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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)
Sponsonng organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
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

OMB No 1545-1150

2010

Open to Public

Inspection

| Iline 6c)  7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors on the company, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Net assets or fund balances at end of year Combine lines 18 through 20 19 Net assets or fund balances at end of year Combine lines 18 through 20 10 Crack Time Total Combine lines 18 through 20 11 Total Combine Interest Inte   | Α          | For the     | 2010 calend      | lar year, or tax year beginning , and ending   |                                |              |                     |  |  |  |  |
|--|------------|-------------|------------------|--|--------------------------------|--------------|---------------------|--|--|--|--|
| Towns Change   Towns SECTION   Number of the detail (or P to Dox, if main not delivered to street address)   Roominute   23-70261.38   | В          | Check if    | applicable       | D Emplo  | Employer identification number |              |                     |  |  |  |  |
| Mulmber and street (c.P.P. Dox, of mail in ord delivered to street address)  |            | Address     | change           | AMERICAN WATER WORKS ASSOCIATION   | 1                              |              |                     |  |  |  |  |
| Temperate   Amended relum   Amended relum   DES MOTNES   TA 50309   Forum Exemption   Number   DES MOTNES   TA 50309   Forum Exemption   The temperature   Temperatur   |            | Name ch     | hange            | <u>23-</u>   | ·7026138                       |              |                     |  |  |  |  |
| Amended return Appleation pending DES MOTINES  TA 50309    F Group Exemption   |            | Initial ret | turn             | Number and street (or P O box, if mail is not delivered to street address)                                 | om/suite                       | E Telepho    | one number          |  |  |  |  |
| Application pending  |            | Termina     | ited             | 100 COURT AVENUE 20  | 3                              | 515          | <u>5-283-8751</u>   |  |  |  |  |
| Websitz:   Market   Action   Access Other (apochy)   Market   Action   A  |            | Amende      | ed return        |  |                                | F Group      | Exemption           |  |  |  |  |
| Website:   WWW T.AÄNWA.ORG   Tax-exempt status (check only one)   Xi 501(c)(1)   \$01(c)   \$01(c) |            | Applicati   | ion pending      | DES MOINES IA 50309  |                                | Numb         | er 🕨                |  |  |  |  |
| Tax-exempt status (cincek only one)  | G          | Account     | ing Method       | X Cash   | H Check ▶                      | if the       | organization is not |  |  |  |  |
| Revenue   Section   Sect   | ı          | Website     | e: ▶ <u>WW</u>   | W.IA-AWWA.ORG  | required to                    | attach Scho  | edule B             |  |  |  |  |
| En sou Sez de Form 900-EZ er Form 1 (b) below) are \$500,000 or more, file Form 900-EZ er Form 1 (b) below) are \$500,000 or more, file Form 900-EZ er Form 1 (b) below) are \$500,000 or more, file Form 900-EZ er Form 1 (b) below) are \$500,000 or more, file Form 900-EZ er Form 1 (b) below) are \$500,000 or more, file Form 900-EZ er Form 1 (b) Expenses, and Similar amounts received er Form 900-EZ er Form 1 (b) Expenses, and Similar amounts received er Form 900-EZ er Form 1 (b) Expenses, and Similar amounts received er Form 900-EZ e  | <u>J</u>   | Tax-exe     | empt status (ch  | neck only one) — X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 527                                   | (Form 990                      | , 990-EZ, or | 990-PF)             |  |  |  |  |
| L Add ines 5b, 6c, and 7b, to line 8 to determine gross receipts are \$200,000 or more, or if total assets (Part II)  Ine 25, column (5) below) are \$500,000 or more, file form 990 instead of Form 990-EZ  Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)  Check if the organization used Schedule O to respond to any question in this Part I.  1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 1 Mombership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5 b Less cost or other basis and sales expenses 6 Gam or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events (add lines 6a and 6b and subtract line 6c) Inne 6c) 10 Gross sales of inventory, less returns and allowances 17a Gross sales of inventory, less returns and allowances 17a Gross sales of inventory, less returns and allowances 17a Gross sales of inventory, less returns and allowances 17a Gross sales of inventory, less returns and allowances 17a Gross sales of inventory, less returns and allowances 17a Gross sales of inventory, less returns and allowances 17a Gross sales of inventory, less returns and allowances 17a Gross sales of inventory, less returns and allowances 17a Gross sales of inventory, less returns and allowances 17a Gross sales of inventory, less returns and allowances 17b Gross sales of inventory, less returns and allowances 17a Gross sales of inventory, less returns and allowances 17b Gross sales of inventory, less returns and allowances 17a Gross sales of inventory, less returns and allowances 17b Gross sales of inventory, less returns and allowances 17c Gross sales of inventory (subtract line 7b from l   | K          | Check       | ▶ ☐ If the o     | organization is not a section 509(a)(3) supporting organization and its gross receipts are normally no     | ot more than \$                | 50,000 A     |                     |  |  |  |  |
| L Add lines \$b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II)  Index 25, column (8) below) are \$500,000 or more, file from 900-EZ  Part I   |            | Form 99     | 0-EZ or Form 9   | 90 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if t       | he organization                | n chooses    |                     |  |  |  |  |
| Interest   Part  |            | to file a   | retum, be sure t | to file a complete return  |                                |              |                     |  |  |  |  |
| Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)  Check if the organization used Schedule O to respond to any question in this Part I.  1 Chribbons, sifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory 6 Less cost or other basis and sales expenses 7 Cain or (loss) from sale of assets other than inventory (Subtract line 5b) 8 Caming and fundraising events 9 Caming and fundraising events 9 Caming and fundraising events (not including \$ of contributions from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 9 Cross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 10 Cross sales of inventory, less returns and allowances 10 Less direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 11 Cross sales of inventory, less returns and allowances 12 Cross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 13 Cross sales of inventory, less returns and allowances 14 Cross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 15 Cross sales of inventory, less returns and allowances 16 Cross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 16 Cross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 17 Cross long frees and other payments to independent contractors of the sale of the sa  | L          | Add line    | s 5b, 6c, and 7t | o, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Par | t II,                          |              |                     |  |  |  |  |
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| 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors of the Cocupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20  7a   | =          | d           |                  |  |                                |              |                     |  |  |  |  |
| Solution revenue (describe in Schedule O)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors of the Cocupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20  10  10  11  12  13  11,510  13  11,510  15  3,838  OGDEN, UT  16  17  157,233  18  17,435   | $\bigcirc$ | ļ           | •                | 1-1  |                                | 6d           | <del></del>         |  |  |  |  |
| Solution revenue (describe in Schedule O)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors of the Cocupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20  10  10  11  12  13  11,510  13  11,510  15  3,838  OGDEN, UT  16  17  157,233  18  17,435   |            | 1 -         |                  | ·  |                                | -            |                     |  |  |  |  |
| Solution revenue (describe in Schedule O)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors of the Cocupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20  10  10  11  12  13  11,510  13  11,510  15  3,838  OGDEN, UT  16  17  157,233  18  17,435   | Ş          | b           |                  | •  |                                |              |                     |  |  |  |  |
| Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors of the Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20  21 118,839   | ₹          | 1           | •                | • •  |                                |              | 275                 |  |  |  |  |
| Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9)  Net assets or fund balances at end of year (fund balances (explain in Schedule O)  Net assets or fund balances at end of year Combine lines 18 through 20  RECEIVED  RECEIVED  10  11  12  13  11,510  14  OCDEN, UT  15  RECEIVED  11  12  13  11,510  14  OGDEN, UT  15  15  3,838  16  141,885  17  17  18  18  19  19  19  10  10  11  12  13  11,510  14  15  15  3,838  16  16  141,885  17  17  17  17  17  17  18  18  17  18  18  | 2          | 1           |                  | ,  |                                |              |                     |  |  |  |  |
| 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors of the company of the payments to independent contractors of the company of the payments to independent contractors of the printing, publications, postage, and shipping to the expenses (describe in Schedule O) 15 Printing, publications, postage, and shipping to the expenses (describe in Schedule O) 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 118,839   | <u> </u>   | 1           | •                | similar and (later Caledda O)  | 7                              |              | 1/4,000             |  |  |  |  |
| Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors of the company of the compensation, and employee benefits  14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20  12   |            |             |                  | 1 RECEIVED   | 1                              |              | <del></del>         |  |  |  |  |
| 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20  15 3,838 16 141,885 17 157,233 18 17,435 19 101,404   |            |             |                  | ( <del>                                     </del>   |                                |              |                     |  |  |  |  |
| 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20  15 3,838 16 141,885 17 157,233 18 17,435 19 101,404   | es         | 12          | Salaries, ou     | ther compensation, and employee benefits   | 3{                             |              | 11 510              |  |  |  |  |
| 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20  15 3,838 16 141,885 17 157,233 18 17,435 19 101,404  | e          | 13          |                  | miles and other payments to independent contractorsor MAY 1 6 2011   | 5 <del> </del> ·               |              | 11,510              |  |  |  |  |
| 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20  16 141,885 17 157,233 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 17,435 19 101,404  | X          | 14          |                  | bleations posters and shipping   | ≤                              |              | 3 838               |  |  |  |  |
| 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  16 121,033  17 157,233  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  18 17,435  19 101,404  20 20  21 118,839  |            | 13          |                  |  |                                |              |                     |  |  |  |  |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20  18 17,435  19 101,404  20 21 118,839   |            |             | •                |  |                                |              |                     |  |  |  |  |
| 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20  21 118,839   | _          |             | _                |  |                                |              |                     |  |  |  |  |
| 21 Net assets or fund balances at end of year Combine lines 18 through 20  | ξ          | 10          |                  |  |                                | 10           | 11,133              |  |  |  |  |
| 21 Net assets or fund balances at end of year Combine lines 18 through 20  | 93         | ן וא        |                  |  |                                | 10           | 101 404             |  |  |  |  |
| 21 Net assets or fund balances at end of year Combine lines 18 through 20  | Ă          | 20          |                  |  | •                              |              | 101,303             |  |  |  |  |
|  | ž          | 24          |                  | •  | •                              | . —          | 118.839             |  |  |  |  |
| For Paperwork Reduction Act Notice, see the separate instructions.   |            |             |                  |  |                                |              |                     |  |  |  |  |

| Form 990-EZ (2010) AMERICAN WA   | TER WORKS ASSOCI  | ATION 2  | 3-7026138                                      |  |                               | Page 2                                      |
|--|---|--|--|--|-------------------------------|---|
| Part II Balance Sheets. (see the   | •   |  |  |  |                               |   |
| Check if the organization use  | ed Schedule O to respond to   | any question in this   |  |  | ··-                           |   |
| •  |   | _  | (A) Beginning of year                          | <del></del>                                | (B) Er                        | nd of year                                  |
| 22 Cash, savings, and investments  |   | _  | 101,40   | _  | -                             | 118,839                                     |
| 23 Land and buildings  |   | -  | ***  | 0 23                                       |                               |   |
| 24 Other assets (describe in Schedule O)   |   | <b>-</b>   | 101,40   | 0 24                                       | -                             | 118,839                                     |
| 25 Total assets  | •   |  | 101,40   |  | -                             | 110,039                                     |
| 26 Total liabilities (describe in Schedule O)  | luma (B) much agree with lune 24  | , <u> </u>   | 101,40   |  | <del> </del>                  | 118,839                                     |
| 27 Net assets or fund balances (line 27 of co  | Service Accomplishment  |  |  | 21   | Evne                          | enses                                       |
|  | ed Schedule O to respond to   | ·  | · (=   | [] /R                                      | equired fo                    |   |
| What is the organization's primary exempt purp   |   | any question in tino   |  | =  |                               | d 501(c)(4)                                 |
| See Schedule O   |   |  |  |  |                               | s and section                               |
| Describe what was achieved in carrying out the   | organization's exempt purposes  | In a clear and concis  | e manner, describe                             | _  | •                             | rusts; optional                             |
| the services provided, the number of persons be  | _   |  |  |  | r others)                     |   |
| 28 See Schedule O  |   |  |  |  |                               | <u> </u>                                    |
|  |   |  |  |  | 1                             |   |
|  |   |  |  | _  |                               |   |
| (Grants \$ ) If the  | s amount includes foreign grants  | , check here   | <b>•</b>                                       | 28a  |                               | 142,005                                     |
| 29 EDUCATIONAL AND CURRENT EVENTS  | NEWSLETTER PROVIDED TO  | THE  |  |  | 1                             |   |
| MEMBERSHIP.  |   |  |  |  |                               |   |
|  |   |  | ــــــــــــــــــــــــــــــــــــــ         | _  |                               |   |
| (Grants \$ ) If the  | s amount includes foreign grants  | , check here   | <u> </u>                                       | 29a  |                               | 3,442                                       |
| 30   |   |  |  | 1  |                               |   |
|  |   |  |  |  |                               |   |
|  |   |  |  | ¬  |                               |   |
|  | s amount includes foreign grants  | s, check here  | <u> </u>                                       | 30a  |                               |   |
| 31 Other program services (describe in Sched   | ·   | ahaalahaa  | . □  | _ ا م                                      |                               |   |
|  | s amount includes foreign grants  | s, check here  |  | <u> 31a</u><br>► 32                        |                               | 145,447                                     |
| 32 Total program service expenses (add line Part IV List of Officers, Directors, Tru   | s 26a through 31a)<br>Istees, and Key Employees. Lis  | t each one even if r   | ot compensated (                               | <u> </u>                                   | instruction                   |   |
| Check if the organization us   |   |  |  | see tile i                                 | iii Sti u Cti Oi              | is ioi rait iv.)                            |
|  |   | anv attaction in thic  | Part IV  |  |                               | 1 1   |
| Officer if the organization as   | ed Schedule O to respond to   | (a) Title and average  | (c) Compensation                               | (d) Contrib                                |                               | (e) Expense                                 |
| (a) Name and add   |   | (a) Title and average hours per week   | (c) Compensation<br>(If not paid, e            | (d) Contrib<br>mployee ben<br>deferred con | efit plans &                  | (e) Expense account and other allowances    |
|  |   | (a) Title and average  | (c) Compensation<br>(If not paid, e            | mplóyee ben                                | efit plans &                  | account and                                 |
| (a) Name and add   | dress   | (a) Title and average hours per week devoted to position   | (c) Compensation<br>(If not paid, e            | mplóyee ben                                | efit plans &                  | account and                                 |
| (a) Name and add   | dress   | (a) Title and average hours per week devoted to position  PAST CHAIR   | (c) Compensation<br>(If not paid,<br>enter -0) | mplóyee ben                                | nefit plans & npensation      | account and other allowances                |
| (a) Name and add TIM WILSON 205 E STATE STREET   | dress  MARSHALLTOWN  IA 50158   | (a) Title and average hours per week devoted to position  PAST CHAIR 4.00  | (c) Compensation<br>(If not paid,<br>enter -0) | mplóyee ben                                | nefit plans & npensation      | account and other allowances                |
| TIM WILSON 205 E STATE STREET TED CORRIGAN   | MARSHALLTOWN IA 50158 DES MOINES  | (a) Title and average hours per week devoted to position  PAST CHAIR  4.00  SEC-TREAS  | (c) Compensation<br>(If not paid,<br>enter -0) | mplóyee ben                                | nefit plans & npensation      | account and<br>other allowances             |
| (a) Name and add TIM WILSON 205 E STATE STREET TED CORRIGAN 2201 GEORGE FLAGG PARKWAY  | MARSHALLTOWN  IA 50158  DES MOINES  IA 50321  | (a) Title and average hours per week devoted to position  PAST CHAIR  4.00  SEC-TREAS  6.00  | (c) Compensation<br>(If not paid,<br>enter -0) | mplóyee ben                                | nefit plans & npensation      | account and<br>other allowances             |
| (a) Name and add  TIM WILSON  205 E STATE STREET  TED CORRIGAN  2201 GEORGE FLAGG PARKWAY  MARK DUBEN  | MARSHALLTOWN  IA 50158  DES MOINES  IA 50321  DES MOINES  | (a) Title and average hours per week devoted to position  PAST CHAIR  4.00  SEC-TREAS  6.00  CHAIR   | (c) Compensation<br>(If not paid,<br>enter -0) | mplóyee ben                                | efit plans & npensation  O    | account and<br>other allowances             |
| (a) Name and add TIM WILSON 205 E STATE STREET TED CORRIGAN 2201 GEORGE FLAGG PARKWAY MARK DUBEN 5525 MERLE HAY ROAD, STE 200  | MARSHALLTOWN IA 50158 DES MOINES IA 50321 DES MOINES IA 50131   | (a) Title and average hours per week devoted to position  PAST CHAIR  4.00  SEC-TREAS  6.00  CHAIR  4.00   | (c) Compensation<br>(If not paid,<br>enter -0) | mplóyee ben                                | efit plans & npensation  O    | account and<br>other allowances             |
| (a) Name and add  TIM WILSON  205 E STATE STREET  TED CORRIGAN  2201 GEORGE FLAGG PARKWAY  MARK DUBEN  5525 MERLE HAY ROAD, STE 200  BOB GREEN   | MARSHALLTOWN  IA 50158  DES MOINES  IA 50321  DES MOINES  IA 50131  DUBUQUE   | (a) Title and average hours per week devoted to position  PAST CHAIR  4.00  SEC-TREAS  6.00  CHAIR  4.00  CHAIR  CHAIR ELECT                                       | (c) Compensation<br>(If not paid,<br>enter -0) | mplóyee ben                                | efit plans & apensation  O  O | àccount and other allowances  0  0          |
| (a) Name and add TIM WILSON 205 E STATE STREET TED CORRIGAN 2201 GEORGE FLAGG PARKWAY MARK DUBEN 5525 MERLE HAY ROAD, STE 200 BOB GREEN 1705 DIANE COURT   | MARSHALLTOWN IA 50158 DES MOINES IA 50321 DES MOINES IA 50131 DUBUQUE IA 52003  | (a) Title and average hours per week devoted to position  PAST CHAIR  4.00  SEC-TREAS  6.00  CHAIR  4.00  CHAIR ELECT  4.00  | (c) Compensation<br>(If not paid,<br>enter -0) | mplóyee ben                                | efit plans & apensation  O  O | àccount and other allowances  0  0          |
| (a) Name and add TIM WILSON 205 E STATE STREET TED CORRIGAN 2201 GEORGE FLAGG PARKWAY MARK DUBEN 5525 MERLE HAY ROAD, STE 200 BOB GREEN 1705 DIANE COURT ED MORENO   | MARSHALLTOWN IA 50158 DES MOINES IA 50321 DES MOINES IA 50131 DUBUQUE IA 52003 IOWA CITY  | (a) Title and average hours per week devoted to position  PAST CHAIR  4.00  SEC-TREAS  6.00  CHAIR  4.00  CHAIR  4.00  TRUSTEE                                     | (c) Compensation (If not paid, enter -0)       | mplóyee ben                                | opensation  O  O  O           | account and other allowances  0  0  0       |
| (a) Name and add TIM WILSON 205 E STATE STREET TED CORRIGAN 2201 GEORGE FLAGG PARKWAY MARK DUBEN 5525 MERLE HAY ROAD, STE 200 BOB GREEN 1705 DIANE COURT ED MORENO 410 E WASHINGTON STREET JOHN DUNN 330 E FIFTH STREET, BLDG 1  | MARSHALLTOWN IA 50158 DES MOINES IA 50321 DES MOINES IA 50131 DUBUQUE IA 52003 IOWA CITY IA 52240 AMES IA 50010-6306                            | (a) Title and average hours per week devoted to position  PAST CHAIR  4.00  SEC-TREAS  6.00  CHAIR  4.00  CHAIR ELECT  4.00  TRUSTEE  2.00  TRUSTEE  2.00          | (c) Compensation (If not paid, enter -0)       | mplóyee ben                                | opensation  O  O  O           | account and other allowances  0  0  0       |
| (a) Name and add TIM WILSON 205 E STATE STREET TED CORRIGAN 2201 GEORGE FLAGG PARKWAY MARK DUBEN 5525 MERLE HAY ROAD, STE 200 BOB GREEN 1705 DIANE COURT ED MORENO 410 E WASHINGTON STREET JOHN DUNN 330 E FIFTH STREET, BLDG 1 CARLA SCHUMACHER                         | MARSHALLTOWN IA 50158 DES MOINES IA 50321 DES MOINES IA 50131 DUBUQUE IA 52003 IOWA CITY IA 52240 AMES IA 50010-6306 AMES                       | (a) Title and average hours per week devoted to position  PAST CHAIR  4.00  SEC-TREAS  6.00  CHAIR  4.00  CHAIR ELECT  4.00  TRUSTEE  2.00  TRUSTEE  2.00  TRUSTEE | (c) Compensation (If not paid, enter -0)       | mplóyee ben                                | O O O O O O                   | account and other allowances  0  0  0  0  0 |
| (a) Name and add TIM WILSON 205 E STATE STREET TED CORRIGAN 2201 GEORGE FLAGG PARKWAY MARK DUBEN 5525 MERLE HAY ROAD, STE 200 BOB GREEN 1705 DIANE COURT ED MORENO 410 E WASHINGTON STREET JOHN DUNN 330 E FIFTH STREET, BLDG 1  | MARSHALLTOWN IA 50158 DES MOINES IA 50321 DES MOINES IA 50131 DUBUQUE IA 52003 IOWA CITY IA 52240 AMES IA 50010-6306                            | (a) Title and average hours per week devoted to position  PAST CHAIR  4.00  SEC-TREAS  6.00  CHAIR  4.00  CHAIR ELECT  4.00  TRUSTEE  2.00  TRUSTEE  2.00          | (c) Compensation (If not paid, enter -0)       | mplóyee ben                                | opensation  O  O  O  O        | account and other allowances  0  0  0  0    |
| (a) Name and add TIM WILSON 205 E STATE STREET TED CORRIGAN 2201 GEORGE FLAGG PARKWAY MARK DUBEN 5525 MERLE HAY ROAD, STE 200 BOB GREEN 1705 DIANE COURT ED MORENO 410 E WASHINGTON STREET JOHN DUNN 330 E FIFTH STREET, BLDG 1 CARLA SCHUMACHER                         | MARSHALLTOWN IA 50158 DES MOINES IA 50321 DES MOINES IA 50131 DUBUQUE IA 52003 IOWA CITY IA 52240 AMES IA 50010-6306 AMES                       | (a) Title and average hours per week devoted to position  PAST CHAIR  4.00  SEC-TREAS  6.00  CHAIR  4.00  CHAIR ELECT  4.00  TRUSTEE  2.00  TRUSTEE  2.00  TRUSTEE | (c) Compensation (If not paid, enter -0)       | mplóyee ben                                | O O O O O O                   | account and other allowances  0  0  0  0  0 |
| (a) Name and add TIM WILSON 205 E STATE STREET TED CORRIGAN 2201 GEORGE FLAGG PARKWAY MARK DUBEN 5525 MERLE HAY ROAD, STE 200 BOB GREEN 1705 DIANE COURT ED MORENO 410 E WASHINGTON STREET JOHN DUNN 330 E FIFTH STREET, BLDG 1 CARLA SCHUMACHER                         | MARSHALLTOWN IA 50158 DES MOINES IA 50321 DES MOINES IA 50131 DUBUQUE IA 52003 IOWA CITY IA 52240 AMES IA 50010-6306 AMES                       | (a) Title and average hours per week devoted to position  PAST CHAIR  4.00  SEC-TREAS  6.00  CHAIR  4.00  CHAIR ELECT  4.00  TRUSTEE  2.00  TRUSTEE  2.00  TRUSTEE | (c) Compensation (If not paid, enter -0)       | mplóyee ben                                | O O O O O O                   | account and other allowances  0  0  0  0  0 |
| (a) Name and add TIM WILSON 205 E STATE STREET TED CORRIGAN 2201 GEORGE FLAGG PARKWAY MARK DUBEN 5525 MERLE HAY ROAD, STE 200 BOB GREEN 1705 DIANE COURT ED MORENO 410 E WASHINGTON STREET JOHN DUNN 330 E FIFTH STREET, BLDG 1 CARLA SCHUMACHER                         | MARSHALLTOWN IA 50158 DES MOINES IA 50321 DES MOINES IA 50131 DUBUQUE IA 52003 IOWA CITY IA 52240 AMES IA 50010-6306 AMES                       | (a) Title and average hours per week devoted to position  PAST CHAIR  4.00  SEC-TREAS  6.00  CHAIR  4.00  CHAIR ELECT  4.00  TRUSTEE  2.00  TRUSTEE  2.00  TRUSTEE | (c) Compensation (If not paid, enter -0)       | mplóyee ben                                | O O O O O O                   | account and other allowances  0  0  0  0  0 |
| (a) Name and add TIM WILSON 205 E STATE STREET TED CORRIGAN 2201 GEORGE FLAGG PARKWAY MARK DUBEN 5525 MERLE HAY ROAD, STE 200 BOB GREEN 1705 DIANE COURT ED MORENO 410 E WASHINGTON STREET JOHN DUNN 330 E FIFTH STREET, BLDG 1 CARLA SCHUMACHER                         | MARSHALLTOWN  IA 50158  DES MOINES  IA 50321  DES MOINES  IA 50131  DUBUQUE  IA 52003  IOWA CITY  IA 52240  AMES  IA 50010-6306  AMES  IA 50010 | (a) Title and average hours per week devoted to position  PAST CHAIR  4.00  SEC-TREAS  6.00  CHAIR  4.00  CHAIR ELECT  4.00  TRUSTEE  2.00  TRUSTEE  2.00  TRUSTEE | (c) Compensation (If not paid, enter -0)       | mplóyee ben                                | O O O O O O                   | account and other allowances  0  0  0  0  0 |
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|              | 990-EZ (2010) AMERICAN WATER WORKS ASSOCIATION 23-7026138  |          | F   | age        |
|--------------|--|----------|-----|------------|
| Pa           | Other Information (Note the statement requirements in the instructions for Part V)   | -        |     |            |
|              | Check if the organization used Schedule O to respond to any question in this Part V  |          | l   | Щ          |
| _            | Pid the area and a second of the second of t |          | Yes | No         |
| 3            | Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed   |          |     | X          |
|              | description of each activity in Schedule O   | 33       |     | ^          |
| 1            | Were any significant changes made to the organizing or governing documents? If "Yes," attached a conformed   |          |     |            |
|              | copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the  |          |     | X          |
|              | change on Schedule O (see instructions)  | 34       |     |            |
| 5            | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T   |          |     |            |
| _            | Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4),  |          |     |            |
| а            | 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?   | 35a      |     | X          |
| h            | If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?  | 35a      |     |            |
| 6            | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets   | 330      |     |            |
|              | during the year? If "Yes," complete applicable parts of Schedule N   | 36       |     | х          |
| 7a           | Enter amount of political expenditures, direct or indirect, as described in the instructions   | 30       |     |            |
| b            | Did the organization file Form 1120-POL for this year?   | 37b      | ļ — | X          |
| Ba           | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were  | 376      |     |            |
| Ja           | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?   | 38a      |     | X          |
| h            | If "Yes," complete Schedule L, Part II and enter the total amount involved   38b   | 30a      |     |            |
| 9            | Section 501(c)(7) organizations Enter.   | -        |     |            |
| а            | Initiation fees and capital contributions included on line 9   |          |     |            |
|              | Gross receipts, included on line 9, for public use of club facilities  39b   |          |     |            |
| 0a           | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under   | _        |     |            |
| vu           | section 4911 ▶ , section 4912 ▶ , section 4955 ▶   |          |     |            |
| 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 did it engage in an excess benefit transaction in a prior year, that has not been  |          |     |            |
|              | reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  | 40b      |     | x          |
| С            | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on   | 405      |     |            |
| Ī            | 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  | <b>-</b> |     |            |
| _            | reimbursed by the organization   |          |     |            |
| е            | 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      |     | X          |
| 1            | List the states with which a copy of this return is filed <b>None</b>  |          |     |            |
|              |  | 515-28   | 3-8 | 75         |
|              | 2201 GEORGE FLAGG PARKWAY  |          | _   |            |
|              |  | 50321-   | 117 | 4          |
| b            | At any time during the calendar year, did the organization have an interest in or a signature or other authority   |          |     |            |
|              | over a financial account in a foreign country (such as a bank account, securities account, or other financial  |          | Yes | 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.  | ļ        | 1   |            |
| С            | At any time during the calendar year, did the organization maintain an office outside of the U.S.?   | 42c      | · " | X          |
|              | If "Yes," enter the name of the foreign country:   |          | •   |            |
|              |  |          |     | <b>▶</b> [ |
|              | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here  |          |     |            |
|              | 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  |          |     |            |
|              | 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  |          |     |            |
|              | · · · · · · · · · · · · · · · · · · ·  |          | Yes | No         |
| 3            | · · · · · · · · · · · · · · · · · · ·  |          | Yes | No         |
| 3            | and enter the amount of tax-exempt interest received or accrued during the tax year   43   | 44a      | Yes |            |
| 3            | and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be   | 44a      | Yes |            |
| 3<br>4a      | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ   | 44a      | Yes | х          |
| 3<br>4a      | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be   |          | Yes | x          |
| 3<br>4a<br>b | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  | 44b      | Yes |            |

| Form   | 990-EZ (2010)                         | AMERICAN                                      | WATER I           | WORKS         | ASSOCIA            | TION          | 2:                    | 3-7026138             |  |                  | F                  | age 4         |
|--|---------------------------------------|---|-------------------|---------------|--------------------|---------------|-----------------------|-----------------------|--|------------------|--------------------|---------------|
|  | ,                                     |   |                   | -             |                    |               |                       |                       |  |                  | Yes                | No            |
| 45   | •                                     | ganization a contro                           | •                 | _             |                    | •             |                       |                       |  | 45               | <del> </del>       | X             |
| а  | •                                     | ition receive any pa<br>ion 512(b)(13)? If "` | -                 |               | -                  |               |                       | •                     |  |                  |                    |               |
|  | Form 990-EZ (s                        |   | 165, 101111 550   | o and oche    | dule it may nee    | d to be con   | iipieteu i            | iisteau oi            |  | 45a              | Ì                  | X             |
| 46   |                                       | ition engage, direct                          | ly or indirectly, | ın political  | campaign activit   | ties on beh   | alf of or i           | in opposition         |  | 155              | <u> </u>           |               |
| to candidates for public office? If "Yes," complete Schedule C, Part I |                                       |   |                   |               |                    |               |                       |                       | 46                                     |                  | X                  |               |
| Pa   |                                       | ion 501(c)(3) o                               |                   |               |                    |               |                       |                       |  |                  | )                  |               |
|  | •                                     | c)(3) organizations                           |                   |               | •                  | haritable t   | trusts m              | ust answer que        | stions 47-49b                          |                  |                    |               |
|  |                                       | i2, and complete to<br>k if the organization  |                   |               |                    | . augotion    | in thin !             | Dort \/I              |  |                  |                    |               |
|  | Cried                                 | k ii tile organizati                          | on useu sche      | dule O to     | respond to an      | y question    | 1111 (1115)           | rail VI               |  |                  | Yes                | No            |
| 47   | Did the organiza                      | ition engage in lobb                          | ving activities?  | o If "Yes." o | omplete Schedu     | ıle C. Part I | li .                  |                       |  | 47               | 163                | X             |
| 48   | =                                     | on a school as des                            |                   |               |                    |               |                       | Ε                     |  | 48               | 1                  | X             |
| 49a  | =                                     | ition make any tran                           |                   |               |                    |               |                       |                       |  | 49a              |                    | X             |
| b  | If "Yes," was the                     | related organization                          | n a section 52    | 7 organiza    | tion?              | _             |                       |                       |  | 49b              |                    |               |
| 50   | Complete this ta                      | ible for the organiza                         | ition's five high | est compe     | nsated employe     | es (other th  | nan office            | ers, directors, trus  | tees and key                           |                  |                    |               |
|  | employees) who                        | each received mor                             | re than \$100,00  | 00 of comp    | ensation from th   |               |                       |                       |  |                  |                    |               |
|  | (a)                                   | Name and address of                           |                   | paid more     |                    |               | nd average<br>er week | (c) Compensation      | (d) Contribution<br>employee benefit p |                  | ) Expen<br>count a |               |
|  | _                                     | tnan \$                                       | 100,000           |               |                    | devoted       | to position           |                       | deferred compens                       | sation other     | r allowa           | nces          |
| None   | 1                                     |   |                   |               |                    |               |                       |                       |  | ł                |                    |               |
|  |                                       |   | <del>_</del> ·    |               |                    | +             |                       | <u> </u>              |  |                  |                    |               |
|  |                                       |   |                   |               |                    |               |                       |                       |  |                  |                    |               |
|  |                                       |   |                   |               |                    |               |                       |                       |  |                  |                    |               |
|  |                                       |   |                   |               |                    |               |                       |                       |  |                  |                    |               |
|  |                                       |   |                   |               |                    |               |                       |                       |  |                  |                    |               |
|  |                                       |   |                   |               |                    | l             |                       |                       |  |                  |                    |               |
|  |                                       |   |                   |               |                    |               |                       |                       |  |                  |                    |               |
|  |                                       |   |                   |               |                    |               |                       |                       | 1                                      |                  |                    |               |
| f  |                                       | other employees p                             |                   |               |                    |               | <b>-</b>              |                       | <u></u>                                |                  |                    |               |
| 51   | •                                     | ible for the organiza                         | _                 | •             | •                  |               | ctors wh              | o each received r     | nore than                              |                  |                    |               |
|  | · · · · · · · · · · · · · · · · · · · | npensation from the                           |                   |               | · · ·              | ie "          | /h                    | ) Type of service     |  | (a) Compos       | anation.           |               |
|  |                                       | d address of each inde                        | pendent contract  | or paid more  | : ulan \$ 100,000  |               |                       | ) Type of service     | · · · · · · · · · · · · · · · · · · ·  | (c) Comper       | - Sauon            |               |
| Мо   | ne                                    |   |                   |               |                    |               |                       |                       |  |                  |                    |               |
|  |                                       |   |                   |               |                    |               |                       |                       |  |                  |                    |               |
|  |                                       |   |                   |               |                    | 1             |                       |                       |  |                  |                    |               |
|  |                                       |   |                   |               |                    |               |                       |                       |  |                  |                    |               |
|  |                                       |   |                   |               |                    |               |                       |                       | <u> </u>                               |                  |                    |               |
|  |                                       |   |                   |               |                    |               |                       |                       |  |                  |                    |               |
|  |                                       |   |                   |               |                    |               |                       |                       |  |                  |                    |               |
|  |                                       |   |                   |               |                    |               |                       |                       |  |                  |                    |               |
|  |                                       |   |                   | -t            |                    |               |                       |                       |  |                  |                    | _             |
| d  |                                       | other independent                             |                   |               | •                  |               |                       | \(\lambda\)           |  |                  |                    |               |
| 52   | •                                     | ation complete Sche                           |                   | _             | •                  | lizations an  | 10 494/(              | a)(1)                 | _                                      | X Yes            | _ [                | NI -          |
| Lindo  |                                       | ritable trusts must a                         |                   |               |                    | shadulas and  | Letatomor             | ite and to the best o | f my knowledge a                       |                  |                    | No            |
|  |                                       | te Declaration of prepare                     |                   |               |                    |               |                       |                       | i iliy kilowledge a                    | na bellet, it is | 3                  |               |
|  |                                       |   | della             |               |                    |               |                       | 1                     |  |                  |                    |               |
| Sigr   | n Sigr                                | nature of officer                             |                   |               |                    |               |                       | Date                  | 7.7                                    |                  |                    |               |
| Here   |                                       | EdCo  | Migan             | $\succeq$     | <u>2C. IX</u>      | <u>res</u>    |                       |                       | /10/11                                 |                  |                    |               |
|  |                                       | e or print name and title                     | B 0               |               |                    |               |                       |                       |  |                  |                    |               |
|  | Print/Type                            | preparer's name                               |                   | Pr            | eparer's signature | Λ N           |                       | Dat                   | B Check                                | c 🗌 ıf PTII      | N                  |               |
| Paic   | Jeffrey                               | F. Strawhacke                                 |                   | /             | 15/25              | للوغلا        | •                     | 05                    | /09/11 self-er                         | nployed PO(      | 0347               | 32            |
| •  | parer Firm's nai                      |   |                   |               | sociates           |               | .c.                   |                       | Firm's EIN                             | 20-05            | 312                | 13            |
| Use  | Only Firm's add                       |   |                   |               | y Ste 22           |               |                       |                       |  |                  |                    |               |
|  |                                       |   | Des Mo            |               |                    | <u>66-10'</u> | 71                    |                       | Phone no 5                             | <u> 15-223</u>   |                    | 370           |
|  | the IRS discuss                       | this return with the                          | preparer show     | n above? S    | See instructions   |               |                       |                       |  |                  | es                 | No            |
| DAA  |                                       |   |                   |               |                    |               |                       |                       |  | Form 9           | 90-E2              | <b>Z</b> (201 |

✓ SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **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.

OMB No 1545-0047

2010

Open to Public Inspection

| lam             | e of the organizati | on AMERICAN WAT<br>IOWA SECTION       | PER WORKS ASSOCI.  | ATION         | ſ            |   |                  |                 | oyer ider<br>- 702 (                         | ntification nui<br>5138 | nber   |          |
|-----------------|---------------------|---------------------------------------|--|---------------|--------------|---|------------------|-----------------|--|-------------------------|--|----------|
| Pa              | art I Reas          | son for Public Charity                | Status (All organizations  | must c        | omplet       | e this                                  | part.) :         | See in          | structi                                      | ons.                    |  |          |
|                 |                     | · · · · · · · · · · · · · · · · · · · | e it is (For lines 1 through 11, o                                   |               |              |   |                  |                 |  |                         |  |          |
| 1               | A church, c         | onvention of churches, or ass         | ociation of churches described i                                     | n section     | 170(b)(1     | )(A)(i).                                |                  |                 |  |                         |  |          |
| 2               | A school de         | scribed in section 170(b)(1)(         | A)(ii). (Attach Schedule E )   |               |              |   |                  |                 |  |                         |  |          |
| 3               | A hospital o        | r a cooperative hospital service      | ce organization described in sec                                     | tion 170(     | b)(1)(A)(i   | iii).                                   |                  |                 |  |                         |  |          |
| 4               | <b>=</b> '          | ·                                     | d in conjunction with a hospital o                                   |               |              |   | (1)(A)(i         | ii). Ente       | r the hos                                    | spital's name           | <b>)</b> .                                       |          |
|                 | city, and sta       | •                                     | •  |               |              | •                                       |                  | •               |  | •                       | •  |          |
| 5               | An organiza         | tion operated for the benefit of      | of a college or university owned                                     | or operate    | ed by a g    | overnme                                 | ntal uni         | t descri        | bed in                                       |                         |  |          |
| _               |                     | (b)(1)(A)(iv). (Complete Part         | •  | 41 49         | 0/51/41/4    | v. s                                    |                  |                 |  |                         |  |          |
| 6               |                     | -                                     | overnmental unit described in s                                      |               |              |   | 4b               |                 | ماطيما                                       |                         |  |          |
| 7               |                     |                                       | substantial part of its support fro                                  | om a gove     | ımmentai     | unit or i                               | rom the          | genera          | ii public                                    |                         |  |          |
| _               |                     | section 170(b)(1)(A)(vi). (Co         |  | 11.5          |              |   |                  |                 |  |                         |  |          |
| 8               |                     |                                       | 70(b)(1)(A)(vi). (Complete Part                                      |               |              |   |                  |                 |  |                         |  |          |
| 9               |                     | · · · · · · · · · · · · · · · · · · · | 1) more than 33 1/3% of its supp                                     |               |              |   |                  |                 | _  | SS                      |  |          |
|                 | · ·                 |                                       | npt functions—subject to certain                                     |               |              |   |                  |                 |  |                         |  |          |
|                 |                     | =                                     | nd unrelated business taxable in                                     |               |              |   | ) from E         | usiness         | ses  |                         |  |          |
|                 |                     |                                       | 0, 1975. See section 509(a)(2).                                      |               |              |   |                  |                 |  |                         |  |          |
| 10              | <b>—</b>            | •                                     | exclusively to test for public safe                                  | •             |              |   |                  | 4 4 1           |  |                         |  |          |
| 11              |                     | •                                     | exclusively for the benefit of, to                                   | -             |              |   | •                |                 |  |                         |  |          |
|                 |                     |                                       | ed organizations described in se<br>he type of supporting organizati |               |              |   |                  |                 | section                                      |                         |  |          |
|                 | <u> </u>            |                                       | c Type III-Function  |               | •            | 162 116                                 | — ĭ              |                 | har  |                         |  |          |
| _               | a U Typ             |                                       | anization is not controlled direct                                   |               |              | u u                                     | — .              | e III–Ot        |  |                         |  |          |
| е               |                     |                                       | er than one or more publicly sup                                     |               |              |   |                  |                 |  |                         |  |          |
|                 | or section 5        |                                       | in than one of more publicly sup                                     | ported org    | garrizatioi  | 13 46361                                | Ded III s        | ection .        | 303(a)( 1                                    | ,                       |  |          |
|                 |                     |                                       | ermination from the IRS that it is                                   | a Type I      | Type II      | or Type                                 | III euppe        | ndina           |  |                         |  |          |
| f               | =                   | , check this box                      | mination from the fixo that it is                                    | a Type I,     | Type II, I   | or Type                                 | iii suppi        | July            |  |                         |  |          |
| _               | -                   |                                       | tion accepted any gift or contrib                                    | ution from    | any of th    | 10                                      |                  |                 |  |                         |  |          |
| g               | following po        |                                       | tion accepted any gift of contino                                    | ulion         | any or a     |   |                  |                 |  |                         |  |          |
|                 |                     |                                       | ontrols, either alone or together                                    | with nerec    | ne descr     | shed in /                               | u) and           |                 |  |                         | Yes  | No       |
|                 |                     | ow, the governing body of the         |  | with perse    | 7113 00301   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ii, ana          |                 |  | 11g(i)                  | <del>                                     </del> | 1        |
|                 |                     | y member of a person describ          |  |               |              |   |                  |                 |  | 11g(ii)                 |  |          |
|                 | • •                 | controlled entity of a person         | **   |               |              |   |                  |                 |  | 11g(iii                 |  |          |
| h               |                     | following information about t         |  |               |              |   |                  |                 |  | [8/                     | а  | <u> </u> |
| <u>n</u><br>(i) | Name of supported   | (ii) EIN                              | (iii) Type of organization   | (iv) is the c | rganization  | (v) Did v                               | ou notify        | (vi)            | s the  | (vii) Am                | ount of  |          |
| (1)             | organization        | (ii) Eiii                             | (described on lines 1–9  |               | sted in your | the organ                               | nization in      | organizat       | ion in col                                   | sup                     |  |          |
|                 |                     |                                       | above or IRC section   | governing     | document?    | COI (1)                                 | of your<br>oort? | (I) organi<br>U | zed in the                                   |                         |  |          |
|                 |                     |                                       | (see instructions))  | Yes           | No           | Yes                                     | No               | Yes             | No   |                         |  |          |
| A)              |                     |                                       |  | <del></del>   |              | 1.00                                    |                  |                 |  | <del>.</del>            |  |          |
| ~,              |                     |                                       |  |               |              | İ                                       |                  |                 |  |                         |  |          |
| B)              |                     |                                       | <u> </u>   |               |              | 1                                       |                  |                 |  |                         |  |          |
| _,              |                     |                                       |  |               |              |   |                  |                 |  |                         |  |          |
| (C)             |                     |                                       |  | <u> </u>      | ·            | <del></del>                             | Ì                | 1               |  | <del>-</del>            |  |          |
| ,               |                     |                                       |  |               |              |   |                  | l               |  |                         |  |          |
| D)              |                     |                                       |  |               |              |   |                  |                 |  |                         |  |          |
|                 |                     |                                       |  | <u> </u>      |              |   |                  |                 |  |                         |  |          |
| E)              |                     |                                       |  |               |              |   |                  |                 |  |                         |  |          |
|                 |                     |                                       |  | <del> </del>  | ļ            | ļ                                       | <u> </u>         | <u> </u>        | <b>                                     </b> |                         |  |          |
|                 |                     |                                       |  |               | [            |   |                  |                 |  |                         |  |          |