768785 056476	7642387 3693501	
2.9	<b>- 25</b> 17	22		or fund balances. Subtract line 21 from line 20		712309		
٦٦	P	art II		re Block			•	
E				I declare that I have examined this return, including accompanying schedules and statements, a Declaration of preparer (other than officer) is based on all information of which preparer has an			my knowledge and belief, it is	
0 5			1	enge & Aunt g.		4/	30/20	
202	Sig	-	Signat	George L. Hunt, Jr. President, Boar	Date £	· .	ectors	
321	пе	ere	( <u> </u>	George L. Hunt, Jr. President, Boar,	101	DI	ECTO(5	
	Pa	id.	Print/Type	preparer's name Preparer's signature Date	, 1	Check	1 PTIN	
~~		nu epare	A. Kenne	th Halford, Jr. Q. Frankly Qe CPA 4/28	120	self-emp	<del></del> 1	
Y	١.	e On	IV Firm's na			EIN ►	64-0755013	
4	<u>س</u> ر ۱	v the li		ress ► 1612 Mission 66, Vicksburg, MS 39180 this return with the preparer shown above? (see instructions)	Phone	no	601-636-8973 ✓ Yes 🗌 No	
$\Rightarrow$				ion Act Notice, see the separate instructions.  Cat No 112	82 <b>)</b> F3	$\overline{\zeta}$	Form <b>990</b> (2019)	
2	<u> </u>				Q-	-/	/ 10,111 000 (2013)	
0	_			. / 1	U		<u> </u>	

Part			- David III	_
1	Briefly describe the organization's mi	a response or note to any line in this	s ran III	· · · · L
•		e of a rural water association.		
2	Did the organization undertake any sprior Form 990 or 990-F7?	ignificant program services during the	year which were not listed on the	☐Yes ☑No
	If "Yes," describe these new services	on Schedule O.		
3	Did the organization cease conductives?	ting, or make significant changes ii 	n how it conducts, any program	☐ Yes ☑ No
4	Describe the organization's program expenses. Section 501(c)(3) and 501	service accomplishments for each of (c)(4) organizations are required to reay, for each program service reported.	port the amount of grants and allo	, as measured by cations to others
4a	(Code: ) (Expenses \$	1247661 including grants of \$	) (Revenue \$	1484238)
	Water treatment and distribution to app	roximately 1,800 members.		
		·		
		·		
4b	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	<u></u>
4c	(Code <sup>-</sup> ) (Expenses \$	including grants of \$	) (Revenue \$	)
		······································		
4d	Other program services (Describe or	Schedule ()		
_		ng grants of \$) (Rever	nue.\$	
4e	Total program service expenses ▶	1247661	· •	



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		<del></del>
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		<b>✓</b>
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		<b>√</b>
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		<b>√</b>
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		<b>✓</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>✓</b>
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		<b>/</b>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
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		1
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		<b>✓</b>
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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<b>✓</b>	<del>  -</del>
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		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<del></del>	<del>                                     </del>
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		1
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		1
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		1
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>	1
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		1
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	1
ь 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del>                                     </del>
	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	<u></u>	1

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓_
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		<b>√</b>
24a		23		<u> </u>
270	\$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		<u>√</u>
р	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		✓
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del></del>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<b>✓</b>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		-,,	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		✓
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> 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? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	1	
Par	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	<u></u>	· ·	
1a	Enter the number reported in Box 2 of Form 1005 Enter 10 Mark and 1005	To de Si	Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	8 5	; •9( A	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	- 87		赤
	reportable gaming (gambling) winnings to prize winners?	1c	1	

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)	<del></del>			
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		HE	111	HE
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	6		
b	If at least one is reported on line 2a, did the organization file all required federal employment t		2b	✓	L
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instr		T.E.	300	世紀
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year	?	3a		1
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Se	chedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or oth		r,		
	a financial account in a foreign country (such as a bank account, securities account, or other finan	cial account)?	4a	7252	/
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			#AREL	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5a	<b> </b>	/
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter		5b	$\vdash$	1
, 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 \$100,00 organization solicit any contributions that were not tax deductible as charitable contributions?		6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such gifts were not tax deductible?	contributions o	or <b>6b</b>		
7	Organizations that may receive deductible contributions under section 170(c).		25	一致	
. <b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and and services provided to the payor?	partly for good	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property f		ıs 🗀		
	required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		T <sub>1</sub>	NA.
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b			<b>↓</b>	<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene		7f	<b>↓</b>	├
9	If the organization received a contribution of qualified intellectual property, did the organization file Form			—	├─-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fi			2	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m	aintained by th	ie <u>∓1.64</u> 8	100	346
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.			1	JEAN
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a	44.00	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related pers	son?	9b		
10	Section 501(c)(7) organizations. Enter:		3.5	1	1
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			個
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b		Lá,	
11	Section 501(c)(12) organizations. Enter:		<b>***</b>	3.5	THE P
а	Gross income from members or shareholders	11a 1479	419		
b	Gross income from other sources (Do not net amounts due or paid to other sources				1
	against amounts due or received from them.)		819		3.5
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu		12a		6 796
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u></u>	1	10
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		10-		10.00
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	200	17534
	Note: See the instructions for additional information the organization must report on Schedul	e O. I I		播發	1
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	2		1972
С	Fixed the same buffer and the latest the same that the sam	13c			
14a	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	1.00	14a	ATT STATE OF	1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on	Schedule O	14b		<del>                                     </del>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in			_	$\top$
_	excess parachute payment(s) during the year?		15		✓
	If "Yes," see instructions and file Form 4720, Schedule N.			10.4	
16	Is the organization an educational institution subject to the section 4968 excise tax on net inve	estment income	e? <b>16</b>		✓
	If "Yes," complete Form 4720, Schedule O.			15	17.5

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u>· ·</u>	<u> </u>
Section	on A. Governing Body and Management		т.	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
	If there are material differences in voting rights among members of the governing body, or	ç :		
	if the governing body delegated broad authority to an executive committee or similar		١.	
	committee, explain on Schedule O.		13	
b	Enter the number of voting members included on line 1a, above, who are independent . [1b] 6		÷.	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		✓_
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?.	3		✓_
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	1	_
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	✓_	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		✓_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	<b>✓</b>	
b	Each committee with authority to act on behalf of the governing body?	8b_		✓
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		1
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>✓</b>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		L
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		ţ	;
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b		1
=	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		1	in comment
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			,
	with a taxable entity during the year?	16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		; <b>y=</b> 1	,
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	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 (1024 or 1024-A, if applicable), 990, and 990-	T (Sed	tion	501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	•		
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	of inte	rest r	olicv
	and financial statements available to the public during the tax year.			· · · · · · · · · · ·
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	<b>•</b>	
	Bradley Barnes, 4326 Nailor Road, Vicksburg, MS 39180 601-636-8475		•	

Form	990	(2019)	

Page 7

Part VII	Compensation of Officers, Directors, Truste	es. Kev Employees	s. Highest Compensated	Employees, and
	Independent Contractors		, <b>.</b>	• • •

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

Check this box if neither the organization nor	any related	d orga	anız	atio	n co	ompe	nsa	ted any current o	officer, director, o	or trustee.
				(0						
(A)	(B)			Pos				(D)	(E)	(F)
Name and title	Average	(do n	ot ch	eck	more	than c	ne	Reportable	Reportable	Estimated amount
	hours					or/trust		compensation	compensation	of other
	per week (list any		_				<u> </u>	from the organization	from related organizations	compensation from the
	hours for	호호	strt	Officer	) ¥	ghe	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	cto	tion		클	st co	4			related organizations
	organizations below	Individual trustee or director	alt		Key employee	뺽	1			
	dotted line)	stee	Institutional trustee		"	Highest compensated employee				
	}	1	8			ated				
(1) George Hunt	various									
President		<b>✓</b>	<u></u>	1				3814	0	
(2) John Moss	various	]					ĺ			
Vice-President		✓	L.	✓			<u> </u>	3796	0	
(3) David Downey	various									
Secretary/Treasurer		<b>✓</b>		✓	ļ			3499	0	
(4) Randall Williams	various						İ			
Director		1	<u> </u>		<b> </b>	ļ	<u> </u>	3900	0	
(5) Mark Dortch	various	1								
Director		<b>/</b>	-	ļ		ļ	ļ	3840		
(6) Jeff Averett	various	١.							_	
Director	ļ	<b> </b>	<u> </u>		├-	<del> </del>	├-	2911		
_(7)	<del> </del>	┨								
(8)	<del></del>	$\vdash$	-	$\vdash$	$\vdash$	<u> </u>			-	
	1	1		1			{			
(9)		.]								
	<u></u>	<u> </u>			$oxed{oxed}$	ļ	<u> </u>			
(10)	<u> </u>			1		}			ł	
	<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>	1_	ļ		
(11)	<b></b>	.								
(12)	<del> </del>	╁┈	╁	╁	╁	<del>}</del> —	╁			<del>                                     </del>
114	<del> </del>	·	Î							
(13)	<del>                                     </del>	1	T	+	$\top$	<del>                                     </del>	†-	<u> </u>		
	1	1					1			
(14)		Ī			$\top$		$\top$			
	T	1	1	1	1					

Part	VII Section A. Officers, Directors,	rustees,	Key I	=m			s, an	a F	lignest Compe	nsated Emp	loyees	(continuea)
	400				•	C) sition						
	(A) Name and title	(B)			neck	more	e than o		(D)	(E)	Cotum	(F) nated amount
	Name and title	Average hours					is both or/trust		Reportable compensation	Reportable compensation		of other
		per week		$\overline{}$	•	_		~ <u></u>	from the	from related		mpensation
		(list any hours for	d de	TSt.tt	Officer	ey e	필출	Forme	organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		from the inization and
		related	Individual trustee or director	Institutional trustee	<u> </u>	Key employee	oyee	e e	(** 2 .000 ******************************	(** 2 1000 1		dorganizations
		organizations below	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 2		loye	i ii	l	{			
		dotted line)	stee	LS.		•	Dens					
			_	8		!	Highest compensated employee	İ				
(15)												
(16)		<del> </del>	ļ	ļ	-	-	-	-			_	
			<u> </u>	_	<u> </u>	<u> </u>			<del> </del>			<del></del>
		I	<u> </u>									
(18)												
(19)					$\vdash$	<u> </u>	_	╁╴				
		<u> </u>	-	┝	┼	┼-		├				
			1		_	_		_				
(21)		<del></del>	1									
(22)						$oxed{}$						
(23)				-		$\dagger$		╁╴				
(24)			-	1	┼-	<del> </del>	-	├-				
			1	<u> </u>	_		ļ	L	<u> </u>	<del></del>		
(25)		<del>-</del>	-									
1b	Subtotal				•	•		<b>&gt;</b>	21760		0	
C	Total from continuation sheets to Part							ightharpoons		<u> </u>		
d	Total (add lines 1b and 1c)	· · · ·			•			<u> </u>	21760	<u></u>	<u>o</u>	
2	Total number of individuals (including bu		d to t	hos	e lıs	ted	abov	e) w	vho received mor	re than \$100,6	000 of	
	reportable compensation from the organ	ization >							None			Yes No
3	Did the organization list any former							emp	loyee, or highe	st compensa	ted 3	
	employee on line 1a? If "Yes," complete							•				<b>V</b>
4	For any individual listed on line 1a, is the organization and related organizations individual					٥٥ .		es, "	complete Sche			
5	Did any person listed on line 1a receive					n fro	m an	y ur	nrelated organiza		lual 🔳	
Section	for services rendered to the organization ion B. Independent Contractors	1? If "Yes,"	comp	vete	Sc	nea	uie J	tor	sucn person .	<del></del>	. 5	
1	Complete this table for your five hig	boot come		+ o d					antractors that	received mo	e than	\$100,000
	compensation from the organization. Rep	ort compe	nsatio	n fo	or th	e ca	alenda	ar ye	ear ending with o	r within the o	ganizatio	on's tax year
	(A) Name and business ad	dress							(B) Description of se	rvices		C) ensation
None								1				
								+-				
	Total number of independent contract	ors (includ	ina h	u)t i	not	lim	ited +		hose listed sho	ve) who	5-10-10-10-10-10-10-10-10-10-10-10-10-10-	
	received more than \$100,000 of compen	sation from	the o	rga	กเรล	ntion	t	J (	None	- 5,		

Part	VIII	Statement of Rev							<del></del>	
		Check if Schedule	O co	ntains a re	spon	se or note to an				r
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
nts rts	1a	Federated campaign			1a		-			
Contributions, Gifts, Grants and Other Similar Amounts	b		ship dues 1b						,	
s, C	C	Fundraising events			1c			,		
	d	Related organization Government grants			1d 1e					
ıs,	e f	_	•		16					
er S	•		r contributions, gifts, grants, lar amounts not included above 1f							-
혈	g	Noncash contribution								
a ar		lines 1a-1f			1g				5.	
O B	<u>h</u>	Total. Add lines 1a-	-1f .	<del></del> .						L.;
ما	_					Business Code				
Ş.	2a b	Water Sales & Tap Fe	es			221000	1484238	1484238		<del> </del>
Ser	C									
gram Ser Revenue	ď									<del></del>
Program Service Revenue	е	***************************************		•						
<b>6</b>	f	All other program se		revenue						
	g	Total. Add lines 2a-	-2f .	<u> </u>	· :		1484238	- 1		
	3	Investment income					•			
		other similar amoun					4819	4819		
1	4	Income from investm			•	•		<del></del>		
	5	Royalties	<del>``</del>	(i) Rea		(ii) Personal				
	6a	Gross rents	6a			(11) 1 0130/121	-			1
	ь	Less. rental expenses	6b	<u> </u>			1			
	C	Hental income or (loss)				<del></del>	İ	· .	57	
	d	Net rental income o	r (los	s)		🕨				
	7a	Gross amount from		(i) Securi	ties	(ii) Other				
		sales of assets								. [
		other than inventory	7 <u>a</u>	<del> </del>		ļ	F 1			
venue	Ø	Less: cost or other basis and sales expenses .	7b							
	С	Gain or (loss)		<del> </del>						
Ŗ.	d	Net gain or (loss)				<b>&gt;</b>				
Other Re	8a	Grass income fro	m fu	ındraising						
0		events (not including				Į				
		of contributions re								
		1c). See Part IV, line Less: direct expens			8a 8b	<del></del>	-		]	
	b C	Net income or (loss				ents •	<u> </u>			4
	i	Gross income	•		900				, , , , , , , , , , , , , , , , , , , ,	1
	**	activities. See Part			9a				-	
	b	Less: direct expens	ses .		9b		1		<u> </u>	
	ľ	Net income or (loss	-	_		es <b>&gt;</b>			2012 2012	
	10a	Gross sales of I					-			
		returns and allowar			10a	<del> </del>	1			
	b	Less: cost of goods Net income or (loss			10b		1	<del> </del>	<del> </del>	<del></del>
<u>s</u>	├ <u></u>	The modern of those	-, 01	54155 011		Business Code		1		
Miscellaneous Revenue	11a						<u> </u>			
scellaneo Revenue	b,						1	<del>                                     </del>		<u> </u>
e Çe	C									
Xis.	) u									
	e	Total. Add lines 11.			<u> </u>	🕨				
	12	Total revenue. See	insti	riictione		_	140422	_1	1	i

	t IX Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete	ete all columns. All	other organizations	s must complete colu	ımn (A).
	Check if Schedule O contains a response	or note to any line	in this Part IX .		
	ot include amounts reported on lines 6b, 7b, b, 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	Benefits paid to or for members			74	
5	Compensation of current officers, directors, trustees, and key employees	21760			
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	276762			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	23769			
9	Other employee benefits	35885			
10	Payroll taxes	21927			
11	Fees for services (nonemployees):				
а	Management				
b	Legal	4930			
C	Accounting	7000			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		1 1 2 1		
f	Investment management fees				

	and domestic governments. See Part IV, line 21 .			The state of the s	100 gar = - 100
2	Grants and other assistance to domestic			3 8 1 Ex 1935 1	
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign		·. · · · · · · · · · · · · · · · · · ·	12 a 1575	
-	organizations, foreign governments, and			国司 产量力	garan and an anggan and Anggan an
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5		<del></del>	<del>-</del>		Market Car San
3	Compensation of current officers, directors, trustees, and key employees				
_	The state of the s	21760			
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	276762			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	23769			
9	Other employee benefits	35885			
10	Payroll taxes	21927			
11	Fees for services (nonemployees):				
а	Management				
b	Legal	4930			
C	Accounting	7000			
ď	Lobbying	7000			
е	Professional fundraising services. See Part IV, line 17		32 3	7. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	
f	Investment management fees		المنطقة المسادرة المالية	At the same of the same of	
	Other. (If line 11g amount exceeds 10% of line 25, column				<u> </u>
g	(A) amount, list line 11g expenses on Schedule O.)				
12	- · · · · · · · · · · · · · · · · · · ·	28776			
13	Advertising and promotion			-	
	Office expenses	24386			
14	Information technology	<u></u>			
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest	82124			
21	Payments to affiliates		· · · · · · · · · · · · · · · · · · ·		
22	Depreciation, depletion, and amortization	355760			
23	Insurance	33939			
24	Other expenses. Itemize expenses not covered	3333	** ** ***		
	above (List miscellaneous expenses on line 24e. If		نه البلا الكتاباء " استعاداً ما البلا الكتاباء " استعاداً	of a least of action of	
	line 24e amount exceeds 10% of line 25, column	المتداعة بالمتحاجب	برياد سلمين تنسده		المراجعة المراجعة المراجعة
	(A) amount, list line 24e expenses on Schedule O.)	•	3 7	1000	
а	Utilities & Telephone	110094	3.7 m	1-13	<u> </u>
b	Supplies				
c	Repairs & Maintenance	74294 77817	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
d	Truck Expense				
e	All other expenses	10575			
25	Total functional expenses. Add lines 1 through 24e	57863			
26	Joint costs. Complete this line only if the	1247661			
	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)				l
	15110 Willing 301 30-2 (M3C 958-720)				
					Form <b>990</b> (2019)

31

32

33

_	11 990 (20						Page <b>1 1</b>
Р	art,X	Balance Sheet					
		Check if Schedule O contains a response or	note t	o any line in this Pa	<u>rt X </u>	<u> </u>	<u> </u>
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing			193850	1	234475
	2	Savings and temporary cash investments			459793	2	509342
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			172727	4	172112
	5	Loans and other receivables from any current of	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	***			
		trustee, key employee, creator or founder, subst controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqual under section 4958(f)(1)), and persons described			स्ति स्राधित हो।	6	Contract Can
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			74592	8	72479
As	9				20092		19367
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ,		10814538	E 20 7 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 . 2 .		
	ь		10b	4179926		10c	6634612
	11			4173320	0047701	11	000.012
	12	Investments—other securities. See Part IV, line 1				12	
	13	Investments-program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa			7768785	16	7642387
	17	Accounts payable and accrued expenses			28079		27901
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete I				21	
Liabilities	22	Loans and other payables to any current or trustee, key employee, creator or founder, subst	100	S. C			
ab:		controlled entity or family member of any of thes	se pers	ons		22	
Ë	23	Secured mortgages and notes payable to unrela	3901659	23	3535556		
	24	Unsecured notes and loans payable to unrelated		24			
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines					
		of Schedule D ,			126738	25	130044
	26	Total liabilities. Add lines 17 through 25	· ·	<u> </u>	4056476	26	3693501
nces		Organizations that follow FASB ASC 958, che and complete lines 27, 28, 32, and 33.	ck her	e ▶ ✓			
퍨	27	Net assets without donor restrictions			3712309	27	3948886
ĕ	28	Net assets with donor restrictions				28	
ssets or Fund Balances		Organizations that do not follow FASB ASC 9 and complete lines 29 through 33.	58, ch	eck here ► 🗌			
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or e			30		
SS	31	Retained earnings, endowment, accumulated in				31	

Retained earnings, endowment, accumulated income, or other funds . . .

Total liabilities and net assets/fund balances .

Form **990** (2019)

3948886

7642387

3712309 32

7768785 33

orm 990 (2019)	•	Page 1	12

,	5 (2015)	raye 12
Part		
	Check if Schedule O contains a response or note to any line in this Part XI	<u> 🗆</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1484238
2	Total expenses (must equal Part IX, column (A), line 25)	1247661
3	Revenue less expenses. Subtract line 2 from line 1	236577
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	3712309
5	Net unrealized gains (losses) on investments	
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain on Schedule O)	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	
	32, column (B))	3948886
Part	XII Financial Statements and Reporting	_
	Check if Schedule O contains a response or note to any line in this Part XII	
	<u> </u>	Yes No
1	Accounting method used to prepare the Form 990	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	
_	Schedule O.	
2a	The state of the s	2a  ✓
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	
	reviewed on a separate basis, consolidated basis, or both:	
	Separate basis Consolidated basis Both consolidated and separate basis	
b	Were the organization's financial statements audited by an independent accountant?	2b ✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	
	separate basis, consolidated basis, or both:	
	Separate basis Consolidated basis Both consolidated and separate basis	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	2c /
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	
2-		
Sa	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
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	<del>"</del>
J	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3ь
	1.54552 about 5. about, oxplain my on contobile o and accorded any steps tation to analogo days addition	Form <b>990</b> (2019)

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

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

OMB No 1545-0047 Open to Public

Inspection Name of the organization Employer identification number Hilldale Water District, Inc. 64-0562827 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. 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) . . . Aggregate value at end of year . . . . . . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total acreage restricted by conservation easements . . . . . . . . . 2b Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Assets included in Form 990, Part X . . . .

following amounts required to be reported under FASB ASC 958 relating to these items: 

\$

Part	Urganizations Maintaining	Collections of	Art, Hist	orical Treasure	es, or Ot	her Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply).	accession, and o	ther recor	ds, check any of	the follow	ing that make s	ignificant use of its
а	☐ Public exhibition		<b>d</b> [	Loan or excha	nge progr	am	
b	☐ Scholarly research			Other			
С	☐ Preservation for future generations						
4	Provide a description of the organizat XIII.	ion's collections	and expla	in how they furth	er the org	anızatıon's exen	npt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive than to be maint	donations ained as p	s of art, historical art of the organiz	treasures ation's co	s, or other simila	ar 🗌 Yes 🗌 No
Part			-				
	Complete if the organization 990, Part X, line 21.						
	Is the organization an agent, trustee, included on Form 990, Part X?				outions or	other assets no	ot   Yes No
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the fo	lowing table:		·	
_	Occurred belong				<u> </u>	<del></del>	mount
C	Beginning balance					<del></del>	<del></del>
d	Additions during the year						
e	Distributions during the year						<del></del>
f	Ending balance				. <u>1f</u>		2 D V D N-
2a	Did the organization include an amount "You" explain the arrangement in D						
	If "Yes," explain the arrangement in P	an XIII. Check ne	re if the ex	planation has be	en provi <u>a</u> e	ed on Part XIII.	· · · <u> </u>
Par			.,	000 D-+ IV I	! 10		
	Complete if the organization		T	<del></del>	-		T. 1.5
	Designation of the ball to the	(a) Current year	(b) Pro	or year (c) I wo y	rears back	(d) Three years back	(e) Four years back
1a	Beginning of year balance		<b>-</b>			<del></del>	
b	Contributions		<del> </del>				
С	Net investment earnings, gains, and losses						
d	Grants or scholarships						
е	Other expenditures for facilities and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the	the current year e	nd balanc	e (line 1g, columr	(a)) held	as.	
а	Board designated or quasi-endowme	nt 🕨	%				
b	Permanent endowment ▶	%					
C	Term endowment ▶ %	 					
	The percentages on lines 2a, 2b, and	2c should equal	100%.				
3a	Are there endowment funds not in thorganization by:	e possession of t	he organi	zation that are he	ld and ad	ministered for th	Yes No
	(i) Unrelated organizations						3a(i)
							3a(ii)
b	If "Yes" on line 3a(ii), are the related of						3b
4	Describe in Part XIII the intended use						
Part			011 0 01100	William Talloo.			
	Complete if the organization		s" on For	m 990 Part IV	line 11a	See Form 990.	Part X. line 10.
	Description of property	(a) Cost or o	other basis	(b) Cost or other bas (other)	sis (c)	Accumulated epreciation	(d) Book value
1a	Land	<del></del>	<del></del>	, ,	52 (44) X		230352
b	Buildings	·		2303		192199	106571
c	Leasehold improvements		<del></del>	2987	70	132133	1003/1
ď	Equipment			102854	16	3987727	6297689
e	Other	<u> </u>		102854	10	356//2/	0237003
	Add lines 1a through 1e. (Column (d) r	nust equal Form	990 Part 1	Column (R) line	10c )	. •	6634643
	J :== (==::::: (=) :			<u>.,</u> 30,0,,,,,,			6634612

	(a) Description of security or category (including name of security)	(b) Book value		ethod of valuation: d-of-year market value
(1) Financial			555161	
	eld equity interests		<del> </del>	
(3) Other	· · ·			
(A)				
(B)				<del></del>
(C)			<del></del>	
(D)				
(E)		***		
(F)				
(G)				
(H)				
	mn (b) must equal Form 990, Part X, col (B) line 12.) . 🕨			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" on For	n 990, Part IV, <u>l</u> i	ne 11c. See Forr	n 990, Part X, line 13.
	(a) Description of investment	(b) Book value		ethod of valuation d-of-year market value
(1)				
(2)				
(3)				
(4)	·	·		
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 13.) .			
	Other Assets.	000 Dart IV I		
Total. (Colu	Other Assets.  Complete if the organization answered "Yes" on Fore	m 990, Part IV, li		m 990, Part X, line 15.
Part IX	Other Assets.	n 990, Part IV, li		
Part IX  (1)	Other Assets.  Complete if the organization answered "Yes" on Fore	m 990, Part IV, li		m 990, Part X, line 15.
Part IX  (1) (2)	Other Assets.  Complete if the organization answered "Yes" on Fore	m 990, Part IV, li		m 990, Part X, line 15.
(1) (2) (3)	Other Assets.  Complete if the organization answered "Yes" on Fore	m 990, Part IV, li		m 990, Part X, line 15.
(1) (2) (3) (4)	Other Assets.  Complete if the organization answered "Yes" on Fore	m 990, Part IV, li		m 990, Part X, line 15.
(1) (2) (3) (4)	Other Assets.  Complete if the organization answered "Yes" on Fore	n 990, Part IV, li		m 990, Part X, line 15.
(1) (2) (3) (4) (5) (6)	Other Assets.  Complete if the organization answered "Yes" on Fore	m 990, Part IV, li		m 990, Part X, line 15.
(1) (2) (3) (4) (5) (6)	Other Assets.  Complete if the organization answered "Yes" on Fore	m 990, Part IV, li		m 990, Part X, line 15.
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.  Complete if the organization answered "Yes" on Fore	m 990, Part IV, li		m 990, Part X, line 15.
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.  Complete if the organization answered "Yes" on Fore	m 990, Part IV, li		m 990, Part X, line 15.
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.  Complete if the organization answered "Yes" on Fore (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15.)  Other Liabilities.		ne 11d. See For	m 990, Part X, line 15. (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (Co	Other Assets.  Complete if the organization answered "Yes" on Fore (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15.)		ne 11d. See For	m 990, Part X, line 15. (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columbia)	Other Assets.  Complete if the organization answered "Yes" on Form (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Form		ne 11d. See For	m 990, Part X, line 15. (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columbat X	Other Assets.  Complete if the organization answered "Yes" on Form (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Form line 25.		ne 11d. See For	m 990, Part X, line 15.  (b) Book value  ee Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columbia Part X	Other Assets.  Complete if the organization answered "Yes" on Form (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Form line 25.  (a) Description of liability income taxes		ne 11d. See For	m 990, Part X, line 15.  (b) Book value  ee Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation of the columnation of the columna	Other Assets.  Complete if the organization answered "Yes" on Form (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Form line 25.  (a) Description of liability income taxes		ne 11d. See For	m 990, Part X, line 15.  (b) Book value  ee Form 990, Part X,  (b) Book value
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(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Colument X  1. (1) Federal (2) Meter D (3) (4)	Other Assets.  Complete if the organization answered "Yes" on Form (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Form line 25.  (a) Description of liability income taxes		ne 11d. See For	m 990, Part X, line 15.  (b) Book value  ee Form 990, Part X,  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columbia Part X 1. (1) Federal (2) Meter D (3) (4) (5) (6) (7)	Other Assets.  Complete if the organization answered "Yes" on Form (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Form line 25.  (a) Description of liability income taxes		ne 11d. See For	m 990, Part X, line 15.  (b) Book value  ee Form 990, Part X,  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columbia Part X 1. (1) Federal (2) Meter D (3) (4) (5) (6) (7) (8)	Other Assets.  Complete if the organization answered "Yes" on Form (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Form line 25.  (a) Description of liability income taxes		ne 11d. See For	m 990, Part X, line 15.  (b) Book value  ee Form 990, Part X,  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columbia) Part X  1. (1) Federal (2) Meter D (3) (4) (5) (6) (7) (8) (9)	Other Assets.  Complete if the organization answered "Yes" on Form (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Form line 25.  (a) Description of liability income taxes eposits		ne 11d. See For	m 990, Part X, line 15.  (b) Book value  ee Form 990, Part X,  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (2) Meter D (3) (4) (5) (6) (7) (8) (9) Total. (Column (2) Meter D (3) (4) (5) (6) (7) (8) (9) Total. (Column (2) Meter D (3)	Other Assets.  Complete if the organization answered "Yes" on Form (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Form line 25.  (a) Description of liability income taxes		ne 11d. See For	m 990, Part X, line 15.  (b) Book value  ee Form 990, Part X,  (b) Book value  13004

Part	D (Form 990) 2019  Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per	Return	Page 4
	Complete if the organization answered "Yes" on Form 990, P.		neturn.	
1	Total revenue, gains, and other support per audited financial statements.		11	1484238
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1404230
		2a		
		2b		
		2c		
	· Landard Control of the Control of	2d		
	Add lines 2a through 2d		2e	0
	Subtract line 2e from line 1		3	1484238
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
		4a	<b>37</b>	
	· · · · · · · · · · · · · · · · ·	4b		
	Add lines <b>4a</b> and <b>4b</b>		4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1.		5	1484238
Part			er Return.	
	Complete if the organization answered "Yes" on Form 990, P.			
1			1	1247661
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		152	
а	Donated services and use of facilities	2a		
ь	Prior year adjustments	2b		
C	Other losses	2c		
d		2d		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1	,	3	1247661
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1	
ь	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	1247661
	Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b	o; Part V, line	4; Part X, line
2; Part	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	o provide any additional ir	nformation.	
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			·	

### **SCHEDULE 0** (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.

2019

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Hilldale Water District, Inc.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

64-0562827 Part VI, #6 & #7(a)- Each customer of the Organization is considered a member for voting purposes. Board 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 President prior to filing. Part VI, #15- The general manager receives an annual evaluation by the Board. Part VI, #19- The Organization's audited financial statements, Form 990, and governing documents are available to the general public on request.