Return of Organization Exempt From Income Tax

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

OMB No 1545 0047 2020

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

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_	nai Revenue					nggu for instri		id the latest i		on.		CCHOH
	For the 2	2020 calend	dar year, or ta	k year be	ginning		, 20	020, and endi	ng	_	, 20	
В	Check if ap	plicable	С	D Employer ide	entification nui	mber						
	Addres		Moon Lake		r Users <i>F</i>	Associati	Lon			87-015	4905	
	Name change P O Box 235 Roosevelt, UT 84066									E Telephone ni	umber	
	Initial	return	Roosevelt	;, UT 8	34066				435-72	22-2002		
	Final return/terminated Amended return											
										G Gross receip	s \$ 69.	022,882.
	Applica	ation pending	F Name and add	iress of princ	ipal officer		·		H(a) Is this	a group return for	`	Yes X No
	☐ ···		Same As C	` Ahove	<u>.</u>				H(b) Are al	re all subordinates included? Yes Yes		
<u> </u>	Tax-exen	npt status		X 501(c)		(insert no)	4947(a)(1	1) or 527	If 'No	,' attach a list. See	instructions L	Yes No
:-	Websit	<u> </u>		21 301(0)	(12)	(macre no)	1347(0)(1	327	Heat Consum	. auamakaa aaha.	. •	
<u>~</u>		organization	T T	T		Other •		1		exemption number		
n N		•	Corporation	Trust	Association	Other -		L Year of forma	tion	IVI State	of legal domicil	.e
Pa	1 Bri	Summan	/	ntion's mi	ssion or mos	t constant	atuutiaa 1	n				£
			e irri	lgation wa	iter to	<u>rarmers</u>						
9		i nortin	<u>eastern U</u>	raii.				- -				
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Governance	2 Ch	ock this bo	25% of its net									
õ			ting members					nsposed or m	ore (nan a	25% OF ILS NEC		10
≪ರ			lependent voti					line 1b)		4	 	10
Activities			of individuals							5		3
Ξ			of volunteers				•	,		6	 	0
Act	7a Tot	lal unrelate	d business rev	enue fror	n Part VIII, c	olumn (C), lir	ne 12			7:	3	0.
	b Ne	t unrelated	business taxa	ble incom	ne from Form	990-T, Part	I, line 11			71	b	0.
									F	Prior Year	Curr	rent Year
4.	8 Co	ntributions	and grants (P.	· · ·		68,	,195,529.					
Je l	9 Pro	ogram serv	ce revenue (P	art VIII, li	ine 2g)					660,241		517,471.
Revenue	10 Inv	estment in	come (Part VII	II, column	(A), lines 3,	4, and 7d)				9,287		18,217.
æ	11 Oth	ner revenue	(Part VIII, co	lumn (A),	lines 5, 6d, 8	3c, 9c, 10c, a	ınd 11e)			48,936		291,665.
	12 Tot	tal revenue	- add lines 8	through	11 (must equ	al Part VIII, c	column (A)), line 12)		718,464		,022,882.
	13 Gra	ants and si	milar amounts	paid (Pai	rt IX, column	(A), lines 1-3	3)					
	14 Be	nefits paid										
	15 Sal	laries, othe	es, other compensation, employee benefits (Part IX, column (A), lines 5-10)									97,518.
Ses	16a Pro	ofessional f	undraising fee	s (Part IX	99,250							
Expenses			ing expenses		1. 2 .	小照結構開	N SECOND	MELTER SKIEN				
Ä			= :	. 4. 5.								
			es (Part IX, co				4			418,530		617,774.
			s Add lines 1				4), line 25))		517,780		715,292.
	19 Rev	venue less	expenses Su	otract line	18 from line	12				200,684		307,590.
5 8										ng of Current Yea	-	of Year
Assets 1 Balanc		-	Part X, line 16	-						2,481,869		346,208.
			(Part X, line	-					<u> </u>	1,687,251		244,000.
ž.	22 Net	assets or	fund balances	Subtract	t line 21 from	line 20			4(0,794,618	. 109,	102,208.
Ŗа	rt. 😰 🥸	Signature	Block									
Unde	i penallies c	of perjuly I dec	lare lijek 1 Dve ex	amiried this j	eluri ingluding a	Circumpanying sch	edules and s	latements, and to	the best of n	ıy kriowledye and b	elief, it is true	correct, and
comp	olete Declara	ation of prepar	er (other than office	er) is based o	on all unformation	of which preparer	r has any kno	wledge		2/11	/	
		6/	L 211	40	T. S	2				3/11	121	
Sig	n	Signature	of Afficer //						Da	ate		
Hei	re	Dex	Wintertor	ì					CEO			
			orint name and title									
		Print/Type pr	eparer's name		Preparer's se	gnature	A.A.A	Date	, .	Check If	PTIN	
Pai	d	Michae	l J Miles		Michae	ı јм ∦Д е	4/1/	3/11/	121	self employed	P00153	3639
	parer	Firm s name	► Aycoc		es & Ass		\$ 1	:1	•	1	1	
	Only	Firm's address			North (Firm's EIN ► 8	7-05144	98
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ΜÆ	IECE!	HECUSE the	s return with the	Te prepar	er shown abo	ve? See incl	ructions			Trione in (4.	X Ye:	
,	Eor Do	nonvert Di	Auction Ast N	lotics as	o the concret	o inclused:						
		HALLMALK IS	uction Act N	iotice, se	e ine separat	e instruction	5.	TE	EA0101E 01/	^(19/2)	_ ror	rm 990 (2020)

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	990 (2020) Moon Lake Water Users Association	87-0154	905	Page 2
Par				
	Check if Schedule O contains a response or note to any line in this Part III			
1	Briefly describe the organization's mission			
	To provide irrigation water to farmers in northeastern Utah.			
		· – – - – - –		
		·		
	Did the organization undertake any significant program services during the year which were not listed on the pric	 or	_	
	Form 990 or 990-EZ?	Г	Yes	X No
	If "Yes," describe these new services on Schedule O	<u> </u>		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser	vices?	Yes	X No
,	If "Yes," describe these changes on Schedule O	1,005		Δ 110
1	Describe the organization's program service accomplishments for each of its three largest program service		urad by av	noncoc
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported	s to others, th	ne total exp	penses,
4 a	(Code) (Expenses \$ including grants of \$) (R	evenue \$)
	Storage and distribution of irrigation water to farms in Northeas		h.	·
	bedrage and discribation of firing action water to rains in notined	, <u></u>		
	, , , , , , , , , , , , , , , , , , , ,			
		. – – – – –		
···				
4 b	(Code) (Expenses \$ including grants of \$) (R	evenue \$)
		. – – – – –		
				-
				
4 c	(Code) (Expenses \$ including grants of \$) (R	evenue \$_)
				 _
	Other program corruges (Describe on Schedule O.)			
4 d	Other program services (Describe on Schedule O)		,	
A -	(Expenses \$ including grants of \$) (Revenue \$			
BAA	Total program service expenses ► 0.		Form 9	990 (2020)
SAA	TEEA0102L 10/07/20			(2020)

			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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
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		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
ā	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes.' complete Schedule D, Part VI</i>	11 a	Х	
ŧ	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	11 ь		Х
(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	11 c		х
(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	11 d		х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
ŀ	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		X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ŧ	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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		X
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х

Form 990 (2020) Moon Lake Water Users Association [Part] V 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		Х
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		х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c 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		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		X
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions)			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		X
	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		<u>X</u>
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b ² If Yes,' complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		<u> </u>
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		X
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		X
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
38	Note: All Form 990 filers are required to complete Schedule Q	38	х	
Ŗа	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		162	140
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c	X	2000
BAA	TEEA0104L 10/07/20	Form	990 (ZUZU)

Form 990 (2020) Moon Lake Water Users Association

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	•		Yes	No
28	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a 3			
ŧ	of at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 Ь	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e file (see instructions)			[
3 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
i	o If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O	3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
ŀ	olf 'Yes,' enter the name of the foreign country			1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5 a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
Ł	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
•	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
t	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).	,	44	
2	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and		• 1	1
•	services provided to the payor?	7 a		
	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		
	If 'Yes,' indicate the number of Forms 8282 filed during the year	1, 0	-	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		<u> </u>
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		ļ
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g	-	
r	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		•
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	٠, ،,	12	(
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	\$ ₁ -1	•	, . 1
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter	7		.[
а	Initiation fees and capital contributions included on Part VIII, line 12	3412	4	· 1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	3 -	,	P 1
11	Section 501(c)(12) organizations. Enter	2		- 1
	Gross income from members or shareholders 11a 69,004,665.	3 m	1	(3)
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 18,217.	1	} 	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	,	Ŷ	<i>:</i>
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1 ,	,* ,	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O	, , , , , , , , , , , , , , , , , , ,		
	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		· ·	
	Enter the amount of reserves on hand	`	4	7.7
	Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	,,		v
	excess parachute payment(s) during the year?	15	,	X .
	If 'Yes,' see instructions and file Form 4720, Schedule N		•	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O	16	4	X 1

Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year 10 1 a 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 on Schedule O b Enter the number of voting members included on line 1a, above, who are independent 10 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 X 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 Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х X 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? X 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х members of the governing body? 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8 a b Each committee with authority to act on behalf of the governing body? 8ь Х 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10 a Х 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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 Х 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 12 c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15 a **b** Other officers or key employees of the organization X See Schedule O 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 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? 16 a X **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? 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available. Check all that apply Another's website X Upon request Other (explain on Schedule O) Describe on 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 See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

Dex Winterton 263 E Lagoon

Roosevelt UT 84066 435-722-2002

Part VIII 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

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

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

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

		(C)								
(A) Name and title	(B) Average hours per	15	both dir	an c	ot che unles officer /truste	eck moss pers and a ee)	1	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza tions below dotted line)	Individual trustice or director	Institutional trustee	Officer	Kcy employee	Highest compensated employee	Former	The organization (W 2/1099 MISC)	related organizations (W 2/1099-MISC)	compensation from the organization and related organizations
(1) Shawn McConkie Director	1	X						0.	0.	0.
(2) Kirk Christensen	1	^	-				\vdash	0.	<u> </u>	
Director	1	Х						0.	0.	0.
(3) Jim Young	1									
Director	0	Х						0.	0.	0.
(4) Leon Nielson	1									
Director	0	X						0.	0.	0.
_(5) Wayne Malnar	1									
Director	0	Х			<u> </u>			0.	0.	0.
(6)_Rodger_Ames	1		i							
Director	0	Х			<u> </u>			0.	0.	0.
	1									
Director	0	Х						0.	0.	0.
_(8)_Mark_Kettle	1									
Director	0	X			_	$oxed{oxed}$	<u> </u>	0.	0.	0.
(9) Tracy Killian	1									
Director	0	Х				<u> </u>		0.	0.	0.
(10) Dex Winterton	_ 40 _									
CEO	0			Χ	<u> </u>		L	0.	0.	0.
(11)										
(12)										
(13)										
(14)										

Rangvill Section A. Officers, Directors, Tri	(B)	Rey	LII	•	C)	es,	aiit	I riigilest Coli	ipensated Emp	loyees (continued)
(A) Name and title	Average hours per week	box	, unle	check ess p nd a	erson direct	e than is bot or/trus	h an lee)	Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	(list any hours for related organiza tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099 MISC)	related organizations (W 2/1099 MISC)	compensation from the organization and related organizations
(15)										
(16)	- -									
(17)										
(18)		-								
(19)										
(20)							-			
(21)										
(22)							ļ			
(23)										
(24)										
(25)										
1 b Subtotal	ļ	1				l	>	0.	0.	0.
c Total from continuation sheets to Part VII, Secti d Total (add lines 1b and 1c).	on A						►	0.	0.	0.
2 Total number of individuals (including but not limited from the organization ► 0	to those I	sted	abo	ve) v	who	recen	ved			
3 Did the organization list any former officer, direct	tor truste	a ka	av 0	mol	NA6	or	hiat	sest compensated	employee	Yes No
on line 1a? If 'Yes,' complete Schedule J for suc. 4 For any individual listed on line 1a, is the sum of	h individu	al	•	•			•	•	, ,	3 X
the organization and related organizations greate such individual	er than \$1	50,00	00?	lf '\	es,	com	ple	te Schedule J for		4 X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e compen s,' <i>comple</i>	satio te Sc	n fr	om Iule	any <i>J fo</i>	unre r suc	late h p	d organization or erson	ındıvıdual	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compen	sated inde	epen	deni	COI	ntrad	tors	tha	t received more th	nan \$100,000 of	
compensation from the organization Report compensation (A) Name and business add		the ca	alen	dar y	year	endii	ng w	vith or within the ori (B) Description o		(C) Compensation
Traine and business add								Description) services	Compensation
	 									<u> </u>
2 Total number of independent contractors (including t		ted to	thc	se I	stec	abo	ve) v	who received more	than	
\$100,000 of compensation from the organization	U								, and the	Form 990 (2020)

		0 (2020) Moon I			r US	sers Associa	cion		87-0154905	Page 9
ı aı					a resp	oonse or note to ar	ny line in this Part V	711		П
	•			-	·····,		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1 a	Federated campaig	ins		1 a					
Graf	b	Membership dues			1 b					
IS, C	C	Fundraising events			1 c					
ia g	d	Related organization			1 d		-			
ns, Sim	e f	Government grants (cont All other contributions, g			1 e	284,554.				
Contributions, Gifts, Grants and Other Similar Amounts	ď	similar amounts not incl Noncash contributions in	uded	above	1 f	67,910,975.				
a st		lines 1a-1f			1 g	67,910,975.				+
<u>2</u>	h	Total. Add lines 1a	- 1 f			Pusings Code	68,195,529.		***************************************	***************************************
Program Service Revenue	2.		_	_		Business Code	421 120	421 120		-
eke		Membership Dues				111000	431,120. 80,726.	431,120. 80,726.		
Se F		Maintenance inc					5,625.	5,625.		
eΣ	d	Lease		 .			3,023.	3,023.		
S	е									
g.	f	All other program s	ervi	ce revenu	e – –					
2	q	Total. Add lines 2a	-2f		,	•	517,471.			,
	3	Investment income (ınclı	uding divide	ends, i	nterest, and	10.015	10.015		
		other similar amount income from investi	,	at of tow o	vomni		18,217.	18,217.		
	4 5	Royalties	mei	it or tax-e	xemp	bona proceeds	291,665.	291,665.		
		Noyanies		(ı) R	eal	(ii) Personal	291,005.	291,003.		.
	6 a	Gross rents	6a			-	1			-
	Ь	Less rental expenses	6ь							
	С	Rental income or (loss)	6c						_	<u> </u>
	d	Net rental income of	or (le	oss)		>				
	7 a	Gross amount from sales of assets	7a	(i) Secu	irities	(II) Other		-		
	b	other than inventory Less cost or other basis	$\overline{}$							
		and sales expenses Gain or (loss)	7c	4						
		Net gain or (loss)	/ι	L		▶				
Other Revenue	8 a	Gross income from lundi (not including \$								
ě		of contributions reported	on i	≀ne Ic)		1				1
<u></u>	١.	See Part IV, line 18			8				İ	· ·
돭	ı	Less direct expens Net income or (loss		om fundra	<u> </u>					
0		•	•		ising i	events				
		Gross income from gami See Part IV, line 19	•	ctivities	9		<u>'</u>	•		
		Less direct expens			9	<u> </u>				
		Net income or (loss		-	g activ	/ities -				-
	Į.	Gross sales of inventory, returns and allowances			10					
	1	Less cost of goods			į				· ·	
	C	Net income or (loss	s) fro	om sales o	of inve	entory 🟲		I	1	

Business Code d All other revenue e Total. Add lines 11a-11d 69,022,882 827,353. 0. 12 Total revenue. See instructions

Miscellaneous

Par	t IX	Statement of Functional Expen	ises			
Sect	on 501	(c)(3) and 501(c)(4) organizations must coi			omplete column (A)	
		Check if Schedule O contains a	response or note to an	y line in this Part IX		
		lude amounts reported on lines 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	organ See P	s and other assistance to domestic izations and domestic governments art IV, line 21				,
2	Grants	s and other assistance to domestic duals. See Part IV, line 22				
3	organi	s and other assistance to foreign zations, foreign governments, and for- ndividuals See Part IV, lines 15 and 16				Y 3*
-	Comp	its paid to or for members ensation of current officers, directors, es, and key employees	88,093.	70,538.	17,555.	0.
6	disqua	ensation not included above to alified persons (as defined under n 4958(f)(1)) and persons described tion 4958(c)(3)(B)	0.	0.	0.	0.
7	Other	salaries and wages				
8	(includ	on plan accruals and contributions de section 401(k) and 403(b) yer contributions)				
9	Other	employee benefits	9,425.	9,425.		
10	Payro	II taxes	•			
11	Fees t	for services (nonemployees)			-	
a	Manag	gement				
ь	Legal		13.		13.	
	Accou	nting	5,215.	***************************************	5,215.	
	Lobby	•	37223.		0,210.	
	•	ional fundraising services. See Part IV, line 17			79 (3 S	
g	Other ((A) amo	ment management fees If line 11g amount exceeds 10% of line 25, column bunt, list line 11g expenses on Schedule 0) Itsing and promotion				
		expenses	1,387.		1,387.	
		nation technology	1,30,.		1,30,.	
	Royalt					
	Occup					
17	Travel	•	2,340.		2,340.	
	Payme expen	ents of travel or entertainment ses for any federal, state, or local officials	2,340.		2,340.	
19	Confe	rences, conventions, and meetings	500.		500.	
	Intere		26,138.	26,138.		
	,	ents to affiliates			······································	
	•	ciation, depletion, and amortization	229,870.	229,870.		
	Insura		22,687.	22,687.		
	covere	expenses Itemi <u>z</u> e expenses not ed above (List miscellaneous expenses	A S C A A			1 ST 74
	of line	74e It line 24e amount exceeds 10% 25, column (A) amount, list line 24e ses on Schedule ().)				
		als <u>and reservoirs maint.</u>	307,405.	307,405.		
		cellaneous	12,066.		12,066.	
		ck_Operation	3,517.	3,517.		
		<u>.ce_Rent</u>	2,866.		2,866.	<u> </u>
		er expenses	3,770.	1,859.	1,911.	
25	Total fu	inctional expenses Add lines 1 through 24e	715,292.	671,439.	43,853.	0.
	the org joint control campa Check	costs. Complete this line only if ganization reported in column (B) osts from a combined educational sign and fundraising solicitation here				

		Check if Schedule O contains a response or note to any line in this Part X			
		•	(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	8,925.	1	111,364.
	2	Savings and temporary cash investments	1,080,980.	2	1,161,386.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	6,436.	4	27,715.
	5	Loans and other receivables from 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	清楚 美麗語	5	
:	_		CACLTEDYSE TOPOLOGICAL A	_	BC-1977 IF IN THE
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	MACHINE CONTRACTOR	6	THE BUT OF STREET
	7	Notes and loans receivable, net		7	
s	8	Inventories for sale or use		8	
set	9	Prepaid expenses and deferred charges		9	
Assets	-	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 134, 522, 298			
	b	Less accumulated depreciation 10b 4, 476, 555	. 41,385,528.	10 c	130,045,743.
	11	Investments – publicly traded securities		11	
	12	Investments – other securities See Part IV, line 11		12	
- 1	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	42,481,869.	16	131,346,208.
	17	Accounts payable and accrued expenses	42,435.	17	20,781,541.
	18	Grants payable		18	, ,
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other 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	2.多类型的1000000000000000000000000000000000000	22	STATE OF THE PARTY
	23	Secured mortgages and notes payable to unrelated third parties	1,644,815.	23	1,462,457.
	24	Unsecured notes and loans payable to unrelated third parties	1,044,015.	24	1,402,437.
		Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1.	25	2.
		Total liabilities. Add lines 17 through 25	1,687,251.	26	22,244,000.
ses		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.	MANAGE OF THE SECOND	慮	
Ē	27	Net assets without donor restrictions	40,794,618.	27	109,102,208.
8	28	Net assets with donor restrictions		28	•
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
5	29	Capital stock or trust principal, or current funds		29	
\$	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
8	31	Retained earnings, endowment, accumulated income, or other funds		31	- "
Ž	32	Total net assets or fund balances	40,794,618.	32	109,102,208.
اقِ	33	Total liabilities and net assets/fund balances	42,481,869.	33	131,346,208.
<u> </u>	 .	TEE ANNUL 10/07/20	1 32,301,005.		T31, 340, 200.

Forn	1990 (2020) Moon Lake Water Users Association 8	<u>7-01</u> 5	4905	i	P	age 12
Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		69,0	22,	882.
2	Total expenses (must equal Part IX, column (A), line 25)	2				292.
3	Revenue less expenses Subtract line 2 from line 1	3				590.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4				618.
5	Net unrealized gains (losses) on investments.	5	T			
6	Donated services and use of facilities	6				
7	Investment expenses	7				_
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O).	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1	09,1	.02,	208.
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				·	
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			1	,	- 1
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			,	-	
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both Separate basis Both consolidated and separate basis	wed on	ιа	, ,		,
h	Were the organization's financial statements audited by an independent accountant?			2 b		l x
_	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep	arate				1 7
	basis, consolidated basis, or both					.]
	Separate basis Consolidated basis Both consolidated and separate basis			* .	٠,.	
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aureview, or compilation of its financial statements and selection of an independent accountant?	dit,		2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule ${\sf O}$,		
3 a	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?	:		3 a		Х
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a	iudit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3 b		
BAA	TEEA0112L 10/19/20			Form	n 990	(2020)

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

Moon Lake Water Users Associati	on		87-01549	905
Partil Organizations Maintaining Don	or Advised Funds or Othe	r Similar Fur	ds or Accounts.	
Complete if the organization ans	swered 'Yes' on Form 990,	Part IV, line	6	
	(a) Donor advised fu	nds	(b) Funds and oth	ier accounts
1 Total number at end of year				
2 Aggregate value of contributions to (during year)				
3 Aggregate value of grants from (during year)		ĺ		
4 Aggregate value at end of year				
5 Did the organization inform all donors and do are the organization's property, subject to the	onor advisors in writing that the a e organization's exclusive legal c	ssets held in do ontrol?	onor advised funds	res No
6 Did the organization inform all grantees, don for charitable purposes and not for the benef impermissible private benefit?			purpose conferring	res No
Part II Conservation Easements.				
Complete if the organization ans	swered 'Yes' on Form 990,	Part IV, line	<u> </u>	
1 Purpose(s) of conservation easements held to	by the organization (check all tha	apply)		
Preservation of land for public use (for exan	nple, recreation or education)		on of a historically import	
Protection of natural habitat		Preservati	on of a certified historic s	tructure
Preservation of open space				
2 Complete lines 2a through 2d if the organization last day of the tax year	held a qualified conservation contri	bution in the form	n of a conservation easeme	ent on the
last day of the tax year			Held at the En	nd of the Tax Year
a Total number of conservation easements.			2 a	
b Total acreage restricted by conservation ease	ements		2 b	
c Number of conservation easements on a cert		(a)	2 c	
d Number of conservation easements included	in (c) acquired after 7/25/06, and	not on a histor	10	
structure listed in the National Register	in (e) dequired and vizzires, and		2 d	
3 Number of conservation easements modified, tra tax year ►	ansferred, released, extinguished, or	terminated by th	ne organization during the	
4 Number of states where property subject to cons	ervation easement is located >		_	
5 Does the organization have a written policy r		inspection, har		
and enforcement of the conservation easeme				′es ∐ No
6 Staff and volunteer hours devoted to monitoring,	inspecting, handling of violations, a	ind enforcing cor	iservation easements during	g the year
7 Amount of expenses incurred in monitoring, insp	pecting, handling of violations, and e	nforcing conserv	ation easements during the	year
8 Does each conservation easement reported of and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requ	urements of sec		′es
9 In Part XIII, describe how the organization re include, if applicable, the text of the footnote	ports conservation easements in to the organization's financial sta	its revenue and atements that d	expense statement and escribes the organization	balance sheet, and 's accounting for
Rart'III Organizations Maintaining Collections Complete if the organization ans	ections of Art, Historical T swered 'Yes' on Form 990.	reasures, or Part IV. line	Other Similar Assets	5.
1 a If the organization elected, as permitted undo historical treasures, or other similar assets he Part XIII the text of the footnote to its financial	eld for public exhibition, education	n, or research ii		
b If the organization elected, as permitted under historical treasures, or other similar assets held following amounts relating to these items	er FASB ASC 958, to report in its for public exhibition, education, or re	revenue staten esearch in furthe	nent and balance sheet w rance of public service, pro	orks of art, vide the
(i) Revenue included on Form 990, Part VIII	, line 1		►\$	
(ii) Assets included in Form 990, Part X	-		► \$	
2 If the organization received or held works of art, amounts required to be reported under FASB		assets for financ	cial gain, provide the follow	ing
a Revenue included on Form 990, Part VIII, line	<u>-</u>		▶\$	
b Assets included in Form 990, Part X			► \$	

Schedule D (Form 990) 2020 Moon				87-015		Page 2
Part III署 Organizations Mainta	ining Collecti	ons of Art, Histori	cal Treasures, or	Other Similar Ass	ets (contin	uea)
3 Using the organization's acquisition items (check all that apply)	n, accession, and c	other records, check any	of the following that ma	ake significant use of its	collection	
a Public exhibition		d Loan or	exchange program			
b Scholarly research		e Other				
c Preservation for future gene	rations					
Provide a description of the organize Part XIII	zation's collections	and explain how they fu	rther the organization's	exempt purpose in		
5 During the year, did the organiza to be sold to raise funds rather t	han to be maintai	ined as part of the orga	anization's collection?	<u> </u>	Yes	No
Escrow and Custodia line 9, or reported an	I Arrangemen amount on Fo	its. Complete if the rm 990, Part X, lin	organization ans e 21.	wered 'Yes' on For	m 990, Pa 	rt IV,
1 a Is the organization an agent, tru on Form 990, Part X?	stee, custodian o	r other intermediary for	contributions or othe	r assets not included	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII and	complete the following	table	•	_	
					Amount	
c Beginning balance				1 c		
d Additions during the year				1 d		_
e Distributions during the year				1 e		
f Ending balance				1 f		
2 a Did the organization include an a	mount on Form 9	990, Part X, line 21, for	escrow or custodial	account liability?	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII Che	ck here if the explanat	ion has been provided	d on Part XIII		
				 		
Part: V Endowment Funds. C	omplete if the	organization answ	<u>vered 'Yes' on For</u>	<u>m 990, Part IV, lin</u>	<u>e 10</u>	
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four yea	ars back
1 a Beginning of year balance					<u> </u>	
b Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
 Other expenditures for facilities and programs 						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentag	e of the current y	·	lg, column (a)) held a	as		
a Board designated or quasi-endown		% %				
b Permanent endowment ►	 %					
c Term endowment	~~~~~~ %					
The percentages on lines 2a, 2b, a	nd 2c should equal	100%				
3 a Are there endowment funds not in organization by	the possession of t	he organization that are	held and administered	for the	Yes	No
(i) Unrelated organizations					3a(ı)	
(ii) Related organizations 3a(ii)						
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? 3b						
4 Describe in Part XIII the intender	d uses of the orga	anization's endowment	funds			
Part.VI Land, Buildings, and	Equipment.					
Complete if the organi		ed 'Yes' on Form 9	990, Part IV, line	11a. See Form 99 0), Part X, lı	ne 10.
Description of property	(a)	Cost or other basis	(b) Cost or other	(c) Accumulated	(d) Book v	value

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		119,970,059.	NOT THE REAL PROPERTY.	119,970,059.
b Buildings		126,249.	12,975.	113,274.
c Leasehold improvements.		14,309,578.	4,386,524.	9,923,054.
d Equipment		116,412.	77,056.	39,356.
e Other			_	
otal. Add lines 1a through 1e (Column (d)	must equal Form 990, Part X, c	olumn (B), line 10c)	▶	130 045 743

Total. Add

| 130, 045, 743. | Schedule D (Form 990) 2020

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25.	Part VII Investments – Other Securities.	'Vos' on Form 000	N/A	000 Dart V June 10
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chedule D (Form 990) 2020	Moon	Lake	Water	Users	Association

87-0154905

Page 4

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PartiXIE Reconciliation of Revenue per Audited Financial State	tements With Revenu	ie per Return. N/A	
Complete if the organization answered 'Yes' on Form 9	990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains (losses) on investments.	2 a		
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b		4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, lir	ne 12)	5	
PartXIII Reconciliation of Expenses per Audited Financial Sta	atements With Expen	ses per Return. N/A	
Complete if the organization answered 'Yes' on Form S		•	
1 Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		2002	
a Donated services and use of facilities	2 a		
b Prior year adjustments	2 b		
c Other losses	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b		4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, II	ne 18)	5	
PartiXIII Supplemental Information.			

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

Schedule D (Form 990) 2020

BAA

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

2020

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Moon Lake Water Users Association 87-0154905

Pai	rt I Types of Property				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art – Works of art	··			
2	Art — Historical treasures				
3	Art – Fractional interests				
4	Books and publications		Is		
5	Clothing and household goods		, , ,		
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities – Publicly traded				
10	Securities - Closely held stock				
11	Securities – Partnership, LLC, or trust interests				
12	Securities – Miscellaneous				
13	Qualified conservation contribution – Historic structures				
14	Qualified conservation contribution – Other		**************************************		
15	Real estate – Residential				
16	Real estate – Commercial				
17	Real estate - Other	X	1	67,910,975.	FMV
18	Collectibles			, , , , , , , , , , , , , , , , , , ,	
19	Food inventory				
20	Drugs and medical supplies				***************************************
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other► (
26	Other ()				-
27	Other ()				
28	Other► (
29	Number of Forms 8283 received by the organization di	uring the tax	year for contributions for	r which the	
	organization completed Form 8283, Part V, Donee				29
30 a	During the year, did the organization receive by contrib	oution any pi	operty reported in Part I	, lines 1 through 28, that	Yes No
	it must hold for at least three years from the date for exempt purposes for the entire holding period?		i contribution, and whic	n isn't required to be u	sed / 30 a X
L	of exempt purposes for the entire holding period of the exempt purposes for the entire holding period of the entire holding period o				
	Does the organization have a gift acceptance polic	v that recu	ires the review of any o	onstandard contribution	ns? 31 X
					13 A
	Does the organization hire or use third parties or r noncash contributions?	eiated orga	nizations to solicit, prod	cess, or sell	32 a X
	If 'Yes,' describe in Part II			- at a shown (A)	
33	If the organization didn't report an amount in colur describe in Part II	nn (c) for a	type of property for wh	nich column (a) is checl	ked,

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

Schedule M (Form 990) 2020

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Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received; or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545 0047	
2020	
Open to Public	

Department of the Treasury Internal Revenue Service Name of the organization

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

Moon Lake Water Users Association

Employer identification number

87-0154905

Form 990, Part VI, Line 11b - Form 990 Review Process

Board review.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Board determines compensation for directors and employees.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Upon request to board.