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# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCANNED JUL 14 2010

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A	For th	ne 2009 calendar year, or tax year beginning Jan J., 2009, and end	ing <u>Bec</u>		, 20 <i>09</i>		
B (	Check if	applicable Please C Name of organization HWWA Intermountain Sec	ction	i	er identification number		
		use IRS Label or Doing Business As		23	7026154		
		print or Number and street (or P.O. boy if mail is not delivered to street address) Room/s	suite	E Telepho			
	Name c	mange type. 7//20 0 '/ Q /		1801	483-6773		
닏	nıtıal re	turn See Specific City or town, state or country, and ZIP + 4		(0-7-7	103 6110		
$\sqcup_1$	Termina				. 200/19		
	Amende			G Gross rec	eepts \$ 294,619		
	oplication	on pending F Name and address of principal officer	H(a) Is this	a group return t	for affiliates? Yes No		
	•	Florence Reynolds			ncluded? Tyes No		
$\overline{}$	Tax-ex	empt status.			list (see instructions)		
1	Webs			xemption num	•		
		organization ☐ Corporation ☐ Trust 🔀 Association ☐ Other ► L Year of forms	<del></del>		legal domicile. Wah		
			7,60	W Clare C	ing in the control of		
FE	rt I	Summary					
	1	Briefly describe the organization's mission or most significant activities:					
m		·····			·		
Governance	1	To Train and Educate Water Utility Manag	eis an V	Wates 1	SSVLS		
E E		0 0					
Ş	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25	% of its net asse	ets.			
		Number of voting members of the governing body (Part VI, line 1a)		3	<i>10</i>		
<b>∞</b> ŏ				4	10		
Ęį		Number of independent voting members of the governing body (Part VI, line	(0)	5	0		
Activities		Total number of employees (Part V, line 2a)		· <del></del>			
Ą¢	6	Total number of volunteers (estimate if necessary)		. 6	150		
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12.		. 7a	-0-		
	Ь	Net unrelated business taxable income from Form 990-T, line 34		. 7b	-0-		
			Prior Ye	ar	Current Year		
	١,	Contributions and grants (Dort VIII line 1b)	1091	14	119,298		
e		Contributions and grants (Part VIII, line 1h)	151.5		123,656		
ē		Program service revenue (Part VIII, line 2g)	4,69				
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,67	3	1,665		
_	11	Other revenue (Part VIII, column (A); lines 5, 6d, 8c, 9c, 10c, and 11e)					
	12	Total revenue—add lines 8 through 11 (mustic qualifiants), column (A), line 12)	2654	74	244,619		
	13	Grants and similar amounts paid (Part IX, column (A), lines 100)	3'0	80	3 556		
	14	Benefits paid to or for members (Fart IX) (A) (1) (A) (1) (1) (4) (0)	-		<u> </u>		
es	45	Benefits paid to or for members (Bart IX) (A) Unit (A)	_		_		
Expenses	15	Salaries, other compensation, employee benefits (rait ix, column 147), intes 3-10)	_				
×	16a	Professional fundraising fees (Parl IX, column (A), line 1,19)					
ш	b	l otal fundraising expenses (Part IXI column (D) Time 25)	202	000	0111 - 11		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	302,		244 0//		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	306,0		247567		
		Revenue less expenses. Subtract line 18 from line 12	-40,6	66/	- 2,948		
es Ses			Beginning of Cu	ırrent Year	End of Year		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	85.	157	82,209.		
AS B	21	Total liabilities (Part X, line 26)					
e e	22	Net assets or fund balances. Subtract line 21 from line 20	85.1	157	82 209		
	rt	Signature Block					
Fe		Under penalties of perjury, I declare that I have examined this return, including accompanying sche	dular and states	and to	the best of my knowledge		
		and belief, it is true correct, and complete. Declaration of preparer (other than officer) is based o	n all information	of which pre	parer has any knowledge		
		Marie Day	1	-11	110		
Sig	n	Molenel Programme		3/10	110		
He	re	Sympature of officer	Date	• ( )	/		
		Morence Reynolds Chair AWWA-I		•			
	Type or print name and tiple						
		Date	heck if	Preparer's ide	entifying number		
		Preparer's S	elf-	(see instruction			
Paid		signature	mployed 🕨 📖				
_	arer's						
-	Only	Firm's name (or yours if self-employed),	EIN	<b>&gt;</b> :			
036	Unity	address, and ZIP + 4	Phone no	<b>▶</b> (	)		
Ma	y the	IRS discuss this return with the preparer shown above? (see instructions)			Yes No		

Form **990** (2009)

Pa	rt III. Statement of Program Service Accomplishments
1	Briefly describe the organization's mission
	To Train and Educate Inlate Utility Managers & Operators
	00 Vater policies, procedures, standards and lesucs
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O.  Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.  Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: 6//430) (Expenses \$ /92,493 including grants of \$) (Revenue \$ /03,796 )
	Annual Water Conference - Training on Water Issues
	and Standards. Help educate Water Managers and Operators an
	Water Stundards both Federal and State
	(0. d. / 1/4/20) (5
4D	(Code: 61/430) (Expenses \$ 14,554 including grants of \$ — ) (Revenue \$ 8,250 )
	Quactecty Mousletter - To proxide intermetia on
	Watu Issuis to Water Managus
4c	(Code: 6/14/30) (Expenses \$ 11,660 including grants of \$ ) (Revenue \$ 11,660 )
	Small System Weikshops - Train Water Operators
	In Utah and Southan Idaho on rules and cegulations
	X
	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ / 665 )
40	Total program service expenses

Pai	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Χ
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		χ
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; 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 term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	,		-
•	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.		-	
•	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.			
•	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.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	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? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12_		Х
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			26
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
_	Did the organization maintain an office, employees, or agents outside of the United States?	144		$\sim$
b	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b_		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		×
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	لا	LX

Pai	rt IV · Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		×
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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 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 through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b_		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? 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):	 		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		×
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? 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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35		X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		X
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38		X
			_	_

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		/	Va
	gaming (gambling) winnings to prize winners?	<u>1c</u>		77
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			n -
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		77
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	3a		×
	this return?	3b		10
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		<del></del>	77
<b>4a</b>	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
h	If "Yes," enter the name of the foreign country: ▶			
-	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			11
	and Financial Accounts.			Y F
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
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			A/A
	Prohibited Tax Shelter Transaction?	5c		77
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a	X	
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C.L.	X	
_	gifts were not tax deductible?	6b	•	
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 and services provided to the payor?	7a	×	
L	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
D	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
С	required to file Form 8282?	7c		×
Ь	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
·	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g	"//	7
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as		1/2	2
	required?	7h	//	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			Ų.
_	organization, have excess business holdings at any time during the year?	8_		_
9	Sponsoring organizations maintaining donor advised funds.	9a	11/1	,
a	Did the organization make any taxable distributions under section 4966?	9b	n	2
b	Did the organization make a distribution to a donor, donor advisor, or related person?			•
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	n	1/2	
11	Section 501(c)(12) organizations. Enter:		(A)	
' i	Gross income from members or shareholders	'		
	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	N/A	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b			

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.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
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		$\perp X$
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		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	7
	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	X	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	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	
	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	9a	•	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	ernal		
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,		11/	
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	/H	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filling the			
	form?	11		X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13.	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
_	describe in Schedule O how this is done	12c	X.	
13	Does the organization have a written whistleblower policy?	13		X
14	Does 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			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	- '	01	
а	The organization's CEO, Executive Director, or top management official	15a	1//	-
b	Other officers or key employees of the organization	15b	_''//	4
	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," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		1/	
_	the organization's exempt status with respect to such arrangements?	16b	"//	<del>/</del>
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or	:)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website  Another's website  Upon request	_		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
	policy, and financial statements available to the public.		<b>.</b>	
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	t the	
	organization: ►			

Form 990 (2009)

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

#### 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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not co		any o	urr			cer, d	irec			<del></del>
(A)	(B)			•	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee Or director	nstitutional trustee	Officer	Rey employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Florence Reynalds Section Chair	6	/						0	0	0
Section Director	4	<b>/</b>						0	0	0
David Pitchei Past Chair	4	1/						0	0	0
Scott Paxton Chair Elect	4	V						0	0	0
Dayid Richards Yice Chair	2	V						C	0	0
Blad Gilsun Figst Trustec	2	~						0	0	0
Sybilla Dalton Secretary	4	V						0	0	0
Pam Gill Treasules	2	V						O	0	0
Claudia Wheeler Seend Trustee	2	~						O	O	
Beyan Phinney Section	2	V	-					0	0	0
	/									

Part VII Section A. Officers, D	irectors, Tru	stees, Key	Emp	loy	ees,	an	d Hig	hes	t Compensate	d Employees (d	continued)
. (A) Name and title		(B)	Pociti	on l	•	C)	that ap	n ha	(D) Reportable	(E) Reportable	(F) Estimated
Name and the		Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC	amount of other compensation
		_									
1b Total		<u> </u>		<u>.                                    </u>	··		_ <u>.                                    </u>	<b></b>	-0 -	-0-	<u> </u>
2 Total number of individuals (increportable compensation from a			to the	se		eda -	bove)	) wh	o received mo	ore than \$100,0	)00 in
Toportable companication nom	110 01 gai 112 a			_	<u> </u>						Yes No
3 Did the organization list any for employee on line 1a? If "Yes,"								oyee	e, or highest c	ompensated	3
4 For any individual listed on line the organization and related organization.											4 ×
5 Did any person listed on line services rendered to the organi	1a receive of tartion? If "Y	or accrue of acc	comp lete S	ens Sche	satıc edul	n fi le J	rom a for si	any uch	unrelated organization	anization for	5 ×
Section B. Independent Contracto	ors										
Complete this table for your five compensation from the organizer.		mpensated	d inde	epei	ndei	nt c	ontra	ctor	s that received	d more than \$1	00,000 of
	(A) d business addr	ess							(B) Description of se	ervices	(C) Compensation
Desert Rose P.O. Box 68 Pack Com	Envico 34/99 Wtah	84069							Managei Scivio	es	106,704
- June Bury 7											
Total number of independent comore than \$100,000 in comper					ted	to t	hose	liste	d above) who	received	

Pari	: VII	Statement of Re	venue					
			7	,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513 or 514
Contributions, gifts, grants and other similar amounts	b c d e f	1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions). f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f		36,405 82,893 —	//9,298	-		
Program Service Revenue	2a b c d e f	Annual Meeti Newslettel Werkshops All other program servi		Business Code 6//430 6//430 6//430	103 746 8, 250 11, 660	/03,746 8 250 //,660		
Pro	g	Total. Add lines 2a-2f		•	123,656	-		
	3	Investment income (incother similar amounts) Income from investment of		🕨	1,665	i, 66 5	_	
	d d	Gross Rents	(i) Real	(ii) Personal				
	b	assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)						
Other Revenue	8a	Gross income from events (not including \$ of contributions reported See Part IV, line 18	d on line 1c).					
Othe		Less: direct expenses Net income or (loss) fro		vents .				
	b	Gross income from gam See Part IV, line 19 Less: direct expenses.	a l					
		Net income or (loss) from Gross sales of inverteurns and allowances	entory, less	ties ►				
		Less: cost of goods so Net income or (loss) from Miscellaneous Reve	n sales of invento	Dry Dusiness Code			•	
	b c	All other revenue						
	е	Total. Add lines 11a-17 Total revenue. See ins		<b>b</b>	<del></del> 244619	125,321		

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)	) organizations must comp	plete all columns.		
	AN Income and a second second second		(D) (O)	

•	Section 501(c)(3) and 50 All other organizations must complete co				(C), and (D).
	o not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C)  Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			, gondrai expenses	<u> </u>
2	organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in	2 556	2 560	, , , , , , , , , , , , , , , , , , , ,	
3	the U.S. See Part IV, line 22	3, 556	3,556		
	organizations, and individuals outside the U.S. See Part IV, lines 15 and 16		_		
4	Benefits paid to or for members		-	•	,
5	Compensation of current officers, directors, trustees, and key employees	-			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		_	_	
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions).	_	_		
9	Other employee benefits	_		_	
10	Payroll taxes	(	(		
11	Fees for services (non-employees):		_		
а	Management	106,704	87,086	19,618	
b	Legal		<u> </u>		
C	Accounting		1		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees , , ,				<del></del>
g	Other				
12	Advertising and promotion				
13	Office expenses	800		800	
14	Information technology	1,474		1,474	
15	Royalties			<u> </u>	
16	Occupancy	// 272	C 946	61112	
17	Travel	11,372	5,910	5,462	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			-	-
19	Conferences, conventions, and meetings .	95, 397	95, 397		
20	Interest	12 001	10 001		
21	Payments to affiliates	12,900	12,900	<del>-</del>	
22	Depreciation, depletion, and amortization.	810		810	
23	Insurance	010		010	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)			,	
а	Nous letter	14,554	14,554		
b		· —			
c					
d					
е					
	All other expenses	2//2/5/~	7/0//52	26444	
25 26	Total functional expenses. Add lines 1 through 24f	247,567	219,403	28,164	
<b>2</b> 0	Joint costs. Check here ► ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet			
	•		(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	85,157	1	82,209
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of	- NANAMAN - PART - A		
		Schedule L		5	··
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
sts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
۷	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D			
	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	<del>-</del>	14	
	15	Other assets See Part IV, line 11		15	
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	85,157	16	82,209
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue , , , , , , , , , , , , , , , , , , ,	-	19	
	20	Tax-exempt bond liabilities		20	
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	<del>-</del>	-	_
_		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	<u> </u>	25	
	25 26	Other liabilities. Complete Part X of Schedule D	-0-	26	-ゼ -
_ sec	20_	Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.		20	
auc	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	-
ק	29	Permanently restricted net assets	_	29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
<u> </u>	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund	_	31	
As	32	Retained earnings, endowment, accumulated income, or other funds	-	32	
det	33	Total net assets or fund balances	-	33	
_	34	Total liabilities and net assets/fund balances	<i>85,157</i>	34	82,209
			•		Farm 990 (2000

Pa	rt XI Financial Statements and Reporting						
	<u> </u>		Yes	No			
1	Accounting method used to prepare the Form 990:   Cash  Accrual  Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
ь	<b>b</b> Were the organization's financial statements audited by an independent accountant?						
	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?						
	If the organization changed either its oversight process or selection process during the tax year, explain in	1					
	Schedule O.						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were						
	issued on a consolidated basis, separate basis, or both:						
	Separate basis   Consolidated basis   Both consolidated and separate basis		_				
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		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		n	1			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	1	4			

Form **990** (2009)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Employer identification number 23

Pai	T I	Reason	for Public Cr	narity Status (All or	ganizati	ons mus	st compi	ete tnis	<u>part.) Se</u>	e instru	ctions.
he	orga	anızation ıs n	ot a private four	ndation because it is:	(For lines	s 1 throug	gh 11, ch	eck only	one box	.)	
1	Ŏ	A church, co	onvention of chu	rches, or association	of churc	hes desc	ribed in s	section 1	70(b)(1)(	A)(i).	
2				on 170(b)(1)(A)(ii). (At							
3				hospital service organ				n 170(b)	(1)(A)(iii).	ī	
4											)(A)(iii). Enter the
•		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:									
5		An organizat		the benefit of a colle	ge or uni	versity o	wned or o	operated	by a gov	ernmenta	l unit described in
6				ernment or governme	ental unit	describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v	).	
7		An organizat	tion that normally	y receives a substanti (1)(A)(vi). (Complete F	al part of						the general public
8				d in section 170(b)(1)		Complete	Part II.)				
				receives: (1) more th				m contrib	outions, n	nembersh	ip fees, and gross
	<b>,</b> \	receipts from	n activities relate	ed to its exempt func	tions—su	bject to	certain e	ceptions	s, and (2)	no more	than 331/3 % of its
				ent income and unre						1 511 tax	) from businesses
		acquired by	the organization	after June 30, 1975.	See sec	tion 509	<b>(a)(2).</b> (Co	omplete l	Part III.)		
0		An organizat	tion organized a	nd operated exclusive	ely to tes	t for pub	lic safety.	. See <b>sec</b>	tion 509	(a)(4).	
1				and operated exclusiv							r to carry out the
				blicly supported organ							
		509(a)(3). Ch	neck the box tha	at describes the type	of suppo	rting org	anizatıon	and con	nplete line	es 11e thi	rough 11h.
		a 🗌 Type	1 b 🗆	] Type II 💢 🔾	: 🗌 Тур	e III-Fun	ctionally	integrate	d	d□	Type III-Other
е		By checking	this box, I cert	tify that the organizat	tion is no	ot control	lled direc	tly or inc	directly b	y one or	more disqualified
		persons other	er than foundation	n managers and othe	r than on	e or more	publicly	supporte	ed organi:	zations de	escribed in section
		509(a)(1) or s	section 509(a)(2)								
f		If the organi	zation received	a written determinati	ion from	the IRS	that it is	a Type	l, Type II	, or Type	III supporting
		_	, check this box								🗆
g		Since Augus	t 17, 2006, has	the organization acce	epted any	gift or c	ontribution	on from a	any of the	•	
_		following per		•							
		(i) A person	who directly or	r indirectly controls, e	either alo	ne or tog	jether wit	th persor	ns descri	bed in (ii)	Yes No
		and (iii) b	elow, the gover	ning body of the supp	ported or	ganizatio	n? .				11g(i) 1
		(ii) A family	member of a pe	erson described in (i) a	above?						11g(ii) / //
				of a person described							11g(iii)
h		Provide the	following informa	ation about the suppo	orted org	anization	(s).				
1 (i)		of supported	(ii) EIN	(iii) Type of organization		organization		ou notify		ls the	(vii) Amount of
	org	anization		(described on lines 1–9 above or IRC section	in col. (i) listed in your governing document?					tion in col. zed in the	support
				(see instructions))		<del>,</del>	supp	oort?	<del></del>	S ?	
					Yes	No	Yes	No	Yes	No	
							]				
				30/	•					i	
				11/2							
				/4					<u> </u>		
									<u> </u>		
							L				
									<u> </u>	ļ	
							[		]		
										<b></b>	
							1		· ,	<b>)</b>	
_ 4 _										. 1	

Pa	Support Schedule for Org (Complete only if you ched					and 170(b)(1	)(A)(vi)	
Sec	tion A. Public Support							
Ca	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge		n/A					
4	Total. Add lines 1 through 3 \	<del></del>	<del> </del>		ļ		<del>_</del>	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	: .		* * * * .		, , , , , , , , , , , , , , , , , , ,		
6	Public support. Subtract line 5 from line 4.	·		-e -	4	1		
Sec	tion B. Total Support							
	lendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carned on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10 .		<u> </u>	<b>\</b>				
12	Gross receipts from related activities, etc.	•		.\		12		
13	First five years. If the Form 990 is for organization, check this box and stop he	re .	<u> </u>	`	, or fifth tax y	ear as a sectio	n 501(c)(3)	
<u>Sec</u>	tion C. Computation of Public Su			-		<del></del>		
14	Public support percentage for 2009 (line	6, column (f) d	ivided by line 11	, column 🕅		14	<u>%</u> _	
15	Public support percentage from 2008 Sc			\		15	%_	
16a	331/3 % support test-2009. If the organiand stop here. The organization qualifies	as a publicly	supported organ	nization			▶ □	
b	33% % support test—2008. If the organi box and stop here. The organization qua	difies as a pub	licly supported of	organization .	\		▶ □	
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "forganization meets the "facts-and-circumstances" meets the "facts-and-circumstances" more than 10%-facts and 10%-facts a	acts-and-circu	mstances" test,	check this box	and stop here.	Explain in Part	V how the	
b 18	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							

# Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

	ction A. Public Support								
C	alendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	27,735	41,734	53,194	109,144	1/9,298	351,105		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	126,932	134,882	159,332	151,577	123,656	696,379		
3	Gross receipts from activities that are not an unrelated trade or business under section 513	-				_			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		_	_		-	1		
5	The value of services or facilities furnished by a governmental unit to the organization without charge		_	_	_	_	_		
6	Total. Add lines 1 through 5	154667	176,616	212,526	260721	242,954	1,047,48		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .		<u>-</u>		<u></u>	-	_		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		_	-	_	_	-		
С	Add lines 7a and 7b	154667	176,616	212,526	260,721	242,954	1047 48		
8	Public support (Subtract line 7c from line 6.)								
	tion B. Total Support								
Ca	alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
9	Amounts from line 6	5/9	941	2,271	4,693	1,665	10,084		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				_				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	—			_				
С	Add lines 10a and 10b	5/9	94/	2,27/	4693	1665	10,089		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	<del></del>				_			
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		_				_		
13	Total support. (Add lines 9, 10c, 11, and 12.)	155,186	177,557	214,797	265,414	244,619	1,057,573		
14	First five years. If the Form 990 is for toganization, check this box and stop	here	<u> </u>	d, third, fourth			n 501(c)(3) ▶ □		
Sec	tion C. Computation of Public Su	pport Percer	itage						
15	Public support percentage for 2009 (lin			e 13, column (	f))	15	99 %		
16_	Public support percentage from 2008 S			<del> </del>	<u>  </u>	16	<u>99 %</u>		
Sec	tion D. Computation of Investmer					1			
17	Investment income percentage for 2009	•			lumn (f)) .	17			
18	Investment income percentage from 20				L	18			
19a	33% % support tests $-2009$ . If the orga 17 is not more than $33%$ %, check this be	ox and stop he	re. The organiz	ation qualifies	as a publicly s	upported organ	nization 🕨 💢		
þ	$33\frac{1}{3}$ % support tests – 2008. If the organ line 18 is not more than $33\frac{1}{3}$ %, check this	box and stop I	nere. The organ	ızatıon qualıfies	as a publicly s	supported organ	ization 🕨 💢		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► □								

Page	4
raye	-

Part IV	Supplemental Information. Part II, line 17a or 17b; and F	Complete this part III, line 12.	part to provide the Provide any other	explanations required additional information.	by Part II, line 10; See instructions.
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	$\gamma_{j}$	4	·		
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		****			
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		<b></b>			

### **SCHEDULE G** (Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

OMB No 1545-0047 Open To Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

AWWA /	tecmounta	in Sea	tion		23   <i>702</i>	6154
Part I Fundraising Activitie Form 990-EZ filers are	s. Complete	if the orga	nization a	answered "Yes" part.	to Form 990, Par	t IV, line 17.
Indicate whether the organization     A Mail solicitations     Internet and email solicitation     Phone solicitations     In-person solicitations	ns	e f g	Solicitati Solicitati Special	on of non-governr on of government iundraising events	ment grants grants	
<ul> <li>Did the organization have a written or key employees listed in Form</li> <li>If "Yes," list the ten highest painto be compensated at least \$5,</li> </ul>	990, Part VII) o d individuals o	or entity in our rentities (f	connection	with professional	fundraising service	s? Yes XNo
(i) Name of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
	ı	Yes	No			
	n/n					
	77					
Total			▶			
3 List all states in which the organ registration or licensing.				solicit funds or h		is exempt from
	·····		······			
			•••••			

		more than \$15,000 on F	orm 990-EZ, line 6a. L	ist events with gross r	eceipts greater than \$	5,000.	
			(a) Event #1  Water For People (event type)	(b) Event #2  Annual Conference (event type)	(c) Other events  Edviation Mkg  (total number)	(d) Total events (add col (a) through col (c))	
Revenue	1	Gross receipts	12,928	52,265	17,700	82,893	
۳	2	Less: Charitable contributions					
	3	Gross income (line 1 minus line 2)	12,928	52,265	17,700	82,893	
	4	Cash prizes					
	5 Noncash prizes				-		
တ္သ	6	Rent/facility costs		_	(		
euse	7	Food and beverages	_	_	(	_	
ŭ H	8	Entertainment	_				
_	9	Other direct expenses	_		_		
	10 Direct expense summary. Add lines 4 through 9 in column (d)						
Par	1 t II	Net income summary. Comb  Gaming. Complete if than \$15,000 on Form	he organization answ		990, Part IV, line 19,	\$2,893 or reported more	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
Rev	1	Gross revenue					
ses	2	Cash prizes	n	/ <sub>A</sub>			
Expenses	3	Noncash prizes	/	<i>/</i> /			
Direct	4	Rent/facility costs					
_	5	Other direct expenses .			_		
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	Yes %		
	7	Direct expense summary. Ad	ld lines 2 through 5 in co	olumn (d)		( )	
	8	Net gaming income summary	y. Combine line 1, colun	nn d, and line 7			
9	Fn	iter the state(s) in which the o	rganization operates ga	ıming activities:		Yes No	
а	ls	the organization licensed to c 'No," explain:		_		9a	
		ere any of the organization's or	gaming licenses revoke	d, suspended or termin	ated during the tax yea	ar? 10a	
11		es the organization operate g the organization a grantor, be				11	

Sched	dule G (Form 990 or 990-EZ) 2009			age 3
	•		Yes	No
13、	Indicate the percentage of gaming activity operated in:			
а	The original and the second of		]	
b	An outside facility	- 1		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address ►			1
		] [		t
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$			
С	If "Yes," enter name and address of the third party:			ŧ
	Name ▶			*
	Address >		į	;
16	Gaming manager information:			ì
				t
	Name ▶			
	Gaming manager compensation ▶ \$			t
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			ţ

a Is the organization required under state law to make charitable distributions from the gaming proceeds to

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

17 Mandatory distributions:

retain the state gaming license?

17a

#### SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on

Open to Public

OMB No 1545-0047

Form 990 or to provide any additional information. Department of the Treasury Internal Revenue Service

► Attach to Form 990.

Employer identification number Name of the organization The AWWA Intermountain Section requires a Audit committee to review the financial statement and transactions each year. The Section does not feel it is large enough to
sequic a independent audit of this time. The commodes
is made up at accompands from the membership that are
not connected to the manage or treasurer. They report only to the Board