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DLN: 93492222014080

OMB No 1545-1150

2009

Form 990-EZ

Department of the Treasury

Internal Revenue Service

Short Form 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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $$500,\!000$ and total assets less than $$1,\!250,\!000$ at the end of the year may use this form ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

			or tax year beginning 01-01-2009	, and ending 12	-31-2009			
_		applicable Please	C Name of organization AMERICAN WATER WORKS ASSOCIATION			D Empl	oyer ic	dentification number
_	Address change use IRS Southwest Section Inc 23-7026167							
_	lame ch	print or	I Mullibel allu stieet (OLF O DOX, II IIIali IS I	not delivered to street a	ddress) Room/suite	E Teleph	none nu	ımber
_	nıtıal ret erminat	type.	2020 Holdin Fields				(501)) 476-0189
_		Specific	City of town, state of country, and zin			F Group	Exemp	otion
		Instruction pending tions.	Little Rock, AR 72207			Numb		► 2004
	,	ponumy			1		_	
♦ Se	ection		ions and 4947(a)(1) nonexempt chari ompleted Schedule A (Form 990 or 99		G Accounting m Other (specify		✓ Cas	sh Accrual
T W	ebsit e:	: www.swawwa.c	ora			ıfthe		ızatıon
			one)— 501(c) (3) ◀(insert no) 4947	(a)(1) or 527	is not requir			0-EZ, or 990-PF)
			n is not a section 509(a)(3) supporting (
\$25	,000	A Form 990-EZ or Fo	rm 990 return is not required, but if the	organization choose	es to file a return,	be sure	to file	a complete return
_			determine gross receipts, if \$500,000 or more, t			▶ - \$		161,845
Pa	art I		enses, and Changes in Net Asse	ets or Fund Bala	ances (See the I	nstruction	ns fo	· ·
	1	Contributions, gifts,	grants, and similar amounts received			·	1	2,405
	2	Program service reve	enue including government fees and con	tracts		. [2	79,934
	3	Membership dues an	d assessments				3	65,075
	4	Investment income					4	2,499
	5a	Gross amount from s	ale of assets other than inventory .		5a	٥		
<u>o</u>	ь	Less cost or other b	asıs and sales expenses	[5b	0		
Ę	c	Gain or (loss) from s	ale of assets other than inventory (Subt	∟ ract line 5b from lin	e 5a)		5c	0
Revenue	6	` '	ctivities (complete applicable parts of S		•	ming,		
	a	•	ncluding \$ 0 of contributions					
	a	•	nertualing \$ \frac{\cdot}{\cdot}\$ of contributions	I	.	11 022		
		reported on line 1)				11,932		
	Ь	·	es other than fundraising expenses .		6b			
	С	Net income or (loss)	from special events and activities (Sub	tract line 6b from lir	ne 6a)	.	6c	11,932
	7a	Gross sales of invent	tory, less returns and allowances .		7a	0		
	ь	Less cost of goods s	sold		7b	0		
	С	Gross profit or (loss)	from sales of inventory (Subtract line 7	b from line 7a) .		[7c	0
	8	Other revenue (desc	rıbe 🕨)	8	0
	9	Total revenue. Add I	nes 1, 2, 3, 4, 5c, 6c, 7c, and 8 .		•	•	9	161,845
	10	Grants and similar ar	mounts paid (attach schedule) 🕏 🛛 .				10	19,982
	11	Benefits paid to or fo	r members			. [11	0
	12	Salaries, other comp	ensation, and employee benefits .			[12	35,000
un Au	13	Professional fees and	d other payments to independent contra	ctors		.	13	0
Expenses	14		lities, and maintenance			·	14	0
<u> </u>		, ,	s, postage, and shipping			·		7,570
ш	15	- · ·	· · · · · · · · · · · · · · · · · · ·			·	15	
	16	Other expenses (des)	16	77,856
	17		lines 10 through 16			-	17	140,408
<u>a</u>	18		r the year (Subtract line 17 from line 9)			.	18	21,437
NetAssets	19		alances at beginning of year (from line 2					
2		end-of-year figure re	ported on prior year's return)			.	19	142,986
Z	20	Other changes in net	t assets or fund balances (attach explar	nation)		.	20	0
	21	Net assets or fund ba	alances at end of year Combine lines 1	8 through 20 .		<u> </u>	21	164,423
Pa	rt II	Balance Sheets	s— If Total assets on line 25, column (E) are \$1,250,000 o	r more, file Form	990 inst	ead of	f Form 990-EZ
		(500	the instructions for Part II)) Beginning of ye	ar	/P	\ End of year
22	Caal			(A				End of year
	·	, savings, and investm	nents	· · ·	142,	986 22	+	164,423
		and buildings		· · · .		0 23	+	0
				——— ⁾		0 24		0
		assets		· ·	142,	986 25		164,423
		liabilities (describe	s (line 27 of column (B) must agree with) <u> </u>	- A -	986 27	+	164 423
11	Net a	ssers or rund nalance	stude 27 or collimn (B) must adree with	une / L1	147	9×51 77		164473

Part III Statement of Prog	ram S	<u>Service Accomplishn</u>	1ents (See the instruction	ns for Part III)		Expenses
What is the organization's primary ex	١,	uired for section 501				
Education & training of drinking wate		3) and 501(c)(4)				
Describe what was achieved in carry describe the services provided, the r program title	organizations and section 4947(a)(1) trusts, optional for others)					
28 See Additional Data Table						
(Grants \$)	Ifthis	s amount includes foreign (grants, check here .	▶┌	28a	
29						
(Grants \$)	Ifthis	s amount includes foreign (grants, check here .	▶┌	29a	
30						
(Grants \$)	Ifthis	amount includes foreign (grants, check here .	▶┌	30a	
31 O ther program services (attach s (Grants \$)		e) s amount includes foreign (▶ ┌	31a	
32 Total program service expenses (a	add line	s 28a through 31a) .		▶	32	58,601
Part IV List of Officers, Directo	rs, Trus	stees, and Key Employees.	List each one even if not co	mpensated (See the ins	tructions	s for Part IV)
(a) Name and address		(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit p deferred compens	lans &	(e) Expense account and other allowances

Pa	Other Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		Νο
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the			No
	changes	34		
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a		Νο
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		· ·
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		Νο
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨 🔭 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		Νο
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section $501(c)(3)$ organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40Ь		No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41	List the states with which a copy of this return is filed 🕨 🔼			
42a		<u>(50</u>	1)476-	0189
	2820 North Pierce Located at Little Rock, AR ZIP + 4	▶ <u>72</u>	207	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Νο
	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 and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	If "Yes," enter the name of the foreign country			_
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •		▶ □
		ſ	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		1 62	-110
	Form 990-EZ.	44		Νo
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.			
	100 11 0111 330 Made be completed instead of Form 330 EE.	45		Νo

50(f) Total number of other employees paid over \$100,000	Form 990	-EZ (2009)							Page 4
the organization engage in direct or indirect political cameraly activities on shall of or in apposition to candidates for public office? "Yes," complete Schedule C, Part II 47	Part VI	All section 501(c)(3) organ	nızatıons and sectior	n 4947(a)(1) nonexe	-			-	stions
And dates for public entires (1" "es", complete Schedule C, Part II 47 No 48 Is the organization a school described in section 170 (b)(1)(A)(i)(7 if "es", complete Schedule E 49 Did the organization as school described in section 170 (b)(1)(A)(i)(7 if "es", complete Schedule E 49 Did the organization make any transfers to an exempt non-chantable related organization? 49 Did the organization make any transfers to an exempt non-chantable related organization? 49 Did the organization make any transfers to an exempt non-chantable related organization? 50 Complete this table for the organization is not highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization is not highest compensation from the organization is not highest compensation from the organization is not highest compensation of the employee paid more than \$100,000 50(f) Total number of other employees paid over \$100,000 50(f) Total number of other employees paid over \$100,000 50(f) Total number of other employees paid over \$100,000 50(f) Total number of other employees paid over \$100,000 50(f) Total number of other employees paid over \$100,000 50(f) Total number of other employees paid over \$100,000 50(f) Total number of other employees paid over \$100,000 60) Type of Service 60) Compensation 60) Total number of other independent contractor paid more than \$100,000 60) Type of Service 60) Total number of other independent contractors each receiving over \$100,000 60) Type of Service 60) Total number of other independent contractors each receiving over \$100,000 60) Type of Service 60) Total number of other independent contractors each receiving over \$100,000 60) Type of Service 61) Total number of other independent contractors each receiving over \$100,000 61) Type of Service 61) Total number of other independent contractors each receiving over \$100,000 62) Type of Service 63) Type of Service 64) Type of Service 65) Type of	46 Did	the organization engage in direct	or indirect political can	npaign activities on be	half of or in opp	osition to		Yes	No
48 Is the organization angage in hobbying activities? If "Yes," complete Schedule E 48 Is the organization as shool described in section 170(b) (1) (A) (a)? If "Yes," complete Schedule E 49 No 40	cand	didates for public office? If "Yes,"	complete Schedule C,	Part I			46		No
### To the organization as school described in a section 17(b)(1)(k)(1)(47 Dıd	the organization engage in lobbyii	ng activities? If "Yes,"	complete Schedule C,	Part II		47		Νο
Solid Total number of other independent contractors and address of each independent contractors and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE	48 Is th	he organization a school describe	d ın section 170(b)(1)((A)(II)? If "Yes," comple	te Schedule E		48		Νο
Complete this table for the organization is section \$2.7 organization as section \$2.7 organization and section \$2.7 organization and section \$2.7 organization and section \$2.7 organization and section \$2.7 organization as section \$2.7 organization	49a Dıd	the organization make any transfe	ers to an exempt non-c	harıtable related organ	ızatıon?		49a		No
(a) Name and address of each employee paid more than \$100,000 of compensation from the organization. If there is none, enter "None" (a) Name and address of each employee paid more than \$100,000 of compensation. (c) Compensation employee benefit plans & deferred compensation of the allowances. 50(f) Total number of other employees paid over \$100,000	b If"Y	es," was the related organization	a section 527 organiza	atıon?			49b		
(a) Name and address of each employee paid over \$100,000 Soft) Total number of other employees paid over \$100,000 Total number of other employees paid over \$100,000 Cappensation of the organization of th		•							
Source S			1						nse
50(f) Total number of other employees paid over \$100,000			hours per week	(c) Compensation	on employee	benefit plans &	a	ccount	and
Solution of the compensation from the organization of the highest compensated independent contractors who each received more than \$100,000 of compensation from the organization of there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE 51(d) Total number of other independent contractors each receiving over \$100,000	NONE								
Solution of the compensation from the organization of the highest compensated independent contractors who each received more than \$100,000 of compensation from the organization of there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE 51(d) Total number of other independent contractors each receiving over \$100,000									
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Solution of the compensation from the organization of the highest compensated independent contractors who each received more than \$100,000 of compensation from the organization of there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE 51(d) Total number of other independent contractors each receiving over \$100,000									
Solution of the compensation from the organization of the highest compensated independent contractors who each received more than \$100,000 of compensation from the organization of there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE 51(d) Total number of other independent contractors each receiving over \$100,000									
Solution of the compensation from the organization of the highest compensated independent contractors who each received more than \$100,000 of compensation from the organization of there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE 51(d) Total number of other independent contractors each receiving over \$100,000									
Solution of the compensation from the organization of the highest compensated independent contractors who each received more than \$100,000 of compensation from the organization of there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE 51(d) Total number of other independent contractors each receiving over \$100,000									
of compensation from the organization. If there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE 51(d) Total number of other independent contractors each receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Harold Seifert Executive Director Type or print name and title Preparer's signature Date Check if self-employed Preparer's identifying number (See instructions) employed Pr	50(f) To	tal number of other employees pa	ıd over \$100,000 .				<u> </u>		
of compensation from the organization. If there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE 51(d) Total number of other independent contractors each receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Harold Seifert Executive Director Type or print name and title Preparer's signature Date Check if self-employed Preparer's identifying number (See instructions) employed Pr	E4 . C							#10	0.000
Solid Total number of other independent contractors each receiving over \$100,000					ontractors who	each received n	nore tn	an \$10	0,000
Date Preparer's Signature Signat	(a) N	Name and address of each indepe	ndent contractor paid n	nore than \$100,000	(b) Type	e of service	(c) (ompen	sation
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2010-08-12	NONE								
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2010-08-12									
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2010-08-12									
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2010-08-12									
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2010-08-12									
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2010-08-12									
and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2010-08-12 Signature of officer Harold Seifert Executive Director Type or print name and title Preparer's signature Preparer's signature Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 Phone no	51(d) ⊤o	tal number of other independent o	ontractors each receiv	ring over \$100,000					
Please Signature of officer Harold Seifert Executive Director Type or print name and title Preparer's signature Preparer's signature Firm's name (or yours fi self-employed), address, and ZIP + 4 Phone no									
Signature of officer Harold Seifert Executive Director Type or print name and title Preparer's signature Preparer's Signature Preparer's Signature Preparer's Name (or yours if self-employed), address, and ZIP + 4 Preparer's Signature Date Check if self-employed Preparer's identifying number (See instructions) EIN Phone no	Please	and belief, it is true, correct, and com	piete Deciaration of prepare	er (other than officer) is bas	ed on all informati	on or which prepare	er nas ar	ny knowi	eage
Harold Seifert Executive Director Type or print name and title Preparer's signature Preparer's signature Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 Preparer's identifying number (See instructions) EIN I Phone no I	Sign	Signature of officer				08-12			
Paid Preparer's Jse Only Signature Self-empolyed Firm's name (or yours if self-employed), address, and ZIP + 4 Find a signature Self-empolyed Firm's name (or yours if self-employed), address, and ZIP + 4	пете								
Paid Preparer's Jse Only Firm's name (or yours if self-employed), address, and ZIP + 4 Phone no		Preparer's		Date				nber	
Jse Only If self-employed), address, and ZIP + 4 Phone no	Paid	, ,				(See instructions,	,		
Phone no •	Preparer's Use Only	ıf self-employed),				EIN Þ			
May the IRS discuss this return with the preparer shown above? See instructions	٠	addicss, and ZIF T 4				Phone no 🕨			
	May the IF	RS discuss this return with the pro	eparer shown above? S	ee instructions		>	Гү	es 「	No

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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.

Inspection

1ERICAN V outhwest S	/ATER WORKS ASSOCIATION ection Inc	ON			23-7026167			
Part I	Reason for Pub	olic Charity Stat	us (All organization:	s must complete this pai		ctions		
				ugh 11, check only one box				
1 F	A church, conventio	on of churches, or as:	sociation of churches	section 170(b)(1)(A)(i).				
2	A school described	ın section 170(b)(1)	(A)(ii). (Attach Sched	ule E)				
з Г	A hospital or a coop	erative hospital serv	/ice organization descr	ibed in section 170(b)(1)(A)(iii).			
4 厂	A medical research hospital's name, cit	-	ed in conjunction with a	hospital described in secti	on 170(b)(1)(A))(iii).Ente	r the	
5	-		=	ty owned or operated by a g	jovernmental un	ıt describe	- d ın	
_		\)(iv). (Complete Pa	•					
6	, ,	_	-	cribed in section 170(b)(1)(
7	described in	t normally receives a \)(vi) (Complete Pa	·	support from a government	al unit or from th	ne general	public	
8 🗆			•	mplete Part II)				
9 🔽	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross							
- ,	-	•		t to certain exceptions, and	*		_	
	·			ess taxable income (less se	• •			
	• • • • •			509(a)(2). (Complete Part :	•			
o [•	public safety See section 5	•			
i	An organization organization organization or more publicly	anized and operated supported organiza	exclusively for the ben tions described in sect irting organization and	refit of, to perform the functi ion 509(a)(1) or section 50 complete lines 11e through I - Functionally integrated	ons of, or to carr 09(a)(2) See se 111h	, ,	a)(3).	Check
е Г		•	-	rolled directly or indirectly blicly supported organizatio	•	•	-	
f	If the organization r			S that it is a Type I, Type I	• • •	pporting o	rganız	ation,
g	following persons?	,		t or contribution from any of together with persons desci		ı	Yes	No
	'	·	the supported organiz	•	. ,	11g(i)		
		r of a person describ				11g(ii)		
	• •	•	described in (i) or (ii)	above?		11g(iii)		
h	• •		he supported organizat				[
		(iii) Type of	(iv)	(v)	(vi)			

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	Is the organizat col (i) lis your gove	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?	
		instructions))	Yes	No	Yes	No	Yes	No]
Total									

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	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						
4	Total. Add lines 1 through 3						
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) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(I) I Otal
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Se	ction A. Public Support			,			
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) ⊤otal
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")				12,780	2,405	15,18
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	81,324	105,672	100,441	97,666	156,941	542,04
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						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 A mounts included on lines 1, 2, and 3 received from disqualified persons	81,324	105,672	100,441	110,446	159,346	557,22
	A mounts 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 Add lines 7a and 7b						
8	Public Support (Subtract line 7c from line 6)						557,22
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	In) A mounts from line 6	81,324	105,672	100,441	110,446	159,346	557,22
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,660	2,669	2,617	2,660	2,499	13,10
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 11	Add lines 10a and 10b Net income from unrelated	2,660	2,669	2,617	2,660	2,499	13,10
12	business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include						
12	gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11 and 12)	83,984	108,341	103,058	113,106	161,845	570,33
14	First Five Years If the Form 990 is for check this box and stop here			third, fourth, or fi	mn tax year as a	501(c)(3) organ	ization, ►
	ction C. Computation of Publ						
15	Public Support Percentage for 2009		•	3 column (f))		15	97 702 %
16	Public support percentage from 200	8 Schedule A , Pa	rt III, line 15			16	97 45 %
	ction D. Computation of Inve						
17	Investment income percentage for 2	•			(†))	17	2 298 %
18	Investment income percentage from	2008 Schedule A	Part III. line 17	•		18	2 55 %

18

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

33 1/3% support tests-2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

EIN: 23-7026167

Name: AMERICAN WATER WORKS ASSOCIATION

Southwest Section Inc

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	501(Expenses uired for 501(c)(3) and c)(4) organizations and (a)(1) trusts; optional for others.)
28 Environmental Health Programs Southwest Water Works Journal is provided to all current members to keep them informed of Southwest Section activities and training programs (1250 Members informed) (Grants \$ 0) If this amount includes foreign grants, check here	28a	7,065
29 Higher Education Scholarships are provided to selected dependents of Section members after applications are reviewed and rated by the Scholarship Committee (7 Students assisted) (Grants \$ 3,500) If this amount includes foreign grants, check here	29a	0
30 Environmental Health Programs Annual Conference held for education and training of drinking water professionals (380 Water Professionals Trained) (Grants \$ 0) If this amount includes foreign grants, check here ▶ □	30a	47,084
Environmental Health Programs The Section Web site provides organization information to members and other interested parties (Over 10,000 unique visitors to Web Site, Over 22,000 pages viewed) (Grants \$ 0) If this amount includes foreign grants, check here		600
Water Works Programs Support for the Water For People charitable organization that helps provide safe water supplies in third world countries (15,982 Dollars donated) (Grants \$ 15,982) If this amount includes foreign grants, check here		0
Environmental Health Programs Provided financial assistance to team made up of members participating in technical skills competition - Pipetapping (1 Team Assisted) (Grants \$ 0) If this amount includes foreign grants, check here		1,500
Environmental Health Programs Seminars, Workshops and Satellite Conferences are presented on technical topics of current interest (106 Drinking Water Professionals Trained) (Grants \$ 0) If this amount includes foreign grants, check here		2,352

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Harold Seifert 2820 N Pierce St Little Rock, AR 722072824	Secretary / Executive Director 40	35,000	0	0
Alan Fortenberry PO Box 400 Lowell, AR 727450400	Chair 4	0	0	0
Rebecca Poole PO Box 1677 Oklahoma City,OK 731011677	Chair Elect 3	0	0	0
Dennis McGehee 10735 Shoe Creek Dr Baton Rouge,LA 708184016	Vice Chair 3	0	0	0
Donald Broussard 200 N Buchanan Street Lafayette, LA 705014837	Director 6	0	0	0
Curtis Davis 2139 Greenwood Rd Shreveport,LA 711033507	Past Chair 2	0	0	0
David Woodring 101 antler way drive sherwood, AR 72120	Manufacturer's Representative 1	0	0	0
David Kincannon 1419 Oakfield Ct Stillwater,OK 740741531	Treasurer 2	0	0	0
Blake Weindorf PO Box 1789 Little Rock, AR 722031789	Trustee AR 3	0	0	0
Ben Bridges 153 Ben Bridges Rd Downsville, LA 712345439	Trustee LA 3	0	0	0
Bryan Hapke PO Box 370 Norman,OK 730700370	Trustee OK 3	0	0	0
Randy Easley 3900 Kelley Hwy Fort Smith, AR 729045610	Deputy Trustee AR 3	0	0	0
B J Francis PO Box 575 Napoleonville, LA 703900575	Deputy Trustee LA 3	0	0	0
Kerry Rowland 2429 E 19th St Tulsa,OK 741045703	Deputy Trustee O K 3	0	0	0

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TY 2009 Grants and Similar Amounts Paid Schedule

Name: AMERICAN WATER WORKS ASSOCIATION

Southwest Section Inc

EIN: 23-7026167

Software ID: 09000073

Software Version: v1.00

Item No.	1
Class of Activity	Charity
Donee's Name	Water For People Inc
Donee's Address	6666 W Quincy Avenue Denver, CO 80235
Amount (FMV)	15,982
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	
,	

TY 2009 Other Expenses Schedule

Name: AMERICAN WATER WORKS ASSOCIATION

Southwest Section Inc

EIN: 23-7026167

Software ID: 09000073

Software Version: v1.00

Description	Amount
Program Services - Conference	47,084
Program Services - Workshops	2,352
Management & General - Other than Salary	24,248
Program Services - Other	4,172