DLN: 93493218009029 OMB No. 1545-0047 Return of Organization Exempt From Income Tax 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 04-01-2018 , and ending 03-31-2019 D Employer identification number B Check if applicable SOUTHWEST LAUDERDALE WATER ASSN □ Address change 64-0664961 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 2215 PAULDIN ROAD ☐ Amended return ☐ Application pending (601) 693-5919 City or town, state or province, country, and ZIP or foreign postal code MERIDIAN, MS $\,$ 39307 G Gross receipts \$ 697,239 Name and address of principal officer H(a) Is this a group return for **E W TURNAGE** ☐Yes ☑No subordinates? 2215 PAULDIN ROAD H(b) Are all subordinates MERIDIAN, MS 39307 ☐ Yes ☐No ıncluded? ☐ 501(c)(3) **☑** 501(c) (12) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► N/A L Year of formation 1977 M State of legal domicile Summary 1 Briefly describe the organization's mission or most significant activities PROVIDE QUALITY WATER TO RURAL AREAS ON LAUDERDALE CO, MISSISSIPPI Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 5 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 5 0 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . Ravenua 618,887 679,648 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 16,641 8,345 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,596 9,246 638.124 697,239 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 156,570 179,182 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 406,555 461,901 563,125 641,083 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 56,156 Assets or d Balances Beginning of Current Year End of Year 4,670,245 4,657,034 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 1,591,890 1,522,523 22 Net assets or fund balances Subtract line 21 from line 20 . 3,078,355 3,134,511 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-07-31 Signature of officer Sign Here W TURNAGE PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2019-07-31 P00235559 Paid self-employed Firm's name

BARLOW & COMPANY PLLC Firm's EIN ► 82-2779677 Preparer Use Only Firm's address ▶ 282 MAXEY DR Phone no (601) 825-1310 BRANDON, MS 39042 ✓ Yes 🗆 No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)					Page 2
Pa	nt III Statement	of Program Service	Accomplish	nents		
	Check If Sche	dule O contains a respoi	nse or note to an	y line in this Part III .		🗆
1	Briefly describe the o	organization's mission				
PRO\	IDES QUALITY WATER	R TO RURAL AREAS				
2	-	undertake any significar	. •			
	·	or 990-EZ?				☐ Yes ☑ No
_	•	ese new services on Scho				
3	-	cease conducting, or ma	-	-	cts, any program	
						🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedule	0			
4	Section 501(c)(3) an		ns are required to	report the amount of	argest program services, as measu grants and allocations to others, t	
4a	(Code) (Expenses \$	641,083	ncluding grants of \$) (Revenue \$	697,239)
	See Additional Data		•		, ,	, ,
4b	(Code) (Expenses \$	I	ncluding grants of \$) (Revenue \$)
	-					
4c	(Code) (Expenses \$	ı	ncluding grants of \$) (Revenue \$)
4d	Other program servi	ces (Describe in Schedul	e O)			
-	(Expenses \$,	ding grants of \$) (Revenue \$)
4e	Total program ser	vice expenses ▶	641,083			
		•	•			Form 990 (2018)

21

20a

20b

21

22

Νo

Νo

No

Form **990** (2018)

5	Charlist of Paguired Schodules			· age B
Par	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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
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		No
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 2	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
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		No
	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 2	11c		No
	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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII **	12a	Yes	
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		No
13	Is the organization a school described in section $170(b)(1)(A)(II)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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		No
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		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		No

complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

37

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Part V

	350 (2010)			rage .
Pa	tiv Checklist of Required Schedules (continued)			
			Yes	No
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? <i>If "Yes," complete Schedule J</i>	23		No
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		No
b	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		
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, 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		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Check if Schedule O contains a response or note to any line in this Part V $\,$.

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Νo

No

37

38

5

0

1a

Yes

Yes

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a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

Enter the amount of reserves the organization is required to maintain by the states in

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

No

13a

14a

14b

13b

13c

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	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Na, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI		onse to i	lines 🔽
Se	ection A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	;	Yes	No
	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			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $$	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? \cdot	5		No
6	Did the organization have members or stockholders?	6	Yes	
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	Yes	
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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
		$\overline{}$	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
	and branches to ensure their operations are consistent with the organization's exempt purposes?	100		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	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		No
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
		16b		
	ection C. Disclosure List the States with which a copy of this Form 990 is required to be filed.			
17	List the States with which a copy of this Form 990 is required to be filed. MS			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (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 in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 records MELINDA SMITH 2215 PAULIN ROAD MERIDIAN, MS 39307 (601) 693-5919			

Part VII

year

(F)

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax 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, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (B) (C) (D) (E)

Name and Title	Average hours per week (list any hours	Position than o	ne b	ox, ι n of	t ch unle: ficei	ss per: and a	son	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations	Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations
(1) SONNY TURNAGE PRESIDENT	1 00	х		×				3,720	0	473
(2) DOT VANCE VICE PRESIDENT	1 00	х		х				3,450	0	430
(3) DONNA COLLINS SECRETARY/TREASURER	1 00	Х		x				3,600	0	522
(4) GLEN BATES DIRECTOR	1 00	Х						1,800	0	313
(5) BILLY H HARRIS DIRECTOR	1 00	х						1,910	0	381

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Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	than o	ne b oth a	ox, ui in offi tor/tr	check per compension of the control	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations				

illej	lual trustee ctor	iticnal Trustee	nployee	t compensated , ee	-		

1b Sub-Total		 		>			
c Total from continuation sheets to Pa d Total (add lines 1b and 1c)	•			>	14,480	0	2,119

1b Sub-Total			 ٠.	>		•	•
c Total from continuation sheets to Pa	art VII , Section	Α		▶□			
d Total (add lines 1b and 1c)				▶	14,480	0	

Total number of individuals (including but not limited to those listed above) who received more than \$100,000

of reportable compensation from the organization ▶ 0

Yes No

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . 3 No

2 3 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the

organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 Nο

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

services rendered to the organization? If "Yes," complete Schedule J for such person . 5 Nο

5 **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C)

Name and business address Description of services Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Form 990 (2018)

compensation from the organization ▶ 0

Part		Statement of	Boyonuo									Page 9
ran	VIII			a resno	nse or note to any	line in th	us Part VIII					П
		CHECK II SCHOOL	ic o contains	и тезро	inse or note to any	(<i>J</i> Total re	4)	Re e fi	(B) elated or exempt unction	(C) Unrelated business revenue		(D) Revenue excluded from ax under sections 512 - 514
	1:	a Federated campaig	ns	1a					evenue			312 - 314
nts nts		b Membership dues		1b								
irai nou		c Fundraising events		1c								
S, C An		d Related organizatio		1d								
활동		e Government grants (c		 								
S, (1e								
ion I Si	1	f All other contributions and similar amounts n	, girts, grants, ot included	1f								
Contributions, Gifts, Grants and Other Similar Amounts	!	above 9 Noncash contribution in lines 1a - 1f \$	ons included									
ē		h Total. Add lines 1a	-1f		•							
					Business	Code						
ત્રાહ	2 a	WATER SALES				221000	64	18,287	648	,287		
12/1	ь	LATE FEES				221000		9,603	9	,603		
υ Œ	c	DITCHING & SERVICE C	CHA			221000		6,525	6	,525		
гис	d	CUTOFFS						5,590	5	,590		
3ž		MEMBERSHIP				221000		5,500	5	,500		
ran						221000		4,143	4	,143		
Program Service Revenue	f	All other program se	rvice revenue			70.640		7,173	7	,143		l .
4	g	Total. Add lines 2a-2	2f		•	79,648						
		Investment income (i			nterest, and other		8,345		8,345			
		similar amounts). Income from investm			ond proceeds ►				0,545			
						<u> </u>						
		•	(ı) Rea		(II) Personal							
	6a	Gross rents				1						
	Ŀ	Less rental expenses				-						
	c	Rental income or				1						
		(loss)				<u> </u>						
	C	Net rental income o	r (loss)	•		ļ						
		Cross amount	(ı) Securit	ies	(II) Other	4						
	/a	Gross amount from sales of assets other										
	L	than inventory Less cost or				-						
	_	other basis and sales expenses										
	•	Gain or (loss)				1						
	c	Net gain or (loss)			>	1						
	8 a	Gross income from f	_	_								
ıne		(not including \$ contributions reporte		of								
Ver		See Part IV, line 18		a	l							
Re	b	Less direct expense	s	b								
Other Revenue		Net income or (loss)		_	ents 🕨							
Off	9a	Gross income from g See Part IV, line 19	jaming activit	es								
				a								
		Less direct expense		b]						
		: Net income or (loss)		activiti	es >	,						
	10	Gross sales of invent returns and allowand	tory, less ces									
				a	l							
	Ŀ	Less cost of goods s	sold	ь]						
	c	Net income or (loss)		invent								
	4 -	Miscellaneous	Revenue		Business Code	4						
	11	La										
						1						
	Ŀ	•										
	•											
									- - ·			
		d All other revenue .			S .	1	9,246)	9,246			
		Total. Add lines 11a			•		9,246	5				
	12	2 Total revenue. See	Instructions				697,239		697,239		0	0

orr	n 990 (2018)				Page 10
	Statement of Functional Expenses ion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	inizations must com	plete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .			<u> \square</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
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, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
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	147,665			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits	20,466			
10	Payroll taxes	11,051			
	Fees for services (non-employees)				
ā	ı Management	14,870			
	Degal	10.550			
	c Accounting	18,550			
	Destaurant fundamenta comuses Co. Bot IV June 17				
	Professional fundraising services See Part IV, line 17 Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column				
2	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	10,406			
14	Information technology				
	Royalties				
	Occupancy	47,924			
	Travel	2,119			
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings	61 274			
	Interest	61,374			
	Payments to affiliates Depreciation, depletion, and amortization	202,655			
	Insurance	17,442			
	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a MAINTENANCE SUPPLIES	24,517			
	b bad debt expense	20,036			
	c AUTO EXPENSE	12,191			
	d MISC EXPENSE	10,657			
	e All other expenses	19,160			
25	Total functional expenses. Add lines 1 through 24e	641,083			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)				
					Form 900 (2018)

Page **11**

19.476 5.250

3,560,106

1.262

4.657.034

3,134,511

4,657,034

Form **990** (2018)

60,034

1.262

8.370

16

17

18

19

20

21

31 32

33

34

3,078,355

4,670,245

4.670.245

Form 990 (2018)

15

16

17

18 19

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21

22

31

32

33

34

Net

Other assets See Part IV, line 11 .

Grants payable . .

Deferred revenue . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

Total net assets or fund balances

Total liabilities and net assets/fund balances

Total assets.Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees,

		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	640,177	1	426,231
2	Savings and temporary cash investments	335,442	2	594,636
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	57,772	4	50,073
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section 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		6	

	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L		6			
ets	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use	25,537	8			
۹	9	Prepaid expenses and deferred charges	3,067	9			
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	6,473,532			
	b	Less accumulated depreciation	10 b	2,913,426	3,606,988	10 c	
	11	Investments—publicly traded securities .		11			
	12	Investments—other securities See Part IV, line		12			
	13	Investments—program-related See Part IV, line		13			
	14	Intangible assets		14			

Liabilities persons Complete Part II of Schedule L . 22 1,539,848 23 1,421,475 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, 43.672 25 41.014 and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 . 1.591.890 26 1.522.523 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

complete lines 27 through 29, and lines 33 and 34.

2.698.028 2.728.590 27 Unrestricted net assets 27

380,327 28 Temporarily restricted net assets

Fund Balances 405,921 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958),

check here > and complete lines 30 through 34. Assets or 30 Capital stock or trust principal, or current funds 30

Form	990 (2018)				Page 12
Pa	Reconcilliation 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			697,239
2	Total expenses (must equal Part IX, column (A), line 25)	2			641,083
3	Revenue less expenses Subtract line 2 from line 1	3			56,156
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,	,078,355
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			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		3,	,134,511
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>	$\overline{\mathbf{V}}$
				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	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-133?	ngle	3a		No

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133? За

3b

Form **990** (2018)

Additional Data

EIN: 64-0664961

Name: SOUTHWEST LAUDERDALE WATER ASSN

Software ID: Software Version:

Form 990 (2018)

Form 990, Part III, Line 4a:

TO PROVIDE QUALITY WATER TO RURAL AREAS IN LAUDERDALE CO, MISSISSIPPI

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(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.

► Attach to Form 990.

► Go to <u>www.irs.qov/Form990</u> for the latest information.

DLN: 93493218009029OMB No 1545-0047

2018

Open to Public Inspection

	me of the organization JTHWEST LAUDERDALE WATER ASSN		Employer identification number
			64-0664961
Pa	Organizations Maintaining Donor Adv Complete if the organization answered "Y	rised Funds or Other Similar Funds of 'es" on Form 990, Part IV, line 6,	or Accounts.
		(a) Donor advised funds	(b)Funds and other accounts
	Total number at end of year		
<u>.</u>	Aggregate value of contributions to (during year)		
1	Aggregate value of grants from (during year)		
Ļ	Aggregate value at end of year		
•	Did the organization inform all donors and donor advisorganization's property, subject to the organization's e		dvised funds are the
•	Did the organization inform all grantees, donors, and or charitable purposes and not for the benefit of the dono private benefit?		be used only for
Pa	rt III Conservation Easements. Complete if t	the organization answered "Yes" on Forr	n 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the organization	anızatıon (check all that apply)	
	Preservation of land for public use (e g , recreation	on or education) $\hfill \square$ Preservation of an	historically important land area
	Protection of natural habitat	Preservation of a c	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	a qualified conservation contribution in the for	rm of a conservation Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified histo	ric structure included in (a)	2c
d	Number of conservation easements included in (c) acquistructure listed in the National Register	` '	2d
3	Number of conservation easements modified, transfer tax year ▶	red, released, extinguished, or terminated by	the organization during the
ŀ	Number of states where property subject to conservat	ion easement is located ►	
•	Does the organization have a written policy regarding and enforcement of the conservation easements it hold		of violations, Yes No
•	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enforcing co	onservation easements during the year
,	Amount of expenses incurred in monitoring, inspecting \$ \bigset\$	g, handling of violations, and enforcing conser	vation easements during the year
3	Does each conservation easement reported on line 2(c and section $170(h)(4)(B)(II)^{7}$	d) above satisfy the requirements of section 1	70(h)(4)(B)(ı)
)	In Part XIII, describe how the organization reports cor balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	ne footnote to the organization's financial state	
ar	Organizations Maintaining Collections Complete if the organization answered "Y		er Similar Assets.
.a	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held fo provide, in Part XIII, the text of the footnote to its final	or public exhibition, education, or research in f	
b	If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for pu following amounts relating to these items		
((i) Revenue included on Form 990, Part VIII, line 1		▶ \$
(i	ii)Assets included in Form 990, Part X		<u> </u>
2	If the organization received or held works of art, historical following amounts required to be reported under SFAS		ncial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1	· · · · · · ·	▶ \$
h	Assets included in Form 990 Part X		

Cat No 52283D

Schedule D (Form 990) 2018

Par	t III	Organizations Ma	aintaining Col	lections o	of Art, H	istori	cal T	reası	ires, or	Other	Similar A	ssets (d	continue	ed)	
3		g the organization's acq s (check all that apply)	uisition, accessioi	n, and other	r records,	check a	any of	the fo	llowing th	at are a	significant	use of its	collect	ion	
а		Public exhibition				d		Loan	or exchai	nge prog	grams				
b		Scholarly research				e		Othe	r						
С		Preservation for future	e generations												
4		Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII													
5		ng the year, did the org ts to be sold to raise fur									nılar	☐ Ye	s [□No	
Pa	rt IV	Escrow and Cust Complete if the or X, line 21.			" on Forr	m 990	, Part	IV, lı	ne 9, or	reporte	ed an amou	unt on F	orm 9	90, Pa	art
1a		e organization an agent ded on Form 990, Part I		an or other	ıntermedi	ary for	contri	bution	s or other	assets	not	☐ Ye	s [□ No	
b	If "Y	es," explain the arrange	ement in Part XIII	and comple	ete the fol	lowing	table		Γ		Δ	mount			
c		nning balance		·		_				1c					
d	Addı	tions during the year								1d					
е	Dıstr	ributions during the year	r							1e					
f	Endi	ng balance								1f					
2a	Did t	the organization include	an amount on Fo	rm 990, Pa	rt X, line 2	21, for	escrov	or cu	- Istodial ac	count li	ability?	□ үе	s [□ No	
b		es," explain the arrange									•	_	_		
	rt V	Endowment Fund													
			· · · · · · · · · · · · · · · · · · ·	(a)Currer			rıor yea				(d)Three ye		(e)Four	r years b	ack_
1 a	Begini	ning of year balance .													
b	Contri	butions													
C	Net in	vestment earnings, gair	ns, and losses												
d	Grants	s or scholarships	•												
е		expenditures for facilities rograms	es												
f	Admin	nistrative expenses .													
g	End of	f year balance													
2	Prov	ide the estimated perce	ntage of the curre	ent year end	d balance	(line 1g	g, colu	mn (a)) held as						
а	Boar	d designated or quasi-e	ndowment 🟲												
b	Perm	nanent endowment 🕨													
c	Tem	porarily restricted endov	wment 🟲												
	The	percentages on lines 2a	, 2b, and 2c shou	ld equal 10	0%										
3а		there endowment funds nization by	not in the posses	sion of the	organızatı	on that	are h	eld an	d adminis	tered fo	r the			/ N	
	_	inrelated organizations										32	a(i)	es N	<u>lo</u>
	• •	related organizations						٠.٠					(ii)	_	
b		es" on 3a(II), are the rel		ıs lısted as ı	required o	n Sche	dule R	· .					3b		
4		cribe in Part XIII the inte	-		•							L			
Pa	rt VI	Land, Buildings, Complete if the or			s" on Forr	m 990	, Part	IV, lı	ne 11a.	See Fo	rm 990, Pa	art X, lın	ie 10.		
	Descr	ription of property	(a) Cost or oth (investme	er basıs	(b) Cost (depreciation		d) Book	value	
1a	Land							7,750							7,750
		ngs					24	46,036			87,493			15	58,543
		hold improvements									· · · · · · · · · · · · · · · · · · ·				
		ment					46	52,228			225,968			2:	36,260
												ì			

5,757,518

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) .

3,157,553

3,560,106

2,599,965

See Form 990, Part X, line 12. (a) Description of security or category		(b)	(c) Method of valuation	
(including name of security)		Book value	Cost or end-of-year market v	alue
) Financial derivatives				
·)				
)				
)				
)				
)				
)				
tal. (Column (b) must equal Form 990, Part X, col (B) line 12)	•			
Investments—Program Related. Complete if the organization answered 'Yes' on Fi	orm 990, Pa	art IV, line	11c. See Form 990, Part X, line 1	.3.
(a) Description of investment		ok value	(c) Method of valuation Cost or end-of-year market v	
)				
)				
)				
)				
)				
)				
)				
9)				
9)				
otal. (Column (b) must equal Form 990, Part X, col (B) line 13)	•			
Part IX Other Assets. Complete if the organization answered (a) Description		n 990, Part I		e 15 Book valu
)				
)				
)				
)				
otal. (Column (b) must equal Form 990, Part X, col (B) line 15)				
Part X Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.	nswered 'Ye	s' on Form	990, Part IV, line 11e or 11f.	
(a) Description of liability		(b) Book	value	
) Federal income taxes ETER DEPOSITS			37,145	
ILES TAX PAYABLE			443	
DERAL PAYROLL TAXES PAYABLE TA & SUTA PAYABLE			2,891	
ATE PAYROLL TAXES PAYABLE			34 472	
TA PAYABLE			29	
)				
)				
)				

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information Return Reference Explanation

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software Version:

EIN: 64-0664961

Name: SOUTHWEST LAUDERDALE WATER ASSN

Supplemental Information

Explanation

Software ID:

Return Reference

PART X, LINE 2 THE ASSOCIATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(12) OF THE INTERNAL REVEN UE CODE THE ASSOCIATION HAS DETERMINED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITI ONS AS OF MARCH 31, 2019 AND 2018 ALL TAX PERIODS AFTER 2016 REMAIN OPEN TO EXAMINATION B Y THE FEDERAL AND STATE TAXING JURISDICTIONS TO WHICH THE ASSOCIATION IS SUBJECT

efile GRAPH	DLN:	DLN: 93493218009029						
COLLEBIU	<u> </u>					OMB No 1545-0047		
SCHEDUL (Form 990 or EZ)					ions on	2018		
► Attach to Form 990 or 990-EZ. Department of the Treasury ► Go to <u>www.irs.gov/Form990</u> for the latest information.					1	Open to Public Inspection		
Name l B≈the rofg SOUTHWEST LAUD		ER ASSN			Employer ident	ification number		
990 Schedul	e O, Suppl	lemental Informatio	ı n					
Return Reference				Explanation				
FORM 990, PART VI, SECTION A, LINE 6	ORGANIZA	ATION IS A COOPERATI	IVE WITH MEMBERS					

Return Explanation
Reference

LINE 7A

FORM 990, MEMBERS ELECT GOVERNING BODY AT ANNUAL MEETING
PART VI,
SECTION A.

Return Explanation

LINE 7B

FORM 990, ALL DECISIONS MADE BY THE GOVERNING BOARD ARE SUBJECT TO APPROVAL BY THE MEMBERS
PART VI,
SECTION A,

Return Explanation
Reference

LINE 11B

FORM 990, BOARD OF DIRECTORS REVIEWS 990 BEFORE FILING
PART VI,
SECTION B,

Return Explanation
Reference FAMBLOVESCUCALABLES ARE SET BY BOARD BASED ON COMPARABLE LODG IN AREA

FORM 990, PART VI, SECTION B, LINE 15

Return Reference Explanation

FORM 990 ORGANIZATION MAKES ALL REQUIRED INFORMATION AVAILABLE UPON REQUEST

LINE 19

FORM 990, ORGANIZATION MAKES ALL REQUIRED INFORMATION AVAILABLE UPON REQUEST
PART VI,
SECTION C.

Return Explanation
Reference

FORM 990, PART XII, LINE 2C