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Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047

Open to Public Inspection

	For t	he 2009 calen	dar year,	or tax year b	eginning			, 2009	, and endir	1g			,	
В	Check	ıf applicable		C Name of o	rganization						D Employ	er Ide	ntification Nu	nber
	ПА	ddress change	Please use IRS label	IRELAND	WATER	UTILI	TIES, IN	С			35-	113	6371	
	\square	ame change	or print or type.				l is not delivered		iddr) Room/s	suite	E Telepho	ne nu	ımber	
	П	nitial return	See specific	P. O. B	OX 83				Ì		(81	2)	482-201	.5
	Пт	ermination	instruc- tions.	City, town	or country		_	State	ZIP code + 4	1	<u> </u>			
		mended return		IRELAND	1			IN	47545		G Gross r	eceint	s \$ 483	.949.
	Ħ	pplication pending	F Name a	and address of p			-			H(a) Is this	s a group retur			Yes X No
	ш.	,,,	RONALD 50	CHROEDER PO	BOX 81	l I	RELAND	11	N 47542		II affiliates inc			Yes No
$\overline{}$	Ta	k-exempt statu)◀ (insei		4947(a)		527	If 'No	,' attach a list	(see	instructions)	
<u></u>		bsite: - N/		. () ()		,,,,,	1 13.7(0)	(., 0.	1 1 5 2 7	H(c) Groun	o exemption ni	ımher	>	
ĸ		n of organization	X Corpora	ation Trust	Asso	ciation (Other ►	1	Year of Forma				of legal domicile	e IN
Pa		Summa		auon j j musi	L ASSU	ciation 1	Julie!		real of Forma	1011 230	, III S	otate c	n legal domicil	, 111
5	1	Briefly descri		anization's r	nission or	most signi	ficant activitie	es. To	PROVIDE D	RINKABLE	WATER TO T	THE O	RGANIZATIO	N MEMBERSHIP
ا ا		TO PROVI				_							·	
Ě														
Activities & Governance														
ŏ	2	Check this bo						or dispo	osed of mor	e than 25	5% of its as	sets	i. į	
9	3	Number of vo										3		
69	4	Number of in		_		governin	g body (Part	VI, line	1b)	•		4	9	
ξ	5	Total number	• •	•				•	•			5 6	0	
٩ċ	79	Total number Total gross u		-			· column (C) u	ne 12			•	7	+	0.
-		Net unrelated						116 12				7		
-		rice difficialed	i business	taxable file	ALIC HONT					I	Prior Year		+	
	8	Contributions	and aran	te (Part VIII	line 1h)	R	ECEIVE	ΞD		-	riidi Tear		Curr	9,213.
e e	9	Program serv	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)											<u> </u>
Revenue	-	10 Investment income (Part VIII, column (A), lines & 4, and (A) 1. 0.2010 . Q											8,270.	
&	11												 	159,121.
	12	Total revenue	e – add III	nes 8 through	n 11 (must	equal Par	t VIII, colum r	· (A), liri	e+2)					176,604.
	13	Grants and si	ımılar amı	ounts paid (F	Part IX. col	umn (A) (T	MADEN.	ÙT		.				
	14	Benefits paid											İ	
	15	Salaries, othe					-), lines	5-10)					30,967.
368	16 a	Professional			-									
Expenses		Total fundrais		-			•							
ᆈ	17	Other expens								·				95,856.
	18	•	-				=		• • • •	••			+	126,823.
		Total expense			•		numm (A), m	e 25) .		∵	-			49,781.
_ <u>. •</u>	19	Revenue less	expense	s. Subtract ii	rie 16 iluili	i iiiile 12	•						+	
5 S		-		16)						Beg	inning of Y	ear	+	100 020
Balc	20	Total assets	•	•	•									100,039.
Net Assets or Fund Balancos	21	Total liabilitie		•	•	• •		•					+	3,995.
	22	Net assets or			act line 21	from line 2	20						2,	096,044.
Pa	rt II		ure Blo											
		Under penaltie true, correct, a	es of perjury, and complete	I declare that I f Declaration of	nave examined preparer (othe	f this return, i ir than officer)	ncluding accomp is based on all i	anying sch nformation	edules and sta of which prep	itements, an arer has any	id to the best o y knowledge	of my l	knowledge and	belief, it is
Sic		$\mid \mathbf{R}_{\sigma}$	nald	S.R.	D	P	· 1 L			1	5-1	U_	61.	
Sig He	jii re	Signature		- cruc	,	, , , ,	siger		-		Date	<u> </u>		
110			CONAL	n 50	HRO	E 0 6%	_				7010			
			rint name an		-HILU	<u> </u>	<u> </u>							
		1,500 01 01							Date				Preparer's idea	ntifving number
Pai	a	1	,	. 1				1	Date	- !:	Check if self-		(see instruction	ntifying number ns)
Pre		Preparer's	_ (1.4/ N.B	1	0 4		- 1	a= /a a /a		employed P	X	8009	0
	rer's	signature	05/10/1							.U			, 5000	1011
Us		Firm's name (Firm's name (or yours if self-								2	۲	_ 111 1 1 1 1	ı
On	ly	employed), address, and	·	W 4TH S	ST					EIN - 35-1415655				
		ZIP + 4		PER			IN	4754	16]ı	Phone no	(8:		-4363
		IRS discuss th		 _					<u> </u>	·	<u>.</u>		. X Ye	
BA	A Fo	r Privacy Act a	and Paper	rwork Reduc	tion Act No	otice, see	the separate	instruct	tions.		TEEA0101	07/	20/09 Fo	rm 990 (2009)

	1990 (2009) IRELAND WATER UTILITIES, INC	<u>35-1136371</u>	Page 2
Pai	t III Statement of Program Service Accomplishments	 	
1.	Briefly describe the organization's mission:		
	TO PROVIDE DRINKABLE WATER TO THE ORGANIZATION MEMBERSHIP		
	TO PROVIDE FIRE PROTECTION FOR THE SURROUNDING AREA		
2	Did the organization undertake any significant program services during the year which were not listed on	the prior	
_	Form 990 or 990-EZ?	Yes	x No
	If 'Yes,' describe these new services on Schedule O.	☐ 1e3	, [2]
3	Did the organization cease conducting, or make significant changes in how it conducts, any program sen	vices? T	s 🗓 No
J	· · · · · · · · · · · · · · · · · · ·	vices: res	s 🗓 No
	If 'Yes,' describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	s by expenses. Section 50	JI(C)(3) ne total
	expenses, and revenue, if any, for each program service reported.	a anocations to others, th	C total
4 a	(Code) (Expenses \$)	(Revenue \$)
			 _ =
41	(Code) (Expenses \$ including grants of \$)	/Pavanua \$,
7.	including grants of \$\frac{\pi}{2}\]	(Nevellue 4	 ,
40	: (Code:) (Expenses \$ including grants of \$)	(Revenue \$)
			-
40	Other program services. (Describe in Schedule O.)		
. •	(Expenses \$ including grants of \$) (Revenue	Ś)
40	Total program service expenses ►		
7.0	Total program service expenses		

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,' complete Schedule A.	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		x
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		x
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		
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		
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		<u>x</u>
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		x
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	х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			t.
•	• 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 			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		<u>x</u>
12/	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		x
	a Did the organization maintain an office, employees, or agents outside of the United States? .	14a		x
ı	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, 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		<u>x</u>
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		<u>x</u>
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		<u>x</u>
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		<u>x</u>
19	complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	,	<u> </u>

Form 990 (2009) IRELAND WATER UTILITIES, INC

Part IV Checklist of Required Schedules (continued)

			163	110
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		x
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 ⁷ 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? <i>If 'Yes,' complete Schedule J</i>	23		x
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and 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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		
26	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		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee 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 transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		-	
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		x
ь	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
c	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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
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		х
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		х
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_		х
36	Section 501(c)(3) organizations. 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		
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	x	
BAA		Form	1 990 ((2009)

Form 990 (2009) IRELAND WATER UTILITIES, INC

Part V Statements Regarding Other IRS Filings and Tax Compliance

				_	Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1 a	10			
t	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	and re	eportable gaming	1c		
2 a	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				
2 b	olf at least one is reported on line 2a, did the organization file all required federal employment t	ax ret	turns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this retur	n. (se	e instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year this return?	cover	ed by .	3a		x
ь	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O			3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature of financial account in a foreign country (such as a bank account, securities account, or other financial account.)	r othe ancıal	r authority over, a account)?	4a		x
b	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 Formatical Accounts	oreign	Bank and		_	
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax y	year?		_ 5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	trans	action?	5b		X
c	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entit Tax Shelter Transaction?	ty Reg	jarding Prohibited	5с		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and solicit any contributions that were not tax deductible?	d did t	the organization	6a		x
b	If 'Yes,' did the organization include with every solicitation an express statement that such con deductible?	tributi	ons or gifts were not	6 b		
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 part provided to the payor?	rtly for	r goods and services	7a		x
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			7 b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for white Form 8282?	ch it w	vas required to file	7с		x
	If 'Yes,' indicate the number of Forms 8282 filed during the year .	7 d				
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums benefit contract?		•	7e		х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benef			7f		X
-	For all contributions of qualified intellectual property, did the organization file Form 8899 as re-	•		7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, have holdings at any time during the year?	ye exc	inizations. Did the cess business	8		•
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make any distribution to a donor, donor advisor, or related person?.			9b		
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
t	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from other members or shareholders	11a	474,579.			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11 b	9,370.			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of			12a		
t	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b		L		

BAA Form 990 (2009) 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 ar	nd Management						
								Yes	No
1 8	Enter the	number of voting membe	rs of the governing be	ody .		1a 9			
t	Enter the	number of voting membe	rs that are independe	ent	•	1b 9]	1	
2	Did any o	fficer, director, trustee, or rector, trustee or key emp	key employee have	a family relat	ionship or a business rel	ationship with any other	2		x
3	Did the oi		ol over management	duties custor	marily performed by or ur	nder the direct supervision	3		
4		rganization make any sign		_		1;	4	\dashv	X
*		prior Form 990 was filed?	•	organization	iai documents				
5	Did the or	rganization become aware	during the year of a	material dive	ersion of the organization	's assets? .	5		X
6	Does the	organization have membe	ers or stockholders?				6	X	
7 a	Does the	organization have membe i body?	ers, stockholders, or o	other persons	who may elect one or m	ore members of the	7a	x	ı I
ł	Are any o	lecisions of the governing	body subject to appre	oval by mem	bers, stockholders, or oth	er persons?	7b	х	
8	Did the or the follow	rganization contemporane ring.	ously document the r	neetings held	d or written actions under	taken during the year by			
ē	The gove	rning body?					8a	х	
ŧ	Each con	nmittee with authority to a	ct on behalf of the go	verning body	?		8ь	X	
9	Is there a	ny officer, director or trus	tee, or key employee 'Yes,' provide the nam	listed in Par nes and addi	t VII, Section A, who can resses in Schedule O	not be reached at the	9		
ec						required by the Interna	<i>i</i>		
<u>Reve</u>	enue Code)							
_						 •		Yes	No
10 a	Does the	organization have local cl	napters, branches, or	affiliates?			10a		<u>x</u>
t	If 'Yes,' d	oes the organization have thes to ensure their opera	written policies and itions are consistent v	procedures g	overning the activities of the organization?	such chapters, affiliates,	10ь	.	
11	Has the o	rganization provided a co	py of this Form 990 to	o all member	s of its governing body b	efore filing the form?	11		x
11/	Describe	in Schedule O the proces	s, if any, used by the	organization	to review this Form 990				
12 a	Does the	organization have a writte	en conflict of interest	policy? If 'No	o,' go to line 13	•	12a		X
ŧ	Are office	ers, directors or trustees, a	and key employees re	equired to dis	close annually interests t	hat could give rise	12b		
•	Does the	organization regularly and O how this is done	d consistently monitor	r and enforce	compliance with the poli	cy? If 'Yes,' describe in	12 c		
		organization have a writte					13		X
14	Does the	organization have a writte	en document retention	n and destruc	ction policy?	•	14		x
15	Did the p	rocess for determining cor comparability data, and c	mpensation of the follontemporaneous sub-	lowing persoi	ns include a review and a	pproval by independent			
		nization's CEO, Executive					15a	_ 1	x
	_	cers of key employees of	•				15b		X
		line 15a or 15b, describe	•	dule O (See	instructions.)				
16;	Did the o	•	·	•	•	arrangement with a taxable	16a	_	x
ı	ılf 'Yes.' h	as the organization adopt	ed a written policy or	procedure re	equiring the organization	to evaluate its participation	,,,,		
	status wi	th respect to such arrange	r applicable federal tements?	ax law, and t	aken steps to safeguard	the organization's exempt	16b		Ĺ
		Disclosures							
		tates with which a copy of	-					· — — -	
18	Section 6	n Indicate how you make	these available. Che	ck all that ap	ply.	nd 990-T (501(c)(3)s only) av	aılable	for pu	blic
	∐ Own	website And	other's website	X Upo	n request				
19	Describe statemen	in Schedule O whether (a ts available to the public.	nd if so, how) the org	janization ma	akes its governing docum	ents, conflict of interest polic	y, and	financ	ıal
					·	ooks and records of the organ			1363
	- DWATD	A BROMM CPA	_114_W_4TH_S	TKEET	JASPER	<u>N _ 47546 (8</u>	112)_4	102-4	1255

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations'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 employees'
- 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	compens	ate ar	у сі	ırrer	nt of	ficer,	dired	ctor, or trustee.		
(A)					(D)	(E)	(F)			
Name and Title	Average hours			_	_			Reportable	Reportable	Estimated amount of other
	per week	adivid all fracces or director	nstitutestel feusten	Officer	Key employee	High est coinpensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
ANDY HULSMAN DIRECTOR	1.00	x						840.	0.	0.
ERIC KNIES										
DIRECTOR	1.00	x						910.	0.	0.
KEN SCHNAUS										
DIRECTOR	1.00	x						770.	0.	_ 0.
RANDY MEHRINGER										
DIRECTOR	1.00	X						840.	0.	0.
STAN SCHNAUS										
DIRECTOR	1.00	Х						840.	0.	0.
EARL HULSMAN										
DIRECTOR	1.00	х				_		840.	0.	0.
MATT BUELTEL										_
DIRECTOR	1.00	X		<u> </u>	<u> </u>		_	910.	0.	0.
RON SCHROEDER									_	
DIRECTOR	2.00	X	-	<u> </u>	_	<u> </u>	_	1,690.	0.	0.
TOM ERNY										•
DIRECTOR	1.00	X	-	_		ļ <u>-</u>	-	910.	0.	0.
							_			

Part VII Section A. Officers, Directors, Trus		(ey	En	<u>ıplo</u>	oye	es,	an	d Highest Con	pensated Emp	loyees	(co	<u>nt.)</u>
(A)	(B)	D	<i>.</i>		c)			(D)	(E)		(F)	
Name and Title	Average hours per week			Officer	_	a Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amou com fr org. an	stimated int of oth pensatio om the anizatio d relate anization	her on n d
	-			-								
	-											
	-											
	-											
	-											
	-											
	-								.			
											_	
					_			_				
	<u> </u>											
1 b Total							•	8,550.	0.	L		0
2 Total number of individuals (including but not limited from the organization ►	to thos	e list	ted a	abov	/e) \	who	rece	eived more than \$	100,000 in reportabl	le comp	ensati	on
3 Did the organization list any former officer, director	or truste	e k	ev e	mnl	ove	e or	, hiu	hest compensated	l employee		Yes	No
on line 1a? If 'Yes,' complete Schedule J for such in 4 For any individual listed on line 1a is the sum of rei	<i>idividual</i> portable	com	inen	satu	on a	nd o	othei	r compensation fro	om	3		<u> </u>
the organization and related organizations greater the individual										4		х
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	edule J	for s	uch	m ai per	son	nrei	ated	organization for s	Services	5		х
Complete this table for your five highest compensation from the organization.	ed indep	ende	ent d	cont	ract	ors t	hat	received more tha	n \$100,000 of			
(A) Name and business addres	is			·				(B Description) of Services	Compe	C) nsatio	on_
											<u> </u>	
					•							_
												_
2 Total number of independent contractors (including \$100,000 in compensation from the organization \$	but not l	ımıte	ed to	tho	se l	ıste	d ab	ove) who received	more than			

га	LLAI	II Statement of Re	evenue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1 -	Cadacated samesians	1.0		· ·			
EΣ		Federated campaigns	<u>1a</u>					
Ϋ́	b	Membership dues	16	9,213.				
ឌិទី		Fundraising events	1 c	-				
ઈ.≰		=				!		
트웨	d	Related organizations	1 d					
ا ا		Government grants (contribution	ons) 1e	_				
S ≥	٠	dovernment grants (contribute	-10					
은쏦	f	All other contributions, gifts, g	rants and					
교물	•	similar amounts not included	above 1 f					
Ē0	_	Noncash contribns included in						
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	_		Ins 1a-1f: 💲					
ยั∢	h	Total. Add lines 1a-1f		•	9,213.			
Æ				Business Code				
ᇎ	2a				I			
≅	2.0							
~	b							
ទ្	С							
Ŕ	- 4							
S	u							
¥	e					<u> </u>		
5	f	All other program service	e revenue					
PROGRAM SERVICE REVENUE			'	•				
	9							
	3	Investment income (incl	luding dividends	, interest and			•	
		other similar amounts)		•	8,270.	8,270.	<u>0.</u>	0.
	4	Income from investment	t of tax-exempt	bond proceeds				
			to tan onompt	▶				
	5	Royalties .				,-		
i			(ı) Real	(II) Personal				
	6a	Gross Rents	1,100					
	h	Less. rental expenses						
		· ·		-				l
	С	Rental income or (loss)	1,100	•				
	d	Net rental income or (lo	ss)	>	1,100.	1,100.	0.	0.
			(i) Securities	(II) Other			****	
	7 a	Gross amount from sales of	(1) 0000111100	(.,, 62.6.				
		assets other than inventory						
	h	Less: cost or other basis						
		and sales expenses					1	
		-		 				
	С	Gain or (loss)						
	d	Net gain or (loss)		•				
IUE	8a	Gross income from fund (not including \$	draising events					
Ŷ		of contributions reported	d on line 1c)					1
OTHER REVEN		See Part IV, line 18						
8				a				
Ē		Less direct expenses		b <u> </u>				
0	С	Net income or (loss) fro	m fundraising e	vents				
		• •	-		"			
	9a	Gross income from gam See Part IV, line 19	ning activities					
				<u> </u>				
	b	Less direct expenses		b[
	С	Net income or (loss) fro	m gaming activ	ities 🕨				
			-					
	10a	Gross sales of inventory	y, less returns	465 066				
		and allowances		a 465,366.				
	b	Less cost of goods sold	t	ы 307,345.				
		Net income or (loss) fro			158,021.	158,021.	0.	0.
		Miscellaneous Reven		Business Code		200,021.		<u></u>
			iuc	DU3/1033 COG6				
	11 a							
	ь		_ _	_				1
	ءَ ا							
	.							<u> </u>
		All other revenue	•	<u> </u>				
	е	Total. Add lines 11a-11d	d	•				
	12	Total revenue. See insti	ructions	•	176,604.	167,391.	0.	0.

Page **10**

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) but are not required to complete columns (B), (C), and (D).

Do i 6b,	not include amounts reported on lines 7b, 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 organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
	Benefits paid to or for members 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	29,064.		<u></u>	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	1,903.			
11	Fees for services (non-employees)				
a	ı Management				
t	Legal				
c	: Accounting	1,000.			
C	l Lobbying				
6	Prof fundraising svcs. See Part IV, In 17				
f	Investment management fees				
ç	Other .	10,883.			
12	Advertising and promotion				
13	Office expenses .	5,995.			
14	Information technology			_	
15	Royalties				
16	Occupancy	15,433.			
17	Travel	5,400.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest .				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	25,953.			
	Insurance				
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)				,
ē	BILLING FEES	11,258.			
t	DIRECTOR FEES	8,550.			
(DUES & SUBSCRIPTIONS	3,464.			
•	EMPLOYEE AND DIRECTOR APPRECIATION DINNER	350.			
•	SUPPLIES	7,463.			
1	All other expenses	107.			
25	Total functional expenses. Add lines 1 through 24f	126,823.			
26	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational		-		
BAA	campaign and fundraising solicitation		.		Form 990 (2009)

Balance Sheet

Part X

(A) Beginning of year (B) End of year 1 249,626. Cash - non-interest-bearing 2 Savings and temporary cash investments 2 2<u>75,3</u>16. 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 42,057. 5 Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees. Complete Part II of Schedule 1 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 Notes and loans receivable, net 7 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. 10a 1,952,994 Complete Part VI of Schedule D 10b 10 c ,533,040. **b** Less accumulated depreciation. 419,954 11 11 Investments — publicly-traded securities 12 12 Investments - other securities See Part IV, line 11 13 13 Investments - program-related See Part IV, line 11 14 Intangible assets 14 15 15 Other assets See Part IV, line 11 0. 2,100,039. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 3,995 17 Accounts payable and accrued expenses Grants payable 18 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 0 26 3,995. Organizations that follow SFAS 117, check here and complete lines 27 through 29 and lines 33 and 34. 27 Unrestricted net assets Temporarily restricted net assets 28 29 29 Permanently restricted net assets R X and complete Organizations that do not follow SFAS 117, check here lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 1,344,845. 31 Paid-in or capital surplus, or land, building, and equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 751,199. 0 33 2,096,044. 33 Total net assets or fund balances. 0. 34 2,100,039. Total liabilities and net assets/fund balances 34

BAA

Form 990 (2009)

Form 990 (2	009) IRELAND	WATER	UTILITIES	, INC			35-1136371		Pa	age 12
Part XI	Financial State	ments a	nd Reporting	}						
							_		Yes	No
1 Accou	nting method used	o prepare	the Form 990:	Cash	X Accrual	Other				
	organization change edule O	d its metho	od of accounting	from a prio	r year or checke	d 'Other,' explain		n	- prom =-	
2a Were t	the organization's fi	nancial sta	tements compile	d or review	ed by an indeper	ndent accountant?		2a	x	
b Were t	the organization's fi	nancial sta	tements audited	by an indep	pendent accounta	ant?		2b		x
	to line 2a or 2b, do					sponsibility for overs t accountant?	sight of the audit,	2с	x	
	organization change edule O	d either its	oversight proce	ss or select	tion process duri	ng the tax year, expl	aın			
	' to line 2a or 2b, cl lidated basis, separ			e whether th	he financial state	ments for the year w	vere issued on a			
x :	Separate basis	Cons	olidated basis	Both	consolidated and	l separate basis				ا ا
	esult of a federal av Act and OMB Cırcul		he organization	required to	undergo an audi	or audits as set fort	th in the Single	3a		x
	,' did the organizati					tion did not undergo uch audits.	the required audit	3 b		

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Form **990** (2009)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions

OMB No 1545-0047

Open to Public Inspection

Name	of the organization			Employer Identification	n number
The	I AND MANUEL METALEMENT TO THE			0- 44040-4	
Par	LAND WATER UTILITIES, INC	w Advised Funds on Other Cimilar Fu		35-1136371	
rai	the organization answered 'Yes' t	r Advised Funds or Other Similar Fu	nas or Acc	ounts Complete	e ir
	and organization and overous 100 to	(a) Donor advised funds	(b) F	unds and other acc	Counte
1	Total number at end of year	(a) Bottor davided tartes		and and other acc	Counts
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and don funds are the organization's property, subject t	or advisors in writing that the assets held in do to the organization's exclusive legal control?	onor advised	Yes	□ No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for t purpose conferring impermissible private bene	he benefit of the donor or donor advisor or for a	ls may be any other	Yes	☐ No
Par	t II Conservation Easements Comple	ete if the organization answered 'Yes	to Form 99	0, Part IV, line	7.
1	Purpose(s) of conservation easements held by	the organization (check all that apply).			
	Preservation of land for public use (e.g., re	ecreation or pleasure) Preservation	of an historica	illy important land a	area
	Protection of natural habitat	Preservation	of certified his	toric structure	
_	Preservation of open space				
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contribution in	the form of a c		
_	Tabel as subsections at a second			Held at the End o	f the Year
	Total number of conservation easements		2a		
	 Total acreage restricted by conservation easer Number of conservation easements on a certification 		2b 2c		
	Number of conservation easements included in	• • • • • • • • • • • • • • • • • • • •	2d		
	Number of conservation easements modified, t			nization during the	tav
•	vear ►	dansierred, released, extinguished, or terminal	ca by the organ	riization daring the	tax
4	Number of states where property subject to con	nservation easement is located >			
	Does the organization have a written policy regand enforcement of the conservation easemen	t it holds?	-	ons, Yes	No
	Staff and volunteer hours devoted to monitorin during the year ▶	•			<u> </u>
7	Amount of expenses incurred in monitoring, induring the year ►	specting, and enforcing conservation easemen	ts \$ _		
8	Does each conservation easement reported on $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)^{2}$	line 2(d) above satisfy the requirements of sec	ction	Yes	☐ No
9	In Part XIV, describe how the organization reprinclude, if applicable, the text of the footnote to conservation easements	orts conservation easements in its revenue and the organization's financial statements that de			
Par	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasures, owered 'Yes' to Form 990, Part IV, line	or Other Sime 8.	ilar Assets	
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publithe text of the footnote to its financial statement	ic exhibition, education, or research in furthera	ent and balance nce of public s	e sheet works of ar ervice, provide, in f	t, historical Part XIV,
b	If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items:	SFAS 116, to report in its revenue statement a cexhibition, education, or research in furthera	and balance sho nce of public so	eet works of art, his ervice, provide the	storical following
	(i) Revenues included in Form 990, Part VIII,	line 1		- \$	
	(ii) Assets included in Form 990, Part X			►\$ <u></u>	
2	If the organization received or held works of ar amounts required to be reported under SFAS 1	t, historical treasures, or other similar assets for 16 relating to these items.	or financial gai	n, provide the follow	wing
а	Revenues included in Form 990, Part VIII, line	1		►\$	
ь	Assets included in Form 990. Part X			⊳\$	

Schedule D (Form 990) 2009 IREL					35-113		Page 2
Part III Organizations Mainta	ining Colle	ctions of Art,	Historica	al Treasures, or C	Other Similar Ass	ets (con	tınued)
3 Using the organization's acquisiti	on accession a	and other records	, check any	of the following that	are a significant use o	of its collec	:tion
items (check all that apply)		⊿ □		-h			
Public exhibition		—	Other	change programs			
b Scholarly research c Preservation for future gener	otions	е 🗀	Other	<u> </u>			
c ☐ Preservation for future gener 4 Provide a description of the orga		ctions and explain	n how thev	further the organizati	on's exempt purpose	ın	
Part XIV			-				
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or re ather than to b	eceive donations e maintained as j	of art, histo part of the	orical treasures, or otl organization's collecti	ner similar on?	Yes	No
Part IV Escrow and Custodia	l Arrangem	ents Complet	e if orga	nization answered	d 'Yes' to Form 99	0, Part	IV, line
9, or reported an amo	ount on Forn	1 990, Part X,	line 21.				
1a Is the organization an agent, trus included on Form 990, Part X?	itee, custodian,	or other interme	diary for co	ontributions or other a	ssets not	Yes	No
b If 'Yes,' explain the arrangement						_	_
						Amount	
c Beginning balance					1c		
d Additions during the year					1 d		
e Distributions during the year					1 e	 -	
f Ending balance					1f		
2a Did the organization include an a		n 990, Part X, line	e 21?			Yes	∐ No
b If 'Yes,' explain the arrangement							
Part V Endowment Funds Co	mplete if or	<u>ganization an</u>	swered '	<u>Yes' to Form 990</u>		т	
	(a) Current	/ear (b) P	rior year	(c) Two years back	(d) Three years back	(e) Four	r years back
1 a Beginning of year balance							
b Contributions				<u></u>		<u> </u>	
c Net Investment earnings, gains, and losses		***					
d Grants or scholarships							
 Other expenditures for facilities and programs 							
f Administrative expenses						<u> </u>	
g End of year balance						<u> </u>	
2 Provide the estimated percentage	e of the year er	nd balance held a	ıs.				
a Board designated or quasi-endov	vment >						
b Permanent endowment ►	· •						
c Term endowment ►	%						
3a Are there endowment funds not i	n the possession	on of the organiza	ation that a	re held and administe	ered for the		
organization by							es No
(i) unrelated organizations						3a(i)	-
(ii) related organizations						3a(ii)	
b If 'Yes' to 3a(ii), are the related of	-					3b	
4 Describe in Part XIV the intended					·no 10		
Part VI Investments—Land, E		(a) Cost or other				(d) Por	ok Value
Description of investmen		(investment)		b) Cost or other basis (other)	(c) Accumulated Depreciation	(0) 600	
1a Land	<u> </u>	6	37.				637.
b Buildings		7,2	200.		2,384.		4,816.
c Leasehold improvements	. [
d Equipment	ļ	1,945,1	.57.		417,570.	1,5	<u>527,587.</u>
e Other			/				
otal. Add lines 1a through 1e (Colum	n (d) must equ	al Form 990, Par	t X, columr	n (B), line 10(c))			33,040.
BAA					Sched	lule D (For	m 990) 2009

Part VII	Investments—Other Securities See	Form 990, Part X, line	12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Financial of	derivatives			
Closely-he	eld equity interests			
				3
		_		
				_
-				
Total. (Colu	mn (b) must equal Form 990 Part X, col (B) line 12)			
	Investments-Program Related (Se	e Form 990, Part X, line	e 13)	
<u> </u>	(a) Description of investment type	(b) Book value	(c) Method of valuation	
	(L) Description of investment type	(a) Book value	Cost or end-of-year market value	·
	•			
Total. (Colui	mn (b) must equal Form 990, Part X, Col (B) line 13)			
Part IX	Other Assets (See Form 990, Part)	K, line 15)		
	(a)	Description	(b) E	Book value
		·		
Total. (Co	olumn (b) must equal Form 990, Part X, col (B),	line <u>15)</u> .	•	
Part X	Other Liabilities (See Form 990, Pa	rt X, line 25)		
	(a) Description of Liability	(b) Amount		
Federal In	come Taxes			
			7	
			7	
			7	
••			7	
			7	
			7	
Total, (Colu	mn (b) must equal Form 990, Part X, col. (B) line 25)		7	
	Footnote In Part XIV, provide the text of the foo	otnote to the organization's fir	pancial statements that reports the organization	on's liability
for uncerta	ain tax positions under FIN 48.	sale to the organization's III	national statements that reports the organization	o nability

Schedule D (Form 990) 2009 IRELAND WATER UTILITIES, INC

35-1136371

Page 3

		35-1136371	Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to Financial Statements	 -	
1	Total revenue (Form 990, Part VIII,column (A), line 12)		
2	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year Subtract line 2 from line 1	<u> </u>	
4	Net unrealized gains (losses) on investments .		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)	· <u> </u>	
9	Total adjustments (net). Add lines 4 through 8		
10			
Pai	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments	_	
ı	Donated services and use of facilities 2b	_	
•	Recoveries of prior year grants		
•	d Other (Describe in Part XIV)		
•	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
i	Investments expenses not included on Form 990, Part VIII, line 7b	_	
ı	Other (Describe in Part XIV)		
•	Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Pai	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return	
1	Total expenses and losses per audited financial statements .	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
i	Donated services and use of facilities 2a		
1	Prior year adjustments 2b		
	C Other losses		
	d Other (Describe in Part XIV) 2d		
•	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b		
1	Other (Describe in Part XIV) 4b		
•	c Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	
Pa	rt XIV Supplemental Information		
lıne	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this parmation	, lines 1b and 2b, art to provide any a	Part V, additional
_ ~ .			
			-

TEEA3304 02/02/10

Schedule **D** (Form 990) 2009

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Schedule D	(FORM 990) 2009 TRELAND WATER UTILITIES, INC	35-11363/1	Page 5
Part XIV	Supplemental Information (continued)		
1 4111		 -	
		_	
_			

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

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

► Attach to Form 990. Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 35-1136371 IRELAND WATER UTILITIES, INC Pt VI-A, Line 6 IN ORDER TO PURCHASE WATER YOU MUST BE A MEMBER Pt VI-A, Line 7a MEMBERS VOTE ON THE GOVERNING BODY Pt VI-A, Line 7b ALL MAJOR DECISIONS MUST BE APPROVED BY THE MEMBERS Pt VI-B, Line 11A THE BOARD OF DIRECTOR'S REVIEW AND APPROVE THIS 990