Form 990

Return of Organization Exempt From Income Tax

2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

| A | For the | 2018 calend | ar year, or tax year beginn | ing | | , 2018, and er | nding | | , 20 | | |
|-------------------------|---|--|--|---|----------------|---------------------|--|---------------|--|--------------|---------|
| - 20 | Check if a | 77 2.0 | S. Aut. J. L. L. Value Market | AY CANAAN COMMUNITY WA | TER AS | ssoc | | D | Employer ide | entificat | ion no. |
| | Address c | STOCK STREET | Doing business as | | | | | \neg : | 23-70246 | 89 | |
| | Name cha | COAR (50%) | | if mail is not delivered to street address) | | | Room/suite | E | Telephone nu | mber | |
| | Initial retur | | PO BOX 1322 | | | | | | (407) 323 | -171 | 4 |
| = | | n/terminated | | country, and ZIP or foreign postal code | | | | G | Gross receipt | s | |
| = | Amended | | SANFORD, FL 327 | | | | | 10.71 | A STATE OF THE PARTY OF THE PAR | 45,4 | 10 |
| = | | n pending | F Name and address of principal | | | | H(a) is this a group | return for s | | | X No |
| _ | . приносинс | , ponong | | Sanford, FL 32771 | | | H(b) Are all subo | | | rasson : | ☐ No |
| | Tax-exemp | ot status: | 501(c)(3) X 501(c) (12 | | 527 | | | | ist (see instruc | | |
| _ | - | ► N/A | 501(c)(c) E3 501(c)(12 |) 4 (macrine) | | | H(c) Group exer | | 6 | | |
| | | The state of the s | Corporation Trust Asso | ciation Other | | ear of formation: 1 | 4-2331 | | (0.7.1) | ř. | |
| _ | rt I | Summai | | cation Other P | L 16 | ear or formation. | 900 m State | Or legar | ddillidie. E. | | |
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| nai | | AND CLEA | N DRINKING WATER | SERVICES TO THE COMMUN | NITI O | F MIDWAI. | | | | | |
| Ve | ١, | Chock this h | ov b if the organization | discontinued its operations or dispo | osed of n | nore than 25% o | fite net secete | 777 | | | - |
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| ties | 4 | | . [190] 항공 의 집에 [17] 7 . [1] 그 그 그 그 | of the governing body (Part VI, line | | | The same and the s | 5 | | | |
| ₹ | 5 | | | calendar year 2018 (Part V, line 2a | | * * * * ***** | | 6 | | | |
| Act | 6 | | r of volunteers (estimate if n | | | | | | | | 4 |
| 1.05.1 | | | | Part VIII, column (C), line 12 | | | | 7a | | | 0 |
| _ | b | Net unrelate | d business taxable income t | rom Form 990-T, line 38 | • • • • | • • • • • • • • • | | 7b | (888-1917) | | 0 |
| | 0.00 | Naviews of the Control of the Contro | - v 54.0 - 94 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | econor. | | - | Prior Year | _ | Currer | CHISCOND SER | 27.27.2 |
| | 8 | | | 1h) | | · | | _ | | - 1 | ,790 |
| ž | 9 | | | 2g) | | | | | | 2 | ,000 |
| Revenue | 10 | | ncome (Part VIII, column (A | | | | 20,800,000 | 0 | | | |
| ď | 11 | | 그리고 교육하는 그렇게 얼마나 이러스 시시 사람들이 아르고 하셨다. 시 경시를 다쳤다. | es 5, 6d, 8c, 9c, 10c, and 11e) . | | _ | | | | 220 | ,286 |
| 20== | 12 | Total revenu | e - add lines 8 through 11 (r | nust equal Part VIII, column (A), lin | ne 12) | | | | | 227 | ,076 |
| | 13 | Grants and | similar amounts paid (Part I) | K, column (A), lines 1-3) | • 11 • 11 • 11 | | c | | | | 0 |
| | 14 | | | , column (A), line 4) | | | | | | | 0 |
| S | 15 | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | | | | | | | 124 | ,990 |
| Expenses | 16a | Professiona | I fundraising fees (Part IX, c | olumn (A), line 11e) · · · · · · | | [| | | | | 0 |
| <u> </u> | b | Total fundra | ising expenses (Part IX, colu | ımn (D), line 25) 🕨 | | 0 | | | | | |
| Ă | 17 | Other exper | ises (Part IX, column (A), lin | es 11a-11d, 11f-24e) | * *50*C#G | | | | | 47 | 7,794 |
| | 18 | Total expens | ses. Add lines 13-17 (must o | equal Part IX, column (A), line 25) | ****** | | | | | 172 | 784 |
| | 19 | Revenue les | ss expenses. Subtract line 1 | 8 from line 12 | | | | | | 54 | ,292 |
| - 5 | 8 | | | | | 7 | Beginning of Current | Year | End o | f Year | |
| ets | 20 | Total assets | (Part X, line 16) · · · · | | | [| 167 | ,346 | | 215 | 5,030 |
| Ass | 21 | | es (Part X, line 26) · · · | | | | | ,608 | | | 0 |
| Net | 20 21 22 22 22 22 22 22 22 22 22 22 22 22 | Net assets | or fund balances. Subtract li | ine 21 from line 20 | | [| - Paringly | ,738 | | 215 | 5,030 |
| | art II | Signati | re Block | | | | | | | | |
| | | | | rn, including accompanying schedules and st | | | knowledge and belief, | it is | | | |
| true | e, correct, | and complete. Do | eclaration of preparer (other than off | icer) is based on all information of which prep | parer has ar | ny knowledge. | | _ | | | |
| | | VIOI | LA POSLEY | | | | | | | | |
| Sig | gn | | ure of officer | | | | | Date | | | |
| He | re | N VIOI | LA POSLEY, CHAIRMA | N | | | | | | | |
| | | | r print name and title | 4 | | | | | | | |
| _ | | | reparer's name | Preparer's signature | C | Date | Check | if F | TIN | | |
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Form 990 (2018)

Checklist of Required Schedules Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 candidates for public office? If "Yes," complete Schedule C, Part I A CONTRACTOR OF 3 Х 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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III X 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 8 X 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 X Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 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 X 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X c 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 X 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X X 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking. fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 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 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 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a

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

X

Part IV 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 X 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 23 Х 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 A B B B b become a section as a section as a section as X 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 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? 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III ************** 27 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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete b 28b X An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M All broads and respondent to the second and the 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 32 X 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, 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 7 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

18) MIDWAY CANAAN COMMUNITY WATER ASSOC

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

| 22 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, Rule for the calendary are anding with or within the year covered by this return 2 | | | | Yes | No |
|---|-------|--|---------|------|----------|
| b If al least one is reported on line 2a, did the organization file all required federal employment tax returna? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to -6 like de instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 4c Alary 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)? 4d Alary 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)? 4d Alary time during the calendar year, did the organization have a number of the financial account (FBAR). 5d Vas the organization approach of a prohibited tax shelter transaction at any time during the tax year? 5d Alary time in the same of the foreign country. 5d Alary time in the same of the foreign country (such as a party to a prohibited tax shelter transaction? 5d Alary time in the same of the foreign country of the same accountry of the prohibited tax shelter transaction? 5d Alary time in the same of the organization in feel message and the same accountry of the prohibited tax shelter transaction? 5d Alary time in the same accountry of the organization shelt remarks of the same accountry of the organization shelt remarks of the decidence of the same accountry of the organization shelt and the organization include with every solicitation and experts a statement that such contributions or gifts were not tax deductables or \$75 made party to contribution and party for goods and services provided to the payor? 5d Alary time of the organization shelt and the organization that the same accountry of the same accountry of the same ac | 2a | | | 1 | |
| Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) All offices, has a filed a form 500-T for this year? If 'No' to line 3b, provide an explanation in Scheduleo All 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)? All any time of the foreign country (such as a bank account, securities account, or other financial account)? All any time of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). See instructions for filing requirements for FincENF Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FincENF Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FincENF Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FincENF Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FincENF Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FincENF Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FincENF Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FincENF Form 8885-17 See instructions for granation foreign and part of the organization solid any contributions and filing foreign f | | | | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yee," has if fed a Form 900 or Tor this year? "I vive 7 have 3b, provides an explanation in Schedule 0 3c If "Yee," and if fed a Form 900 or 1 brit year? "I vive 7 have 3b, provides an explanation in Schedule 0 3c If "Yee," criter the name of the foreign country. P 3c If "Yee," criter the name of the foreign country. P 3c If "Yee," criter the name of the foreign country. P 3c If "Yee," criter the name of the foreign country. P 3c If "Yee 1 or 1 brit year or 1 brit year or 1 brit year or 1 brit year? 3c If "Yee 1 or 1 brit So 4 or 5 hours or 1 brit year or 1 brit year? 3c If "Yee 1 or 1 brit So 4 or 5 hours or 1 brit year or 1 brit year? 3c If "Yee 1 or 1 brit So 4 or 5 hours or 1 brit year or 1 brit year? 3c If "Yee 1 or 1 brit So 4 or 5 hours or 1 brit year or 1 brit year? 3c If "Yee 1 or 1 brit So 4 or 5 hours or 1 brit year or 1 brit year or 1 brit year. 3c If "Yee 2 or 1 brit So 4 or 1 brit year or 1 brit year or 1 brit year. 3c If "Yee 3 or 1 brit year or 1 brit year or 1 brit year or 1 brit year. 3c If "Yee 3 or 1 brit year or 1 brit year or 1 brit year or 1 brit year. 3c If "Yee 3 or 1 brit year or 1 brit year or 1 brit year. 3c If "Yee," did the organization include with every solicitation an express statement that such contributions or year or 1 brit year. 3c If "Yee," did the organization neceve a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the papar? 3c If "Yee," did the organization neceve a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the papar? 3c If "Yee," did the organization neceve a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the papar? 3c If "Yee," did the organization neceve and payment in excess of \$75 made partly sea or 1 brit year. 3c If "Yee," did the organization neceve and payment in excess of \$7 | b | | 2b | | |
| b If "Yes," and at filled a Form 990-T for this year? If "No" to like 3b, provide an explanation in Schedule O All any time during the calendary year, did the organization have an interest in, or a significant or other financial account; a financial account in a foreign country; when the country is a financial account in a foreign country (such as a bank account, securities account, or other financial account)? As If "Yes," reflect the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? So Did any taxobe party notify the organization file Form 8886-1? So Did any taxobe party notify the organization file Form 8886-1? So Does the organization naular gross receipts that are normally greater than \$100,000, and did the organization and gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that are promisely greater than \$100,000, and did the organization rocking that are normally greater than \$100,000, and did the organization rocking that are normally greater than \$100,000, and did the organization rocking that are normally greater than \$100,000, and did the organization rocking that are normally greater than \$100,000, and did the organization rocking that are normally greater than \$100,000, and did the organization rocking that are normally greater than \$100,000, and did the organization solicit any contributions under section \$100,000, and did the organization solicit than expenses statement that such contributions or did the organization than than the organization necesses and services statement that such contributions or did the organization necesses and services than the greater than \$100,000, and did the organization necesses and services than \$100,000, and the services organization file form \$200,000, and the services organization file form \$200,000, and | 8500 | | | | |
| 4a 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 accounts) b if "es," enter the name of the foreign country. ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction? 9b X if "es' to line 5a or 5b, dif the organization that it was or is a party to a prohibited tax shelter transaction? 9c X if "es' to line 5a or 5b, dif the organization that it was or is a party to a prohibited tax shelter transaction? 9c X if "es' to line 5a or 5b, dif the organization that it was or is a party to a prohibited tax shelter transaction? 9c X if "es' did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization societ any contributions that were not tax deductible a charitable contributions? 9c A b If "es," did the organization include with every solicitation an express statement that such contributions or gifts were not tax eductibles or tax deductibles a charitable contributions or gifts were not tax deductible and a state of the organization state that may receive deductible contributions under section 170(c). b If the organization state that may receive deductible contributions under section 170(c). b If the organization state that may receive deductible contributions under section 170(c). c Did the organization state the payor? 7a X if "es," did the organization state that payor? 7b X if "es," did the organization state organization the payor? 7b X if "es," did the organization state organization the prome 8282 filed during the year if If the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7c X if the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 | 2.7 | | 3a | | X |
| a financial account in a foreign country (such as a bank account, securities account, or other financial account)? As if "Yes," inter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **Board of the organization a party to a prohibited tax sheller transaction at any time during the tax year? **Se in the organization a party to a prohibited tax weller transaction at any time during the tax year? **Se Did any texable party notify the organization file Form 888-7? **Se Does the organization a party to a prohibited tax sheller transaction? **Se Does the organization shell are unall gross receipts that are normally greater than \$100,000, and did the organization shell are unall gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? **Organizations that may receive deductible contributions under section 170(c). **Did the organization receive a payment in excess of \$15 made party as a contribution and parity for goods and services provided to the payor? **Organization shell may receive deductible contributions under section 170(c). **Did the organization enceive and promotify the donor of the value of the goods or services provided? **Did the organization enceive and proteity the ground property for which it was required to the payor? **Did the organization during the year; **Did the org | - | | 3b | | |
| b If "Yes," enter the name of the foreign country. ► See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax sheller transaction? 5 b X in the party of the prohibited tax sheller transaction? 5 b X in the party of the | 4a | | | | |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5 Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5 Lid any taxable party notify the organization that I was or a a party to a prohibited tax shelter transaction? 5 Lid ("Yes" to line 5 aor 5b, did the organization file Form 8886.7? 6 Lid ("Yes" to line 5 aor 5b, did the organization file Form 8886.7? 6 Lid ("Yes" to line 5 aor 5b, did the organization file Form 8886.7? 6 Lid ("Yes" to line 5 aor 5b, did the organization that were not tax deductible as charitable contributions? 6 Lid ("Yes" to line 5 aor 5b, did the organization that were not tax deductible as charitable contributions or offits were not tax deductible? 6 Lif ("Yes" to line organization societ any receive deductible contribution and express statement that such contributions or offits were not tax deductible? 7 Lid ("Yes" to line organization receive a payment in excess of 575 made party as a contribution and partly for goods and services provided to the payor? 7 Lif ("Yes", "Indicate the number of Forms 8282 filed during the year 7 Lif ("Yes", "Indicate the number of Forms 8282 filed during the year 1 Lif ("Yes", "Indicate the number of Forms 8282 filed during the year 1 Lif ("Yes", "Indicate the number of Forms 8282 filed during the year 2 Lid the organization receive and vinds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Lif ("Yes", "Indicate the number of Forms 8282 filed during the year 1 Lif ("Yes", "Indicate the number of Forms 8282 filed during the year 2 Lid the organization received a contribution of qualified intelectual property, did the organization file Form 8899 as required to the services of the organization file Form 8899 as required to the services of the organization file Form 890 as required to the services of the organization file Form 890 as required to the services of the organization file Form 890 as required fun | 42 | | 4a | | _X_ |
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| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12a | The state of the s | 42- | - 51 | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 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 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year 15 X If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X | | | 128 | | |
| a Is the organization licensed to issue qualified health plans in more than one state? 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 Did the organization receive any payments for indoor tanning services during the tax year? 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 parachute payment(s) during the year If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 13a 13a 13a 13b 13b 13c 14b X X | | The state of the s | | | |
| Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year 15 X If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X | | 32. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 139 | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 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 parachute payment(s) during the year If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X | | | 134 | | |
| the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year 15 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? 16 X | b | - Principles of the property o | | | |
| c Enter the amount of reserves on hand | 887 | 27 300 TO THE RESERVE TO THE RESERVE THE R | | | |
| Did the organization receive any payments for indoor tanning services during the tax year? | С | | | 4 | |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | The state of the s | 14a | | x |
| Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year | | | | | |
| excess parachute payment(s) during the year | | | | | _ |
| If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | | | 15 | | X |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | | - Balance - Marie - | | | |
| | 16 | | 16 | | X |
| | | | | | |

Form 990 (2018) MIDWAY CANAAN COMMUNITY WATER ASSOC 23-7024689 Part VI 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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management

| ,,,, | tion A. Coverning Dody and management | - 1 | | |
|----------|---|-------|---------|----------|
| 41 | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | If there are material differences in voting rights among members of the governing body, or | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | |
| 160 | committee, explain in Schedule O. | | | |
| ъ | Enter the number of voting members included in line 1a, above, who are independent 1b 4 | | - | 1 |
| 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_ |
| 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 | | <u>X</u> |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | _X_ |
| 6 | Did the organization have members or stockholders? | 6 | Х | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | Cong. | 1204000 | |
| | one or more members of the governing body? | 7a | X | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | 529 |
| | stockholders, or persons other than the governing body? | 7b | | _X_ |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following: | | | |
| а | The governing body? | 8a | X | |
| þ | Each committee with authority to act on behalf of the governing body? | 8b | | X |
| 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 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | X |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? • • • | 12b | | |
| C | 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 | | X |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | 18 3 | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | Х |
| b | Other officers or key employees of the organization | 15b | | Х |
| | 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? | 16a | | Х |
| 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 | | Х |
| Sec | ction C. Disclosure | 7 | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed Florida | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) | | | |
| W152.75 | N 12 - 12 - 13 - 13 - 13 - 13 - 13 - 13 - | | | |
| | (3)s only) available for public inspection, indicate now you made these available. Check all that apply. | | | |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website | | | |
| 19 | Own website Another's website Upon request Other (explain in Schedule O) | | | |
| 19 | Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | | | |
| 19 20 | Own website Another's website Upon request Other (explain in Schedule O) | | | |

| Form. | 990 | (201 | 8 |
|-------|-----|------|---|
| | | | |

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Position (A) (B) (D) (E) (F) (do not check more than one Name and Title Average Reportable Reportable Estimated box, unless person is both an hours per compensation compensation from amount of officer and a director/trustee) week (list any from related other hours for the organizations compensation (W-2/1099-MISC) related Highest compensated employee organization from the Individual trustee Institutional trustee Key employee (W-2/1099-MISC) organizations organization below dotted and related line) organizations (1) VIOLA POSLEY CHAIRMAN 0 0 0 (2) (3) (4) (5) (6) (8) (9) (10) (11)_____ (12) (13) (14)_____

| (A) Name and title | (B) Average hours per week (list any | box, t | unless | pers | tion ore th | an one both an trustee) | | (D) Reportable compensation from | (E) Reportable compensation from related | 100 | (F) | |
|---|--|-----------------------------------|-----------------------|---------|----------------|-------------------------------|-----------|--|---|-----------|--|----------|
| | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | org an | pensation the anization direlate anization | on ed |
| (15) | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | |
| <u>(17)</u> | | | | | | | | : | | | | - |
| (18) | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | |
| (25) | | | | | | | | | | | V 2:- | |
| 1b Sub-total | Part VII, Section A | or or or | | • • | 183 183 | | A | 0 | 0 | | | 0 |
| 2 Total number of individuals (including | but not limited to those liste | | | | | | _ | | | | | |
| reportable compensation from the or | ganization > | | | | | | | | 0 | | Yes | No |
| 3 Did the organization list any former of | | Age of the state of | | | | | | | | | | v |
| employee on line 1a? If "Yes," comple For any individual listed on line 1a, is | | | | | | | | ation from the | | 3 | Į I | X |
| organization and related organization | 45 | | | | | 1.5 | | | | | | |
| individual · · · · · · · · · · · · · · · · · · · | | | | nrol | | organ | izoti | on or individual | | 4 | | X |
| for services rendered to the organiza | | | | | | | | | | 5 | | Х |
| Section B. Independent Contract | | | | | | | | | | | | |
| Complete this table for your five high compensation from the organization. | | | | | | | | | | | | |
| year. | report compensation for th | Coalci | luai | ycai | Cit | ang w | | Within the Organiz | Lation's tax | | | |
| 0111 | (A) | | | | | | | (B) | , | | (C) | |
| Name and | business address | | | | | | | Description of | services | Comp | ensatio | on . |
| | W. W. | | | | | | | | | | | |
| | | | | | | | | | | hr - 2 | | |
| Total number of independent contract received more than \$100,000 of com- | (6 5/8) | | ose I | isted | abo | ove) w | ho | _L | | 7.7. | | |

Part VIII Statement of Revenue

| | | Check if Schedule O contains a response | e or no | te to any line in this | Part VIII (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|-------------|---|--|------------------------|-----------------------------|--|---|--|
| 13 73 | 1a | Federated campaigns | 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues | 1b | 2,400 | | | | |
| S, G | C | Fundraising events | 1c | | | | | |
| Gift lar | d | Related organizations | 1d | | | | | |
| Si S | 0 | Government grants (contributions) · · | 1e | | | | | |
| ë ë | f | All other contributions, gifts, grants, | | 1 | | | | |
| 중 | | and similar amounts not included above | 1f | 2,390 | | | | |
| ago | g | Noncash contributions included in lines 1a- | | | | | | |
| | h | Total. Add lines 1a-1f | | | 4,790 | | | |
| 90 | 2- | | | Business Code | | | | |
| Nen. | 2a | | | | | | | |
| Program Service Revenue | 6 | | | | | - | | |
| Ž | d | | | | | | | |
| Š | e | | | | | | | |
| ogra | f | All other program service revenue | | 561499 | 2,000 | 2,000 | | |
| 4 | | Total. Add lines 2a-2f | | | 2,000 | 2,000 | | |
| | | Investment income (including dividends, inte and other similar amounts) | 2015 | | | | | |
| | 7 | Income from investment of tax-exempt bond | The second secon | | | | | |
| | 5 | Royalties | | apacitic ve - f | | | | |
| | | (i) Real | | (ii) Personal | | | | |
| | | Gross rents | | | | | | |
| | | Less: rental expenses · · · · Rental income or (loss) · · · | | | | | | |
| | | Net rental income or (loss) · · · · · · | 20020000 | | | | | |
| | 35. | Gross amount from sales of (i) Securitie | | (ii) Other | | | | |
| | 14 | assets other than inventory | | (ii) Guidi | NAME OF THE OWNER, WHEN | | | |
| | | Less: cost or other basis and sales expenses | | | | | | |
| | 1 | Gain or (loss) | | | | | | |
| | | Net gain or (loss) · · · · · · · · · · · · | •av•92•38 | | | | | |
| enne | I | Gross income from fundraising | | | | | | |
| | | events (not including \$ | | | | | | |
| Other Rev | | of contributions reported on line 1c). | _ | | | | | |
| her | | See Part IV, line 18 | . а | | | | | |
| 5 | b | Less: direct expenses | · b | | | | | |
| | С | Net income or (loss) from fundraising events | | | | | | |
| | 9a | Gross income from gaming activities. | | | | | | |
| | | See Part IV, line 19 · · · · · · · · · · · | | | | | | |
| | 100 | Less: direct expenses | | | | | mania di di | |
| | 101 | Net income or (loss) from gaming activities | • • | | | | | |
| | | Gross sales of inventory, less returns and allowances | | | | | | |
| | | Less: cost of goods sold | | 18,334 | | | | |
| | C | Net income or (loss) from sales of inventory | 5/#IP-056 | THE PERSON NAMED IN | (18,334) | | | (18,334 |
| | 11a | Miscellaneous Revenue | | Business Code | | | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | territor or | All other revenue | £01£7 | 221000 | 238,620 | 238,620 | | |
| | | Total. Add lines 11a-11d · · · · · · · | | | 238,620 | | | |
| | 12 | Total revenue. See instructions | | ▶ | 227,076 | 240,620 | C | (18,334 |

Form 990 (2018) MIDWAY CANAAN COMMUNITY WATER ASSOC Part IX Statement of Functional Expenses

| Seci | tion 501(c)(3) and 501(c)(4) organizations must complete all colu | ımns. All other organiza | tions must complete co | olumn (A). | |
|-------|--|--|--------------------------|--|-------------------------|
| | Check if Schedule O contains a response or note to a | | | | ···· |
| Do I | not include amounts reported on lines 6b, 7b, | (A) | (B) | (C) | (D) |
| 8b, : | 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | CAPATIBOS |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 76,682 | 76,682 | | |
| 6 | Compensation not included above, to disqualified | 70,002 | 70,002 | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 36,763 | 36,763 | | _ =::: |
| 8 | Pension plan accruals and contributions (include | 30,103 | 30,703 | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | 11,545 | 11,545 | | |
| 11 | Fees for services (non-employees): | 22,545 | 11,545 | | |
| а | Management | | | | |
| b | Legal | | | | |
| С | Accounting | 850 | 850 | | |
| d | Lobbying | 050 | 830 | | |
| 0 | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | The state of the s | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| - | (A) amount, list line 11g expenses on Schedule O.) | 3,300 | 3,300 | | |
| 12 | Advertising and promotion | 3,300 | 3,300 | | |
| 13 | Office expenses | 9,752 | 9,752 | | |
| 14 | Information technology | 4,500 | 4,500 | | |
| 15 | Royalties | 4,500 | 4,500 | | |
| 16 | Occupancy | 1,000 | 1,000 | | |
| 17 | Travel | 1,500 | 1,500 | | |
| 18 | Payments of travel or entertainment expenses | 1,500 | 1,500 | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest · · · · · · · · · · · · · · · · · · · | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | 18,200 | 18,200 | | |
| 24 | Other expenses. Itemize expenses not covered | 18,200 | 18,200 | | |
| | above (List miscellaneous expenses in line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | TELL SHARE | | |
| | (A) amount, list line 24e expenses on Schedule O.) | | | | |
| а | A DESCRIPTION OF THE STATE OF T | 00 | 00 | | |
| b | BUSINESS REGISTRATION FEES | 88 450 | 88 | | |
| c | REPAIRS | 1,100 | 450 | | |
| d | FPL | 350 | 1,100 | | |
| | All other expenses | A - The state of t | 350 | | |
| 25 | Total functional expenses. Add lines 1 through 24e · | 6,704 | 6,704 | | - |
| 26 | Joint costs. Complete this line only if the | 172,784 | 172,784 | 0 | 0 |
| | organization reported in column (B) joint costs | | 1 | | |
| | from a combined educational campaign and fundraising solicitation. Check here | 1 | | | |
| | following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

| | | Check it 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 | 107,079 | 1 | |
| | 2 | Savings and temporary cash investments | 60,267 | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 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 Part II of Schedule L | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| Ass | 9 | Prepaid expenses and deferred charges | | 9 | 215,030 |
| | 10a | Land, buildings, and equipment: cost or | | | 215,030 |
| | | other basis. Complete Part VI of Schedule D · · · · 10a | | | |
| | ь | Less: accumulated depreciation · · · · · · · · · · 10b | | 10c | |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 167,346 | 16 | 215,030 |
| | 17 | Accounts payable and accrued expenses | 6,608 | 17 | 215,030 |
| | 18 | Grants payable · · · · · · · · · · · · · · · · · · · | 0,000 | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| S | 22 | Loans and other payables to current and former officers, directors, | | 21 | |
| Liabilities | 501 | trustees, key employees, highest compensated employees, and | | | |
| api | | disqualified persons. Complete Part II of Schedule L | | 22 | |
| Ξ | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | 24 | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | | of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 6 600 | 26 | |
| | | Organizations that follow SFAS 117 (ASC 958), check here and | 6,608 | 20 | 0 |
| es | | complete lines 27 through 29, and lines 33 and 34. | | | |
| 5 | 27 | Unrestricted net assets | | | |
| ala | | 그걸 마닷가()이라면 얼마에게 맞잠하면 하면 가는 그 사람들이 되었다. 그는 | | 27 | |
| 9 | 28 29 | Temporarily restricted net assets | | 28 | |
| 5 | 25 | Permanently restricted net assets | | 29 | |
| F | | Organizations that do not follow SFAS 117 (ASC 958), check here | | | |
| ts c | 20 | complete lines 30 through 34. | | | |
| 986 | 30 | Capital stock or trust principal, or current funds | | 30 | |
| Net Assets or Fund Balances | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | SERVE TRANSFE |
| Š | 32 | Retained earnings, endowment, accumulated income, or other funds | 160,738 | 32 | 215,030 |
| | 33 | Total net assets or fund balances | 160,738 | 33 | 215,030 |
| | 34 | Total liabilities and net assets/fund balances | 167,346 | 34 | 215,030 |

| | 222 | 1004 | 2 |
|------|-----|------|----|
| Form | 440 | 1701 | ×١ |

MIDWAY CANAAN COMMUNITY WATER ASSOC

| • | - | -7 | . ^ | - | _ | ^ | ^ |
|---|---|----|-----|---|---|---|---|
| | | | | | | | |
| | | | | | | | |

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| Pa | Reconciliation of Net Assets | | | | | |
|-----|---|----|----|------|--------|-----------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | ٠. | | $\cdot \square$ |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 2 | 27,0 | 076 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 1 | 72, | 784 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 54,2 | 292 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 1 | 60, | 738 |
| 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 | | 2 | 15,0 | 030 |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | • • | | ٠П |
| | | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Cash Other | | T. | 7 | | |
| | 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 | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | | 18. |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | 100 |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | 10 | | | |
| C | 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 | | Х |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | | - 31 | | |
| | Schedule O. | | | | 1 | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | | | |
| | the Single Audit Act and OMB Circular A-133? | | | 3a | | Х |
| 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 | | | 3b | | |
| EEA | | | - | Form | 990 (2 | 2018) |

Form 990

(Rev. January 2020)

Department of the Treasury

Return of Organization Exempt From Income Tax

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

2019

OMB No. 1545-0047

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

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

Open to Public

| | or at the second | e Service | The second secon | ww.irs.gov/Forms90 for instruc | tions and | - Contract the Contract | CONTRACTOR STANDARDS | | | mspection |
|--------------------------------|------------------|--|--|--|---|-------------------------|----------------------|-------------------|----------------|-----------------------|
| - FE | 200000 | 20 120/ | ear, or tax year begin | | et Managradus | | nd ending | | CAN DO | , 20 |
| | heck if a | pplicable: | C Name of organizationMI | DWAY CANAAN COMMUNITY | WATE | R ASSOC | | P | 27 10,000 | identification number |
| _ | ddress c | hange | Doing business as | | | | | | 2 | 3-7024689 |
| | ame cha | nge | Number and street (or P.0 |), box if mail is not delivered to street addr | ess) | | Room/suite | Ε | Telephone | number |
| | itial retur | m | PO BOX 1322 | | | | | | (| 407) 323-1714 |
| ∐ F | nal retur | n/terminated | City or town, state or prov | rince, country, and ZIP or foreign postal co- | de | | | G | Gross rec | eipts |
| ∐ A | mended | return | Sanford, FL 32 | 172 | | | | | \$ | 249,318 |
| | pplication | n pending | F Name and address of prin | ncipal officer: VIOLA POSLEY | | | H(a |) Is this a group | return for su | bordinates? Yes X No |
| | | | 2090 DIXIE AVE | Sanford, FL 32771 | | | H(t |) Are all subo | rdinates in | cluded? Yes No |
| I Ta | x-exemp | -VIII. 47 | (c)(3) X 501(c) (12 | | 52 | 27 | - 180 | If "No," attac | ch a list. (s | ee instructions) |
| JW | lebsite: | ► N/A | | | | | H | Group exe | | 20 |
| | | ganization: X Cor | poration Trust Asse | ociation Other | L | Year of formation | 3343.0F235 | T | of legal de | |
| Par | | Summary | | | | | | 1.00 | | |
| | 1 | STATE OF THE STATE OF | the organization's missi | on or most significant activities: | THE Y | WATER AS | SOCIATI | ON IS A | COMM | UNITY WATER |
| | | ************************************** | | MPRISED OF THE CIIIZ | - | | | | | |
| Activities & Governance | 1 2 | A CHEST P. A COLUMN TO THE OWNER OF THE | CONTRACTOR OF THE PROPERTY OF | ICES TO THE COMMUNITY | II. 100. 11. 12. 12. 12. 12. 12. 12. 12. 12. 12 | STORE SUPPLIES OF ST | TIO MID | STON IL | , 10 2 | NOVIDE SALE AND |
| E | 7 | CHEAN DRIN | KING WAIER SERV | TCES TO THE COMMONTS | I OF M | IDMAI. | | | | |
| Š | 2 | Check this hoy I | If the organization | discontinued its operations or dis | enneed of | more than 2 | 5% of ite no | at accate | | |
| ၓ | | | / | and the company of th | 100 | | | - 1 | 3 | <u>.</u> 2 |
| ∞5 | 10000 | and the second s | 58. m | | | | | | 4 | 4 |
| Ęį | 6225 | | (B. J. J. 1984) - 10 10 10 10 10 10 10 10 10 10 10 10 10 | s of the governing body (Part VI, I | | | | | 22 | |
| ₹ | 5 | | (1) | calendar year 2019 (Part V, line 2 | | | | | 5 | 7_ |
| Aci | 6 | | volunteers (estimate if r | | | | | | 6 | 4 |
| | | | | Part VIII, column (C), line 12 | | | | | 7a | 0 |
| | b | Net unrelated bu | isiness taxable income | from Form 990-T, line 39 | • • • • | | | •••• | 7b | 0 |
| | | | | | | | | rior Year | | Current Year |
| • | 8 | Contributions an | d grants (Part VIII, line | 1h) | | | | | | 4,900 |
| Ž | 9 | | | 2g) | | | | | | 2,000 |
| Revenue | 10 | Investment incor | me (Part VIII, column (A |), lines 3, 4, and 7d) | ******************** | | | | | 0 |
| ~ | 11 | Other revenue (I | Part VIII, column (A), lin | es 5, 6d, 8c, 9c, 10c, and 11e) | | | | | | 223,753 |
| | 12 | Total revenue - a | add lines 8 through 11 (r | nust equal Part VIII, column (A), | line 12) | | | | | 230,653 |
| | 13 | Grants and simil | ar amounts paid (Part I | X, column (A), lines 1-3) · · · | | | | | | 0 |
| | 14 | Benefits paid to | or for members (Part IX | , column (A), line 4) · · · · · | | | | | | 0 |
| co. | 15 | Salaries, other c | ompensation, employee | mpensation, employee benefits (Part IX, column (A), lines 5-10) | | | | | | |
| Expenses | 16a | Professional fun | draising fees (Part IX, o | olumn (A), line 11e) | | | | | | 0 |
| ē | b | Total fundraising | expenses (Part IX, coli | ımn (D), line 25) ▶ | | 0 | | | | |
| X | 17 | Other expenses | (Part IX, column (A), lin | es 11a-11d, 11f-24e) | ************ | | | | | 37,254 |
| | 18 | Total expenses. | Add lines 13-17 (must | equal Part IX, column (A), line 25 |) | | | | | 123,449 |
| | 19 | Revenue less ex | penses. Subtract line | 8 from line 12 | | | | | | 107,204 |
| -28 | | | | | | | Beginnin | g of Current \ | rear . | End of Year |
| anc | 20 | Total assets (Pa | rt X, line 16) · · · · | | | | | 275,2 | | 376,474 |
| Se B | 21 | Total liabilities (F | | ****** | | | | 6,0 | | 0 |
| Net Assets or Fund Balances | 22 | | nd balances. Subtract I | ine 21 from line 20 | | | | 269,2 | 2 (10 (Sec. 9) | 376,474 |
| Pai | | Signature | | | | | | 203,2 | 70 | 370,474 |
| | | | | m, including accompanying schedules and | statements | and to the best | of my knowled | dge and belief | it is | |
| | | | | icer) is based on all information of which p | | | | 8 | | |
| | | A WTOTA | DOCTEV | | | | | | | |
| Sigi | n | VIOLA : Signature of | | | | | | | Date | |
| Her | | | | | | | | | | |
| | · | | POSLEY, CHAIRMA name and title | LN . | | | | | | |
| - | | Print/Type prepare | NEO Y CARLES MENTAL SA | Preparer's signature | | Date | | Гоь . Г | PT | N |
| Paid | 1 | (Anteropy State State State) | | | | | 01 | Check _ | | |
| | , parer | PATINA PO | 7 (0.62 (2.64 C-21) = 5.00 (2.64 C-21) | NOD MAY & THE TOTAL | 25/2016 C 61/2016 PM | 02-15-20: | | self-employ | ed | P00657159 |
| | Only | _ | | NCE TAX & INSURANCE : | SERVIC | E | | s EIN 🕨 | | |
| USE | Only | Firm's address | | RENCH AVE STE A | | | Phon | | | |
| - | | | | FL 32771 | | | | 4 | 07-32 | 2-5456 |
| May | ne IRS | discuss this retu | irn with the preparer sh | own above? (see instructions) | | | | | S 5 0343 | · · Yes X No |

| Form | 990 (2019) MIDWAY CANAAN COMMUNITY WATER ASSOC | 23-7024689 | Page 2 |
|------|--|---------------|------------|
| Pa | rt III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | <u> </u> |
| 1 | Briefly describe the organization's mission: | | |
| | THE WATER ASSOCIATION IS A COMMUNITY WATER UTILITIES ORAGAIZATION COMPRISED | OF THE CILIZI | ENS OF |
| | MIDWAY ITS MISSION IS TO PROVIDE SAFE AND CLEAN DRINKING WATER SERVICES TO T | HE COMMUNITY | OF |
| | MIDWAY, | | |
| 1200 | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | -0 |
| | prior Form 990 or 990-EZ? | ···∐ Yes 🗶 | No |
| | If "Yes," describe these new services on Schedule O. | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program | Figure 1 | <u>#</u> # |
| | services? | ···∐ Yes 🔯 | No |
| | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured | | |
| | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth | ers, | |
| | the total expenses, and revenue, if any, for each program service reported. | | |
| | | 11-11 | |
| 4a | (Code:) (Expenses \$123,449 including grants of \$) (Revenue | \$ | , |
| | FORM 990 PART VI, SEC B LINE 11A A COPY OF FORM 990 IS PROVIDED TO THE BOARD | OF DIRECTION | RS PRIO |
| | TO AM MEETING | | |
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| | | | |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue | • | |
| 40 | (Code:) (Expenses \$) (Revenue | \$ |) |
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| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue | • | |
| 40 | (Code) (Expenses \$ including grants of \$) (Revenue | s | , |
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| | | | |
| | 011 | | |
| 4d | CONTROL ENTREMENTAL CONTROL CO | | |
| | (Expenses \$ including grants of \$) (Revenue \$ | | |
| 40 | Total program service expenses 123 449 | | |

9) MIDWAY CANAAN COMMUNITY WATER ASSOC Checklist of Required Schedules Part IV

| | | _ | Yes | No |
|-------|--|-------|-----|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| 565 | complete Schedule A · · · · · · · · · · · · · · · · · · | 1 | | х |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | 100 | | |
| 1941 | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | i | |
| 5 | election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | 4 | | |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | v |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | - | | _x_ |
| | 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 | | x |
| 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 | | x |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 50000 | | |
| 11 | 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, VIII, IX, or X as applicable. | | | |
| 2 | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more | 114 | | Х |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | x |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more | | | -1- |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets | | | 1 |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | x |
| 12 | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | x |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| 12a | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | x |
| 124 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | | | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | 12a | | X |
| 7.7 | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | x |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | x |
| 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 | | 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 | | | |
| 10 | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | X |
| 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 | 40 | | 0220 |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | 18 | | <u>x</u> |
| 15.50 | If "Yes," complete Schedule G, Part III | 19 | | ** |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | x |
| | 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 | | x |

Part IV 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 | 586 | | |
| | employees? If "Yes," complete Schedule J · · · · · · · · · · · · · · · · · · | 23 | | X |
| 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 | | | |
| B | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | X |
| ь | 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? | | | |
| d | the state of the s | 24c | | |
| 25a | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 258 | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 05- | | |
| b | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | 25a | | - |
| | 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 | 250 | | - |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II | 26 | | |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key | 20 | | х |
| | 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 |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part | | | _ |
| | IV instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | x |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | x |
| c | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | 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 | | | Ų. |
| | 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 | | x |
| 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 | | Х |
| 35a | 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 | | | |
| Name of | 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 | | | |
| r2584 | 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 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | 100.000 | | |
| Da | 19? Note: All Form 990 filers are required to complete Schedule O. Statements Regarding Other IRS Filings and Tay Compliance | 38 | х | |
| Par | | | | |
| - | Check if Schedule O contains a response or note to any line in this Part V | • • • | 10.00 | 44 |
| 40 | Enter the number reported in Pox 2 of Form 1006. Enter 0, if not applicable | -0.53 | Yes | No |
| 1a h | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | * E | | |
| p | Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable | | | |
| L | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| _ | reportable gaming (gambling) winnings to prize winners? | 1C | X | E |

19) MIDWAY CANAAN COMMUNITY WATER ASSOC

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

| | The state of the s | | Yes | No |
|--------|--|----------|---------|-----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | 131 | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 7 | | | |
| ь | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | _ |
| N#495 | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| Ь | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| 4a | 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)? | 4a | | x |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | 4.5 | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | _X_ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? • • • • • • • • • • • • • • • • • • • | 5b | _ | X |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | _X_ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | 7. | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| ь. | and services provided to the payor? | 7a | - | X |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| а | required to file Form 8282? · · · · · · · · · · · · · · · · · · · | 7c | SHIP OF | x |
| d | If "Yes," indicate the number of Forms 8282 filed during the year · · · · · · · · · · · · · · · · · · · | | - | - |
| e f | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| g | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| h | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | X |
| 8 | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | X |
| • | 선생님은 아이들은 사람들은 아이들은 아이들은 사람들이 되었다면 아이들은 사람들이 되었다면 아이들은 아이들은 아이들은 아이들은 아이들은 아이들은 아이들은 아이들은 | | | |
| 9 | sponsoring organization have excess business holdings at any time during the year? | 8 | | X |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 00 | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9a 9b | | X |
| 10 | Section 501(c)(7) organizations. Enter: | 30 | | х |
| а | Initiation fees and capital contributions included on Part VIII, line 12· · · · · · · · · · · · · · · · · · · | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | - 1 | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans | | | |
| C | Enter the amount of reserves on hand | QV. | 4.1 | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | x |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation 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 | | | |
| | excess parachute payment(s) during the year? | 15 | | х |
| | 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? | 16 | | x |
| | If "Yes," complete Form 4720, Schedule O. | | | |
| | | | | |

Form 990 (2019) MIDWAY CANAAN COMMUNITY WATER ASSOC Page 6 Part VI 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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 4 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 in line 1a, above, who are independent 0 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, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 X 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 X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? CONTRACTOR A REPORT OF A REPOR 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a x b Each committee with authority to act on behalf of the governing body? 8b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 x Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a x b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . 12b c 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 Х 14 Did the organization have a written document retention and destruction policy? 14 Х 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? a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b x 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? 16a 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ Florida 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. Own website 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,

State the name, address, and telephone number of the person who possesses the organization's books and records

VIOLA POSLEY (407) 619-6620, 2090 DIXIE AVE, Sanford, FL 32771

and financial statements available to the public during the tax year.

19

20

| Form | 990 | (201 | 91 |
|------|-----|------|----|
| | | | |

| 23- | 70 | | ~~ | |
|-----|----|------|----|--|
| | | | | |

Page 7

Part VII 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 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (A) (B) (D) (E) (F) (do not check more than one Name and title Average Reportable box, unless person is both an Reportable Estimated amount hours officer and a director/trustee) compensation compensation of other from the from related per week compensation organizations from the (list any organization Officer (W-2/1099-MISC) Individual trustee Institutional trustee Key employee Highest compensated organization and (W-2/1099-MISC) hours for related organizations related organizations below dotted line) (1) VIOLA POSLEY CHAIRMAN х 0 0 0 (3) (8) (9) (10) (11) (12) (13) (14)

| Part | (A) Name and title | (B) Average hours per week | (do not check more than one Average box, unless person is both an hours officer and a director/trustee) per week Reportable compensation from the | | | | | | | (E) Reportable compensation from related | (F) Estimated amount of other compensation | | | |
|---------------|--|---|--|-----------------------|--------------------|--------------|--|--------|---------------------------------|--|--|-----------------------------------|---------|--|
| | | (list any hours for related organizations below dotted line) | individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | orga | from the inization d organi | | |
| (15)_ | | | | | | | | | | | | | | |
| (16)_ | | | | | | | | | | | | | | |
| <u>(17)</u> _ | | | | | | | | | | | | | | |
| <u>(18)</u> | | | | | | | | | | | | | | |
| (19)_ | | | | | | | | | | | | | | |
| (20)_ | | | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | | | |
| (22)_ | | | | | | | | | | | | | | |
| (23)_ | | | | | | | | | | | | | | |
| (24)_ | | | | | | | | | | | | | | |
| (25)_ | | | | | | | | | | | | | | |
| 1b | Subtotal | | | | | • | • • • | • | | | | | | |
| d | Total (add lines 1b and 1c) | | | | #2 #250 #2 #250 | • | | | 0 | 0 | | | 0 | |
| 2 | Total number of individuals (including but not limite reportable compensation from the organization | ed to those lis | | | | | | | | | | | 0 | |
| 3 | Did the organization list any former officer, directo employee on line 1a? If "Yes," complete Schedule | r, trustee, ke | | 600000 | | | | 100 | nsated | | 3 | Yes | No X | |
| 4 | For any individual listed on line 1a, is the sum of re | | | | | | | | | | | | | |
| | organization and related organizations greater than | n \$150,000? | If "Yes | ,"co | mple | ete S | Schedu | ile J | for such | | | | | |
| | individual · · · · · · · · · · · · · · · · · · · | | | | • • | • 5 • 5 5 | | | | | 4 | | х | |
| 5 | Did any person listed on line 1a receive or accrue | | | | | | SC 101 11 10 10 10 10 10 10 10 10 10 10 10 | aniza | ition or individual | | | | | |
| Secti | for services rendered to the organization? If "Yes," on B. Independent Contractors | complete Sc | chedule | J fo | or su | ch p | erson | | | | 5 | | X | |
| 1 | Complete this table for your five highest compensation | ated indepen | dent c | ontra | ctor | e the | at rece | ived | more than \$100.0 | 00 of | | | | |
| 70 | compensation from the organization. Report comp | | | | | | | | | | | | | |
| | (A) | | | | | | | | (B) | T , | (C) | | | |
| | Name and business address | ss | | | | | | | Description of service | es | Compens | | | |
| | | | | | | | | | | | | | | |
| : | | | | | | | | | | | | | | |
| 7 | | | | | | 7.5 | | _ | | | | | | |
| 2 | Total number of independent contractors (including | <u> </u> | | | | ed a | bove) | who | | | | | | |

Form 990 (2019)
Part VIII

| | | Check if Schedule O contains a response | or not | e to any line in this | Part VIII · · | | | |
|--|-------------|--|--------|-----------------------|----------------------|--|--------------------------------------|--|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| | 1a | Federated campaigns | 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues | 1b | 2,400 | | | | |
| | С | Fundraising events | 1c | | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) | 1e | | | | | |
| | f | All other contributions, gifts, grants, | | | | | | |
| | | and similar amounts not included above | 1f | 2,500 | | | | |
| | g | Noncash contributions included in | | | | | | |
| | | lines 1a-1f | | \$ | | | | |
| | h | Total. Add lines 1a-1f | | | 4,900 | | | |
| | | | | Business Code | | | | |
| ce | 2a | | _ | | | | | |
| Program Service Revenue | b | | | | | | | |
| Su | C | | | | | | | |
| E S | d | | | | | | | |
| <u>9</u> 8 | 9 | | | | | | | |
| ď | | All other program service revenue · · · · · | | | 2,000 | 2,000 | · | |
| | g | Total. Add lines 2a-2f | | | 2,000 | | | |
| | 3 4 5 | Investment income (including dividends, inte other similar amounts) | procee | ·····▶ eds ···▶ | | | | |
| | 68 | Gross rents · · · · · · 6a | | (II) Personal | | | | |
| | | Less: rental expenses 6b | - | | | | | |
| | | Rental income or (loss) 6c | _ | | | | | |
| | | 1240 - 14 - 15 - 16 - 16 - 16 - 16 - 16 - 16 - 16 | | | Allenseit | V-v- | | |
| | Allow | FOR STATE OF THE S | | | | | | |
| Revenue | b | Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses · · 7b | S | (ii) Other | | | | |
| 9,6 | | Gain or (loss) · · · · · 7c | | | | | | |
| ž | | Net gain or (loss) | | · · · · · · · · · | | | | |
| the state | 8a | Gross income from fundraising | | | | | | |
| ₽ | | events (not including \$ | 1 9 | | | | | |
| | | of contributions reported on line | 1 | | | | | |
| | | 1c). See Part IV, line 18 | 8a | | | | | |
| | | Less: direct expenses | 8b | | | | | |
| | С | Net income or (loss) from fundraising events | | | | | | |
| | 9a | Gross income from gaming | | | | | | |
| | | activities, See Part IV, line 19 | 9a | | ALCOHOLD WITH | | | |
| | | Less: direct expenses | 9b | | | | | |
| | C | Net income or (loss) from gaming activities | | | | | | 1 |
| | 10a | Gross sales of inventory, less | | | | | | i sayara a |
| | | returns and allowances | 10a | | | | | |
| | | Less: cost of goods sold | 10b | 18,665 | | | | |
| | С | Net income or (loss) from sales of inventory | | | (18,665) | | | (18,665) |
| 724 | | | | Business Code | HEERLOOK | | | |
| Miscellanous Revenue | 11a | | _ | | | | | |
| an in | b | | _ | | | | | |
| eve | C | | _ | | | | | |
| ž. | 100 | All other revenue | _ | | 242,418 | 242,418 | | |
| (E) | | Total. Add lines 11a-11d | | | 242,418 | | | |
| | 12 | Total revenue. See instructions | | | 230,653 | 244.418 | 0 | (18,665) |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) (C) (D) Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 5 Compensation of current officers, directors, 31,950 31,950 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 48,784 48,784 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 5,461 5,461 11 Fees for services (nonemployees): Legal C 850 850 d Professional fundraising services. See Part IV, line 17 f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 3,160 3,160 12 13 709 709 14 1,200 1,200 15 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 23 17,500 17,500 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a BANK CHARGES 120 120 b BUSINESS REGISTRATION 450 450 C REPAIRS NEW ROOF 6,500 6,500 d FPL 326 326 All other expenses 6,439 6,439 25 Total functional expenses. Add lines 1 through 24e. . . 123,449 123,449 0 0 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)

| Part | | 19) MIDWAY CANAAN COMMUNITY WATER ASSOC Balance Sheet | | | 1500 |
|-----------------------------|-----|---|-------------------|-----------|-------------------------|
| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
| | | | (A) | | (B) |
| | | | Beginning of year | | End of year |
| | 1 | Cash - non-interest-bearing | 215,030 | 1 | |
| | 2 | Savings and temporary cash investments | 60,267 | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 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 | | 5 | |
| | 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) · · · · · | | 6 | |
| ρ. | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | received Texture? |
| AS | 9 | Prepaid expenses and deferred charges | | 9 | 376,474 |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a | | | |
| | b | Less: accumulated depreciation 10b | | 10c | |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | POUR PEROP | 15 | Sympos of the |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 275,297 | 16 | 376,474 |
| | 17 | Accounts payable and accrued expenses | 6,027 | 17 | |
| | 18 | Grants payable | | 18 | |
| 1 | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| Se | 22 | Loans and other payables to any current or former officer, director, | | | |
| Ĭ | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| Liabilities | | controlled entity or family member of any of these persons | | 22 | |
| - | 23 | Secured mortgages and notes payable to unrelated third parties · · · · · · · · | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | | of Schedule D · · · · · · · · · · · · · · · · · · | Est would be | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 6,027 | 26 | 0 |
| | | Organizations that follow FASB ASC 958, check here ▶ | | | |
| ĕ | | and complete lines 27, 28, 32, and 33. | | | |
| la l | 27 | Net assets without donor restrictions | | 27 | |
| Net Assets or Fund Balances | 28 | Net assets with donor restrictions | | 28 | we are made as a second |
| 2 | | Organizations that do not follow FASB ASC 958, check here | | | |
| Z | | and complete lines 29 through 33. | | | |
| 0 | 29 | Capital stock or trust principal, or current funds | | 29 | |
| sets | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | 15,55,524 1 11,5 9e. × |
| Asi | 31 | Retained earnings, endowment, accumulated income, or other funds | 269,270 | 32.00 | 376,474 |
| et | 32 | Total net assets or fund balances | 269,270 | 1.0500.00 | 376,474 |
| Z | 33 | Total liabilities and net assets/fund balances | 275.297 | 33 | 376.474 |

| | MIDWAI CARAMI COMMUNITI WATER ASSOC | - / 02 | 4009 | | | age in |
|-------|--|--------|-------|------|------|---------|
| Га | rt XI Reconciliation of Net Assets | | | | | |
| - | Check if Schedule O contains a response or note to any line in this Part XI | 727 1 | • • | | 7 | _ |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | : | 230, | 653 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 123, | 449 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 107, | 204 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | | 269, | 270 |
| 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 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 | | | 376, | 474 |
| Pa | rt XII Financial Statements and Reporting | | | | | : |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | ٠П |
| | | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: X Cash Accrual Other | | I | E W | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | - | | | | 3 W S |
| | Schedule O. | | 1 | 3.3 | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | [| 2a | x | |
| Demon | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | - 1 | | | 7. |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | | х |
| - | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | E By | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | - 1 | | | 1 33 |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | | | Charles |
| 0.5 | the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 21025 | 2c | | x |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | | 1 | | | |
| | Schedule O. | | | | | 1 |
| 2- | | | 1 | | | |
| Ja | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | | 3a | | |
| | | | | Ja | | x |
| 0 | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | 26 | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | • • • | • • | 3b | | |