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Form **990-EZ**

OMB No 1545-1150

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 Department of the Treasury Internal Revenue Service

Open to Public Inspection

			alendar year, or tax year beginning		and e	nding			·	
В	Check if applicat	ole Please	C Name of organization				D Empl	loyer i	identification number	
Г	Addre	ss use IRS								
F	Name chang		L				90	a – n	165772	
F							number			
F	Termin- Specific C/O 1440 KARTOLANT BLVD						(808) 961-7205			
〒	lated Amer	nded tions	City or town, state or country, and ZIP + 4			12.00	F Group Exemption			
F	retun Applic Pendir	ation	HONOLULU, HI 96814-3618					iber D	·	
			(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a	rom	nlated	G Accour			X Cash Accrual	
	000		Schedule A (Form 990 or 990-EZ).	•••	ipictou	I	specify)			
$\overline{}$	Websit	te· > WW	WW.AWWA-HI.ORG						the organization is not	
			s (check only one) — X 501(c) (3) ◀ (insert no.)	nr	<u> </u>				dule B (Form 990, 990-EZ, or 990-PF)	
	Check		the organization is not a section 509(a)(3) supporting organization and its gros							
•	0.10011		orm 990 return is not required, but if the organization chooses to file a return, b		•	•		iuii ψε	.0,000. AT 0111 000 EZ 01	
1	Add lin		and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990				<u>uiii.</u>	\$	147,139.	
	art I	Rever	nue, Expenses, and Changes in Net Assets or Fund B	Bal	ances	See the instru	ctions	for Pa	rt I.)	
	1	Contributio	ons, gifts, grants, and similar amounts received				L	1_	20,723.	
	2	Program se	service revenue including government fees and contracts					2	107,159.	
	3	Membershi	nip dues and assessments					3		
	4	Investment	ıt income					4	1,192.	
	5a	Gross amo	ount from sale of assets other than inventory 5	a_						
	b	Less: cost	or other basis and sales expenses	b	<u></u>					
	C		iss) from sale of assets other than inventory (Subtract line 5b from line 5a)					5c		
ĭe	6	Special eve	ents and activities (complete applicable parts of Schedule G). If any amount is fr	om	gaming	ı, check here ►	┖┸╢			
Revenue	a	Gross rever	enue (not including \$4 , 815. of contributions							
æ		reported or		ia_		10,9	60.			
	b		\$(' · · · · · · · · · · · · · · · · · ·	<u>b</u>		10,5	<u>13.</u>			
	C	Net income	B or (1038) from special events and activities (Subtract line 6b from line 6a)		1		L	6c	447.	
	7a	Gross sales	s of inventory, less returns and aljowances	a						
	b			'b						
	C		fit or Ness from sales of Inventory (Subtract line 7b from line 7a)				_	7c		
	8		nue (describe SEI	<u>E</u>	STA	PEMENT	<u>2</u>)	8	7,105.	
_	9		nue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8					9	136,626.	
	10		•	ΓM	T 3		-	10	3,000.	
	11	-	aid to or for members				-	11		
penses	12		ther compensation, and employee benefits				F	12	4 545	
ë	13		nal fees and other payments to independent contractors				-	13	4,513.	
Exp	14		y, rent, utilities, and maintenance				F	14		
	15		ublications, postage, and shipping	_	C		╸┞	15	124 020	
	16			<u> </u>	STA	PEMENT	1)	16	134,932.	
	17		enses Add lines 10 through 16					17	142,445.	
ţ	18		(deficit) for the year (Subtract line 17 from line 9) or fund balances at beginning of year (from line 27, column (A))				-	18	-5,819.	
Net Assets	19		e with end-of-year figure reported on prior year's return)					40	120 174	
Ä,	20		re with end-or-year lighte reported on prior year's return) nges in net assets or fund balances (attach explanation)				- 1	19	120,174.	
ž	21		or fund balances at end of year. Combine lines 18 through 20					20	114,355.	
P	art II		ICE Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more,	fıla	Form 00	20 instead of Fo	rm 000	21	114,333.	
•	<u> </u>		(See the instructions for Part II.)	IIIC		A) Beginning of		T.	(B) End of year	
22	Cas	h savinos a	and investments		<u> </u>	120,		22	112,531.	
₹ ₂₃		d and buildii						23		
ر 4پري			lescribe INVENTORY		, 🗀		0.	_	1,824.	
ر 25		al assets		_		120,			114,355.	
26			s (describe > ACCOUNTS PAYABLE) [44.		0.	
27	' Net		und balances (line 27 of column (B) must agree with line 21)	_		120,			114,355.	
932	2171	LILA E-	Day And and Day and Day at a And Market and Andreas and Andreas are						F==== 000 E7 (0000)	

AMERICAN WATER WORKS ASSOCIATION

Fori	m 990-EZ	(2009)	HAWAII	SECTION			99-	01657	72 Page 2
P	art III	Staten	nent of Prog	ram Service Accomplishm	ents (See the instructions for	Part III.)			xDenses
_				t purpose? SEE STATEMEN	•			-	or section 501(c)(3)
		_		ing out the organization's exempt p		una mannar dasar	ubo.		1) organizations and
			•	f persons benefited, and other relev	•		ibe	section 494 for others)	7(a)(1) trusts, optional
_				persons benefited, and other relev	ant information for each pro-	gram title		ior others)	
28	255	STAT	rement 5	-					
								1 1	
	(Grants	\$	3,00	0 •) If this amount includes foreign	grants, check here	>		28a	135,397.
29					-			Til	
							$\overline{}$		
	(Grants	<u> </u>) If this amount includes foreign	i grants, check here			29a	
30				· .					
									
	(Grants	\$) If this amount includes foreign	grants, check here	•		30a	
31	Other p	rogram se	ervices (attach	schedule)					
	(Grants	. •	· · · · · · · · · · · · · · · · · · ·) If this amount includes foreign	a grants check here			31a	
30			onico evacac	es (add lines 28a through 31a)	r granto, oncox noro		_	32	135,397.
D.	art IV	liet of	Officers Di	rectors, Trustees, and Key	Employees		<u> </u>		<u> </u>
	artiv	LISCOI	Officers, Di	rectors, riustees, and rey	Linployees. List each one e	ven if not compensated	T		
					(b) Title and average hours	(c) Compensation		ontributions	(e) Expense
			(a) Name	and address	per week devoted to	(If not paid, enter		employee fit plans &	account and
			, ,		position	-0)		eferred	other allowances
					· ·	'		pensation	
DA	RYL	HIRON	fOTO		CHAIR			·	
				ONOLULU, HI 96819	5.00	0.		0.	0.
				1268 KAAHUMANU	VICE CHAIR/ST				· ·
					1		LAN		
	REET			L CITY, HI 96782	5.00	0.	_	0.	0.
				BISHOP STREET,	SECRETARY	_			
St	JITE	1900,	HONOLU	LU, HI 96813	11.00	0.		0.	0.
R]	CHAR	D SUN	1ADA, 34	5 KEKUANAOA	TREASURER/FIN	ANCE			
SI	REET	r, SUI	TE 20,	HILO, HI 96720	5.00	0.		0.	0.
				66-079 KAMEHAMEHA			†		
	GHWA			HI 96712	5.00	0.		0.	0.
				099 ALAKEA STREET,	PAST CHAIR/AW		 	<u> </u>	· · ·
					 1	I .		_	_
				LU, HI 96813	5.00	0.	-	0.	0.
				95-1099 AINAMAKUA	AT-LARGE TRUS				_
			LANI, H		5.00	0.		0.	0.
<u>c.</u>	MIC	HAEL	STREET,	94-408 AKOKI_	AT-LARGE TRUS	TEE			
SI	REET	r, SUI	TE 201A	, WAIPAHU, HI	5.00	0.		0.	0.
St	JSAN	S. UY	ESUGI.	630 SOUTH	BWS TRUSTEE				
				HONOLULU, HI 96843		0.		0.	0.
				132 BISHOP STREET,					
				LU, HI 96813	5.00	0.		0.	0.
							-		<u> </u>
				151 PUNCHBOWL	GOVERNMENT TR			_	_
				<u>HONOLULU, HI 96813</u>		0.		0.	0.
KE	EN OT	'A, 36	8 LEHUA	KONA STREET,	MANUFACTURER	TRUSTEE			
K.P	HULU	JI, HJ	96732		5.00	0.		0.	0.
				KUANAOA STREET,	WATER UTILITY	TRUSTEE			
			HILO, HI		5.00	0.		0.	0.
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Forn	1990-EZ (2009) HAWAII SECTION 99-01	65772		Page 3
È	art V Other Information (Note the statement requirements in the instructions for Part V)	03112		. ugo e
	The state of the statement requirements in the instructions for rare vy		Vas	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	103	X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	 	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not	-34		
JJ	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,	35a	x	
	and proxy tax requirements?	35a 35b	X	
	If "Yes," has it filed a tax return on Form 990-T for this year?	350	<u> </u>	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	100		x
A7 -	complete applicable parts of Sch. N	36		<u> </u>
	Enter amount of political expenditures, direct or indirect, as described in the instructions.	0.		.
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	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		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9 N/A			
b	· · · · · · · · · · · · · · · · · · ·			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► 0 . ; section 4912 ► ; 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	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
		<u>. </u>		
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the		Ì	
		<u>. </u>		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	1		l
	transaction? If "Yes," complete Form 8886-T	40e	L	X
41	List the states with which a copy of this return is filed. NONE			
42 a	The organization's books are in care of ► RICHARD SUMADA Telephone no. ► (808)			88
		► <u>9672</u>	<u>U</u>	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			T A.F.
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		res	No
	account)?	42b	-	X
	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	L	X
	If "Yes," enter the name of the foreign country:	_		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	/-		Ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			<u> </u>	TAF
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44	1	X
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	45		<u> </u>
		Form 9	190-EZ	(2009)

AMERICAN WATER WORKS ASSOCIATION

Form	990-EZ	(2009)

HAWAII SECTION

99-0165772

Page 4

office? If "Yes," complete Schedule C, Part I 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 48 Is the organization a school as described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E 48 48	Parl	Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt charitable and 51				section		
office? If "Yes," complete Schedule C, Part II ### Dot the organization and active as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule C, Part II ### Is the organization aschol as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E ### Diffice organization aschol as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E ### Diffice organization aschol as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E ### Diffice organization aschol as described organization? ### Diffice and average hours than \$100,000 of compensation from the organization. If there is none, enter "None." ### Total number of other employees paid over \$100,000 ### Total number of other employees paid over \$100,000 ### Total number of other employees paid over \$100,000 ### Total number of other employees paid over \$100,000 ### Total number of other employees paid over \$100,000 ### Total number of other employees paid over \$100,000 ### Total number of other employees paid over \$100,000 ### Total number of other employees paid over \$100,000 ### Total number of other employees paid over \$100,000 ### Total number of other employees paid over \$100,000 ### Total number of other employees paid over \$100,000 ### Total number of other employees paid over \$100,000 ### Total number of other employees paid over \$100,000 ### Total number of other employees paid over \$100,000 ### Total number of other employees paid over \$100,000 ### Total number of other employees paid over the paid of	46 D	id the organization engage in direct or indirect political campaign activities	s on behalf of or in opposition to o	andidates for public			Yes	No
48 Is the organization as chool as described in section 170(b) (1/A(iii)* If "Yes," complete Schedule E 49			.,	·		46	-	Х
49a Diff the organization make any transfer to an exempt non-charatable related organization? 49a 49b 49b 10 Complete the table for the organization is the hiphest compensated employees (other than officers, directors, trustees and key employees) who each received minan \$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 NONE (b) Title and average hours per week devoted to position in the organization in the organization. If there is none, enter "None." (c) Compensation being the stable for the organization in the hiphest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each employees paid over \$100,000 1 Total number of other employees paid over \$100,000 (b) Type of service (c) Compensation from the organization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation from the organization. If there is none, enter "None." NONE (d) Annual and address of each independent contractor paid more than \$100,000 (e) Expension (f) Total number of other employees paid over \$100,000 (h) Type of service (e) Compensation from the organization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation from the organization. If there is none, enter "None." NONE (d) Total number of other independent contractors each receiving over \$100,000 (e) Expension (f) Compensation from the organization from the organization of the organization. If there is none, enter "None." (e) Expension (f) Compensation (f) Compensation (g) Compensation (h) Type of service (g) Compensation (h) Type of service (g) Compensation (g) Compensation (g) Compensation (g) Compensation (g) Compensation (g) Compensation (g) Co	47 D	id the organization engage in lobbying activities? If "Yes," complete So	chedule C, Part II			47		Х
b If Visc, I was the related organization a section S27 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received m 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 NONE (b) Title and average hours per week devoted to position (c) Compensation per week devoted to position (d) Contributions to employee and other allows a compensation of the employee paid more than \$100,000 1 Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter None: NONE (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (d) Contributions to employee and expense and other allows a contractor who each received more than \$100,000 of compensation from the organization. If there is none, enter None: NONE (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation from the organization. If there is none, enter None: NONE (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation from the organization from the organization from the organization. If there is no none enter the none enterties the none enterties of the paid of the	48 Is	s the organization a school as described in section 170(b)(1)(A)(ii)? If "Yo	es," complete Schedule E			48_		X
Complete the table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received in 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 NONE (b) Title and average hours per week devoted to position (c) Compensation (c) Compensation (d) Contributions to employee benefit plans & account as other allows account as other allows account as other allows. (a) Name and address of each employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation from the organization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation from the organization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation from the organization. If there is none, enter "None." (c) Compensation from the organization. If there is none, enter "None." (c) Compensation from the organization from the organization. If there is none, enter "None." (c) Compensation from the organization from the organization from the organization from the organization from the organization. If there is none, enter "None." (c) Compensation from the organization from th	49a D	id the organization make any transfers to an exempt non-charitable relate	ed organization?			49a		X
(a) Name and address of each employee paid more than \$100,000 frompensation from the organization. If there is none, enter "None." (b) Title and average hours per week devoted to position (c) Compensation (c) Compensation from the organization from the organizat	b If	"Yes," was the related organization a section 527 organization?				49b		<u> </u>
(a) Name and address of each employee paid more than \$100,000 NONE 1 Total number of other employees paid over \$100,000 Complete this table for the organizations five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation from the organization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation from the organization of prayry, it declare than the return, including a coordination of which pregiver has any knowledge and belief, it is true, contractor, and springly find belief aligned by the present of the prayer is identifying number (See instr.) You can present the prayer of the than officier) to based on all information of which pregiver has any knowledge and belief, it is true, contractor and springly find the present in the present is signature. You can be present that have examined this return, including a coordination of which pregiver has any knowledge. You can be present that the present is signature. You can be present that the present is signature. You can be present that the present is signature. You can be present that the present is signature. You can be present that the present is signature. You can be present that the present is signature. You can be present that the present is signature. You can be present that the present is signature. You can be present that the present is signature. You can be present that the present is signature. You can be present to the present that the present is signature. You can be present that the present is signature. You can be present that the present is signature. You can be present that the present is signature. You can be present that the present is signature. You can be present that the present is a can be present to the pres				s, trustees and key er	mployees) who e	ach rei	ceived	more
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (c) Compensation (d) Total number of other independent contractors each receiving over \$100,000 (e) Type of service (f) Compensation (g) Compensation (h) Type of service (g) Compensation (h) Type of service (h)		than \$100,000	per week devoted to	(c) Compensation	to employee benefit plans & deferred	a othe	count	and
NONE (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation 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 gomplife Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Yellow Signature of officer	51 C	omplete this table for the organization's five highest compensated indepe	endent contractors who each receive	ved more than \$100,	.000 of compens	ation fi	rom the	
d Total number of other independent contractors each receiving over \$100,000 Under penalties of perguy, 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 gamplyfe Declaration of prepare (other than offices) is based on all information of which prepare has any knowledge Violation Viol		NONE	ra than \$100,000	(h) Type of cor	2400	N Com	nancai	
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 X I I I I I I I								
Sign Here Correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge X 10 18 10	d T	otal number of other independent contractors each receiving over \$100,0	00	>				
Preparer's Use Only Hirm's name (or yours Iself-employed). AKAMINE, OYADOMARI & KOSAKI, CPA'S, INC. Iself-employed). AKAMINE, OYADOMARI & KOSAKI, CPA'S, INC. Phone Phone		Signature of officer X Richard Sumada Tensure	accompanying schedules and statemen ill information of which preparer has any	ts, and to the best of my knowledge	knowledge and be	lief, it is 1 10	true,	
if self-employed). ▶1440 KAPIOLANI BLVD, SUITE 900 Phone▶	Prepar	er's TEPENCE Y AKAMINE	10/13/10 emp	loyed		ımber (See instr)
		riself-employed). AKAMINE, OYADOMARI & 1 1440 KAPIOLANI BLVD,	SUITE 900	Phon	e >	941	-05	00
May the IRS discuss this return with the preparer shown above? See instructions	May the	e IRS discuss this return with the preparer shown above? See instructions	S		▶ [No

SCHEDULE A

(Form 990 or 990-EZ)

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.

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

AMERICAN WATER WORKS ASSOCIATION HAWAII SECTION

Employer identification number 99-0165772

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st comple	te this part	t) See ins	tructions			_
he organ			because it is (For lines 1								_
1 🛄			s, or association of churc	_).			
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)							
3			tal service organization of		ın section	170(b)(1)	(A)(iii).				
4	A medical res	search organization	operated in conjunction	with a hos	pital desc	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter t	the hospital's name,	
	city, and stat	te ⁻									
5	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or or	perated by	a governi	mental uni	t describ	ed in	_
	section 170	(b)(1)(A)(iv). (Compl	ete Part II)								
6	A federal, sta	ate, or local governm	ent or governmental und	t described	d in sectio	n 170(b)(1	I)(A)(v).				
7	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	general	public described in	
	section 170((b)(1)(A)(vi). (Comple	te Part II)								
8 🗌	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II)						
9 X	An organizati	on that normally rec	eives (1) more than 33 1	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, ar	nd gross receipts from	ı
	activities rela	ited to its exempt fu	nctions - subject to certa	an excepti	ons, and (2) no more	than 33 1	1/3% of its	support	from gross investment	t
	income and i	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization a	after June 30, 1975	
	See section	509(a)(2). (Complete	e Part III)								
10	An organizati	ion organized and o	perated exclusively to te	st for publ	c safety S	See sectio	n 509(a)(4	\$).			
11 📖			perated exclusively for th								
	more publicly	supported organization	ations described in section	on 509(a)(1	1) or section	on 509(a)(2	e) See se o	ction 509(a	a)(3). Che	eck the box that	
		- · · · ·	organization and comple		-				_	٦	
	a L Type I		•	• •	e III - Fund	•	•		d L	Type III - Other	
е 📖	By checking	this box, I certify that	at the organization is not	controlled	directly o	r ındırectly	by one o	r more disc	qualified	persons other than	
	foundation m	nanagers and other t	han one or more publicly	y supporte	d organiza	itions desc	cribed in s	ection 509	9(a)(1) or	section 509(a)(2)	
f	If the organiz	ation received a writ	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III		_	_
		rganızatıon, check tl									
g	_		organization accepted ar			-					_
		•	lirectly controls, either al	one or tog	ether with	persons d	lescribed	ın (ıi) and (ı	ııi) below,		<u>'</u>
	•	• •	upported organization?							11g(i)	_
	• •	•	n described in (i) above?		_					11g(ii)	
_		·	person described in (i) o							11g(iii)	_
h	Provide the fo	ollowing information	about the supported org	ganization((S)						
		1	(iii) Type of					L (vi) lo	tho		_
	of supported	(ii) EIN	organization		irganization sted in your	organizat		(vi) Is organization	on in col. I	(vii) Amount of	
org	anızatıon		(described on lines 1-9	governing		(i) of your		(i) organiz U.S	ed in the	support	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No		
			(333		110		- 110	103	"		
					<u> </u>			 	 		_
					 						_
											_
											_
								<u> </u>	<u> </u>		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

	edule A (Form 990 or 990 EZ) 2009						Page 2
Pa	art II Support Schedule for	-			0(b)(1)(A)(iv) an	ıd 170(b)(1)(A)(ı	/i)
_	(Complete only if you checke	d the box on line t	5, 7, or 8 of Part I)	·			
Se	ction A. Public Support			,			
Cal	endar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")					<u> </u>	
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf					<u> </u>	
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)						
_	• •		-	 		-	
	Public support. Subtract line 5 from line 4 ction B. Total Support	<u> </u>		J			
_		(=) 000E	(h) 0006	(-) 0007	/-N 0000	4-3-0000	(A T-4-1
	endar year (or fiscal year beginning in) Amounts from line 4	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
8	Gross income from interest,			 	- 		
0	,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business			1		 	
9	activities, whether or not the						
	business is regularly carried 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						
12	Gross receipts from related activities,	etc (see instructi	ione)		-J	12	
13	First five years. If the Form 990 is for			rd fourth or fifth	tax vear as a section		
	organization, check this box and stor		o mot, 0000ma, trii	o, routan, or mar	tax your do d oooti	511 00 1 (0)(0)	
Se	ction C. Computation of Publ		rcentage			· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2009 (line 6. column (f) d	livided by line 11.	column (fl)		14	%
	Public support percentage from 2008					15	%
	33 1/3% support test - 2009.If the o			n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies					,	▶□
b	33 1/3% support test - 2008. If the o	rganization did no	t check a box on I	ine 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						ightharpoons
17a	10% -facts-and-circumstances tes	t - 2009.If the org	anization did not o	heck a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	_					•
	meets the "facts-and-circumstances"					3	ightharpoons
b	10% -facts-and-circumstances tes	•	•		•	17a, and line 15 is 1	10% or
	more, and if the organization meets the	-				•	
	organization meets the "facts-and-circ				•		ightharpoons
18	Private foundation. If the organization				-		s ▶□

AMERICAN WATER WORKS ASSOCIATION

Schedule A (Form 990 or 990-EZ) 2009 HAWAII SECTION 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.)

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Section A. Public Support (b) 2006 (c) 2007 Calendar year (or fiscal year beginning in) (a) 2005 (d) 2008(e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not 28,645. 20,723. 150,145. include any "unusual grants") 15,569 23,897. 61,311. 2 Gross receipts from admissions. merchandise sold or services performed, or facilities furnished in any activity that is related to the 531,363. 122,740. 112,564. 107.159. 97.886. 91,014. organization's tax-exempt purpose 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 121,783. 184,051. 141,209. 127.882. 681,508. 106,583. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 0. 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 0. amount on line 13 for the year 0. c Add lines 7a and 7b 681,508. 8 Public support (Subtract line 7c from line 6) Section B. Total Support (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (f) Total Calendar year (or fiscal year beginning in) (e) 2009 121,783. 184,051. 141,209 127,882 681,508. 106,583 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 1,007. 1,201 1,345 1,670 1,192 6,415. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 1,201. 1,345. 1,670. 1,192 1,007 6,415. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital 13.237. 10.169. 16.445. 16,863. 18,065. assets (Explain in Part IV) 120,827. 133,153. 201,841. 159,742. 147.139. 762,702. Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 89.35 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f) 15 % 88.85 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .84 17 % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f) 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 .86 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 $\triangleright [X]$ b 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 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009

FORM 990-EZ	OTHER	EXPENSES	STATEMENT 1
DESCRIPTION			TRUOMA
PAYROLL TAXES OFFICE EXPENSES INFORMATION TECHNOLOGY TRAVEL CONFERENCES, CONVENTIONS, A INSURANCE UNRELATED BUSINESS INCOME T			44. 2,888. 321. 2,308. 128,981. -42. 415. 17.
TOTAL TO FORM 990-EZ, LINE	16		134,932.
FORM 990-EZ	OTHER	REVENUE	STATEMENT 2
DESCRIPTION			AMOUNT
SALE OF WEBSITE ADS SALE OF NEWSLETTER/CONFEREN	CE BOOKLET A	ADS	1,365. 5,740.
TOTAL TO FORM 990-EZ, LINE	8		7,105.

FORM 990-EZ CASH GRANTS AND ALLOCA	ATIONS	STATEMENT	3
CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUN'	r
SCHOLARSHIP	NONE	1,5	00.
SCHOLARSHIP	NONE	1,5	00.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		3,0	00.

FO	RM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS			S'	PATE	MENT	4
A)	DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	•	[]	YES	[x]	NO
B)	DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	• •	. []	YES	[X]	NO

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STATEMENT

5

WATER INDUSTRY PROFESSIONALS AND OPERATORS ARE KEPT INFORMED OF THE LATEST TECHNOLOGIES, EQUIPMENT, RULES AND REGULATIONS. SERVICES PROVIDED CONSIST OF CONDUCTING WORKSHOPS AND SEMINARS DESIGNED TO ENHANCE INDUSTRY STANDARDS AMONG ITS MEMBERS. 50 MEMBERS ATTENDED THE FEBRUARY 2009 WORKSHOP. 212 MEMBERS ATTENDED THE ANNUAL CONFERENCE CONDUCTED IN MAY 2009 AND 65 MEMBERS ATTENDED THE PRE-CONFERENCE.

WINTERN MOTER MOUND CODOCTATION HANDI	AMERICAN	WATER	WORKS	ASSOCIATION	HAWATT
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990-EZ PG 2 STATEMENT 6

PROVIDE EDUCATIONAL SERVICES TO WATER INDUSTRY PROFESSIONALS.