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Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

2010**Open to Public Inspection**

A For the 2010 calendar year, or tax year beginning March 1 , 2010, and ending February 28 , 20 11																									
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization National Rural Water Association, Inc.</td> <td>D Employer identification number 73-1006395</td> </tr> <tr> <td colspan="2">Doing Business As National Rural Water Association</td> <td rowspan="3">E Telephone number 580-252-0629</td> </tr> <tr> <td>Number and street (or P O box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">2915 S. 13th Street</td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4 Duncan, OK 73533-9086</td> <td rowspan="2">G Gross receipts \$ 53,643,252</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: Robert K. Johnson Loco, OK</td> </tr> <tr> <td colspan="2">I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c) (6) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527</td> <td> H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶ </td> </tr> <tr> <td colspan="3">J Website: ▶ www.nrwa.org</td> </tr> <tr> <td colspan="2">K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶</td> <td>L Year of formation 1976 M State of legal domicile OK</td> </tr> </table>	C Name of organization National Rural Water Association, Inc.		D Employer identification number 73-1006395	Doing Business As National Rural Water Association		E Telephone number 580-252-0629	Number and street (or P O box if mail is not delivered to street address)	Room/suite	2915 S. 13th Street		City or town, state or country, and ZIP + 4 Duncan, OK 73533-9086		G Gross receipts \$ 53,643,252	F Name and address of principal officer: Robert K. Johnson Loco, OK		I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c) (6) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶	J Website: ▶ www.nrwa.org			K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1976 M State of legal domicile OK
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Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: To cultivate opportunities to enhance the success of state associations to the benefit of their members.		
		Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	49	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	0	
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	45	
	6	Total number of volunteers (estimate if necessary)	0	
		7a Total unrelated business revenue from Part VIII, column (C), line 12	70,460	
	b Net unrelated business taxable income from Form 990-L, line 34	34,740		
Revenue	8	Contributions and grants (Part VIII, line 1h)	44,757,025	49,484,727
	9	Program service revenue (Part VIII, line 2g)	2,804,139	2,615,946
	10	Investment income (Part VIII, column (A), lines 3, 8, and 9d)	174,441	219,908
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,510,667	1,322,671
	12	Total revenue—add lines 8 through 11 (must equal Part VII, column (A), line 12)	49,246,272	53,643,252
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	39,777,000	44,301,254
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,664,911	4,560,581
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0	0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	4,830,525	4,414,978
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	49,272,436	53,276,813
	19	Revenue less expenses. Subtract line 18 from line 12	(26,164)	366,439
	Net Assets or Fund Balances			Beginning of Current Year
20		Total assets (Part X, line 16)	33,631,322	28,255,550
21		Total liabilities (Part X, line 26)	16,033,514	8,427,253
	22	Net assets or fund balances. Subtract line 21 from line 20	17,597,808	19,828,297

Part II Signature Block

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.

Sign Here	Signature of officer: <u><i>Claudette Atwood</i></u>	Date: <u>10/14/2011</u>
	Type or print name and title: <u>Claudette Atwood, CFO</u>	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no			

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2010)

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:

To cultivate opportunities to enhance the state associations to the benefit of their members.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ►

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	✓
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	✓
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	✓
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	✓
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	✓
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	✓
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	✓
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	✓
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	✓
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	✓
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	✓
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	✓
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	✓
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	✓
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	✓
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	✓
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	☒	☐
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	☐	☒
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	☒	☐
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	☐	☒
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	☐	☐
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	☐	☐
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	☐	☐
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	☐	☐
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	☐	☐
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	☐	☐
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	☐	☐
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	☐	☐
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	☐	☐
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	☐	☐
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	☐	☐
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	☐	☐
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	☐	☐
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	☐	☐
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	☐	☐
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	☐	☐
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	☐	☐
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	☐	☐
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ☐ Yes ☒ No	☐	☐
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	☐	☐
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	☐	☐
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	☐	☐

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 54		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 47		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	✓	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		✓
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 49		
b Enter the number of voting members included in line 1a, above, who are independent 1b 0		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		✓
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		✓
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		✓
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		✓
6 Does the organization have members or stockholders?	✓	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	✓	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	✓	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	✓	
b Each committee with authority to act on behalf of the governing body?	✓	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		✓

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	✓	
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	✓	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	✓	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	✓	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	✓	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	✓	
13 Does the organization have a written whistleblower policy?	✓	
14 Does the organization have a written document retention and destruction policy?	✓	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	✓	
b Other officers or key employees of the organization		✓
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		✓
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **Oklahoma**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **National Rural Water Association; 2915 S. 13th Street; Duncan, OK 73533-9086; 580-252-0629**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Joe Liles President	0	✓						-0-	-0-	-0-
(2) Doug Anderton Senior Vice President	0	✓						-0-	-0-	-0-
(3) Charles Hilton Vice President	0	✓						-0-	-0-	-0-
(4) Mel Aust Secretary	0	✓						-0-	-0-	-0-
(5) Steve Fletcher Treasurer	0	✓						-0-	-0-	-0-
(6) David Baird Executive Director	0	✓						-0-	-0-	-0-
(7) Steve Wear Executive Director	0	✓						-0-	-0-	-0-
(8) Paul Whittemore Executive Director	0	✓						-0-	-0-	-0-
(9) Fred Sheldon Immediate Past President	0	✓						-0-	-0-	-0-
(10) Randolph Hall Director	0	✓						-0-	-0-	-0-
(11) Bill Harvey Director	0	✓						-0-	-0-	-0-
(12) Chris Ward Director	0	✓						-0-	-0-	-0-
(13) Henry Meyer Director	0	✓						-0-	-0-	-0-
(14) Gary Ensign Director	0	✓						-0-	-0-	-0-
(15) Paul Brayton Director	0	✓						-0-	-0-	-0-
(16) Bob Culver Director	0	✓						-0-	-0-	-0-

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) Phil Bastin Director	0	☒						-0-	-0-	-0-
(18) Randall VanDyke Director	0	☒						-0-	-0-	-0-
(19) Dennis Schwartz Director	0	☒						-0-	-0-	-0-
(20) Glen Womack Director	0	☒						-0-	-0-	-0-
(21) Darryl Brown Director	0	☒						-0-	-0-	-0-
(22) George Hanson Director	0	☒						-0-	-0-	-0-
(23) John Sasur Director	0	☒						-0-	-0-	-0-
(24) Chris Kenyon Director	0	☒						-0-	-0-	-0-
(25) Jim Gilles Director	0	☒						-0-	-0-	-0-
(26) L. C. Hand Director	0	☒						-0-	-0-	-0-
(27) Bill Robinson Director	0	☒						-0-	-0-	-0-
(28) Dan Keil Director	0	☒						-0-	-0-	-0-
1b Sub-total								-0-	-0-	-0-
c Total from continuation sheets to Part VII, Section A								1,602,076	-0-	-0-
d Total (add lines 1b and 1c)								1,602,076	-0-	-0-

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **8**

- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | ☐ | ☒ |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | ☒ | ☐ |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | ☐ | ☒ |

Section B. Independent Contractors

- 1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
None		

- 2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a	0				
	b	Membership dues	1b	657,155				
	c	Fundraising events	1c	0				
	d	Related organizations	1d	0				
	e	Government grants (contributions)	1e	48,703,322				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	124,250				
	g	Noncash contributions included in lines 1a-1f. \$		0				
	h	Total. Add lines 1a-1f		49,484,727				
Program Service Revenue			Business Code					
	2a	Tech Assist. for FmHA Loans	900099	2,523,831	2,523,831	0	0	
	b	Interest Income-Loans	900099	79,046	79,046	0	0	
	c							
	d							
	e							
	f	All other program service revenue .	90099	13,069	13,069	0	0	
	g	Total. Add lines 2a-2f		2,615,946				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		219,908	0	0	219,908	
	4	Income from investment of tax-exempt bond proceeds		0	0		0	
	5	Royalties		0	0	0	0	
	6a	Gross Rents	(i) Real	246,245	(ii) Personal	0		
				0		0		
				0		0		
				0		0		
	d	Net rental income or (loss)		246,245	246,245	0	0	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	0	(ii) Other	0		
				0		0		
				0		0		
				0		0		
	d	Net gain or (loss)		0	0	0	0	
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a	0				
	b	Less: direct expenses	b	0				
	c	Net income or (loss) from fundraising events		0		0	0	
	9a	Gross income from gaming activities. See Part IV, line 19	a	0				
	b	Less: direct expenses	b	0				
	c	Net income or (loss) from gaming activities		0	0	0	0	
	10a	Gross sales of inventory, less returns and allowances	a	22,447				
b	Less: cost of goods sold	b	0					
c	Net income or (loss) from sales of inventory		22,447	22,447	0	0		
Miscellaneous Revenue		Business Code						
11a	Meetings	900099	981,779	981,779	0	0		
b	Advertising	511120	70,460	0	70,460	0		
c	Water University	900099	1,740	1,740	0	0		
d	All other revenue		0	0	0	0		
e	Total. Add lines 11a-11d		1,053,979					
12	Total revenue. See instructions.		53,643,252	3,868,157	70,460	219,908		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	44,301,254			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	676,326			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	2,613,932			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	230,318			
9	Other employee benefits	788,300			
10	Payroll taxes	251,705			
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	1,876			
c	Accounting	56,915			
d	Lobbying	478,323			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	79,760			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	354,934			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	942,089			
17	Travel	1,132,568			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	659,216			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	119,429			
23	Insurance	39,430			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a	Member Services	23,723			
b	Regulatory	125,733			
c	Other Operating	400,982			
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	53,276,813			
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,268,245	1	249,408
	2 Savings and temporary cash investments	6,820,772	2	3,238,226
	3 Pledges and grants receivable, net	10,533,037	3	7,447,981
	4 Accounts receivable, net	263,571	4	66,540
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	6	0
	7 Notes and loans receivable, net	2,898,108	7	3,780,477
	8 Inventories for sale or use	47,052	8	61,925
	9 Prepaid expenses and deferred charges	129,317	9	95,927
	10a Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	10a 2,381,053		
	b Less: accumulated depreciation	10b 1,300,001	10c	1,081,052
	11 Investments—publicly traded securities	10,889,593	11	12,234,014
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	33,631,322	16	28,255,550	
Liabilities	17 Accounts payable and accrued expenses	764,747	17	895,119
	18 Grants payable	9,891,346	18	6,849,510
	19 Deferred revenue	5,363,344	19	668,547
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities. Complete Part X of Schedule D	14,077	25	14,077
	26 Total liabilities. Add lines 17 through 25	16,033,514	26	8,427,253
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	17,597,808	27	19,828,297
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	0	32	0
	33 Total net assets or fund balances	17,597,808	33	19,828,297
34 Total liabilities and net assets/fund balances	33,631,322	34	28,255,550	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	53,643,252
2	Total expenses (must equal Part IX, column (A), line 25)	2	53,276,813
3	Revenue less expenses. Subtract line 2 from line 1	3	366,439
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,597,808
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,864,050
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	19,828,297

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . .
- b** Were the organization's financial statements audited by an independent accountant? . . .
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		✓
2b	✓	
2c	✓	
3a	✓	
3b	✓	

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

National Rural Water Association

Employer identification number

73-1006395

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No		

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table.

c Beginning balance

	Amount
1c	
1d	
1e	
1f	

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment %

b Permanent endowment %

c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		10,000		10,000
b Buildings		416,292	416,292	0
c Leasehold improvements		1,529,102	475,354	1,053,748
d Equipment		346,352	329,048	17,304
e Other		79,307	79,307	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,081,052

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	0
(2) Security Deposits	14,077
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	14,077

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	53,643,252
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	53,276,813
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	366,439
4	Net unrealized gains (losses) on investments	4	1,864,050
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV.)	8	0
9	Total adjustments (net). Add lines 4 through 8	9	1,864,050
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	2,230,489

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	55,507,302
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,864,050
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIV.)	2d	0
e	Add lines 2a through 2d	2e	1,864,050
3	Subtract line 2e from line 1	3	53,643,252
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIV.)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	53,643,252

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	53,276,813
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	0
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIV.)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	53,276,813
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIV.)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	53,276,813

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Part XIV Supplemental Information *(continued)*

Area for supplemental information with horizontal dashed lines.



**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

National Rural Water Association

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2010

Open to Public
Inspection

Employer identification number

73-1006395

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Alabama Rural Water Assoc. Montgomery, AL 37117		501(c)(6)	908,341	0 other		N/A	Sub-awards
(2) Alaska Rural Water Assoc Wasilla, AK 99654		501(c)(6)	1,251,326	0 other		N/A	Sub-awards
(3) Rural Water Assoc. of Arizona Tucson, AZ 85745		501(c)(4)	808,068	0 other		N/A	Sub-awards
(4) Arkansas Rural Water Assoc. Lonoke, AR 72086		501(c)(6)	1,109,344	0 other		N/A	Sub-awards
(5) Atlantic States Rural W & W Norwich, CT 06360		501(c)(6)	778,925	0 other		N/A	Sub-awards
(6) California Rural Water Assoc. Sacramento, CA 95834		501(c)(6)	1,069,141	0 other		N/A	Sub-awards
(7) Colorado Rural Water Assoc. Pueblo West, CO 81007		501(c)(6)	818,972	0 other		N/A	Sub-awards
(8) Delaware Rural Water Assoc. Milford, DE 19963		501(c)(6)	712,329	0 other		N/A	Sub-awards
(9) Florida Rural Water Assoc. Tallahassee, FL 32309		501(c)(3)	840,671	0 other		N/A	Sub-awards
(10) Georgia Rural Water Assoc. Barnesville, GA 30204		501(c)(3)	1,012,620	0 other		N/A	Sub-awards
(11) Hawaii Rural Water Assoc. Kihui, HI 96753		501(c)(6)	621,565	0 other		N/A	Sub-awards
(12) Idaho Rural Water Assoc. Boise, ID 83709		501(c)(3)	953,187	0 other		N/A	Sub-awards

2 Enter total number of section 501(c)(3) and government organizations 12

3 Enter total number of other organizations 37

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50055P

Schedule I (Form 990) (2010)

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Each association that receives a sub-award from NRW must submit regular financial statements for review, have an annual audit by an independent auditor using the guidelines of

OMB Circular A-133, submit their annual budgets for review and transmit daily logs monthly. This allows NRW to monitor the use of funds and to insure the work is being done as

set forth in their agreements.

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization		Employer identification number							
National Rural Water Association		73 : 1006395							
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Illinois Rural Water Assoc. Taylorville, IL 62568		501(c)(6)	1,019,885	0	other	N/A	Sub-awards		
Alliance of Indiana Rural Water Franklin, IN 46731		501(c)(6)	1,002,864	0	other	N/A	Sub-awards		
Iowa Rural Water Assoc. Newton, IA 50208		501(c)(6)	926,010	0	other	N/A	Sub-awards		
Kansas Rural Water Assoc. Seneca, KS 66538		501(c)(3)	835,487	0	other	N/A	Sub-awards		
Kentucky Rural Water Assoc. Bowling Green, KY 42104		501(c)(6)	964,843	0	other	N/A	Sub-awards		
Louisiana Rural Water Assoc. Kinder, LA 70648		501(c)(6)	1,022,063	0	other	N/A	Sub-awards		
Maine Rural Water Assoc. Richmond, ME 04357		501(c)(6)	798,746	0	other	N/A	Sub-awards		
Maryland Rural Water Assoc. Woodbine, MD 21797		501(c)(6)	784,982	0	other	N/A	Sub-awards		
Mass Rural Water Assoc. Northfield, MA 01360		501(c)(6)	791,963	0	other	N/A	Sub-awards		
Michigan Rural Water Assoc. Harrison, MI 48625		501(c)(3)	1,046,544	0	other	N/A	Sub-awards		
Minnesota Rural Water Assoc. Elbow Lake, MN 56531		501(c)(3)	1,063,678	0	other	N/A	Sub-awards		
Mississippi Rural Water Assoc. Raymond, MS 39154		501(c)(3)	1,019,938	0	other	N/A	Sub-awards		
Missouri Rural Water Assoc. Ashland, MO 65010		501(c)(6)	1,137,772	0	other	N/A	Sub-awards		
Montana Rural Water Systems Great Falls, MT 59405		501(c)(3)	753,874	0	other	N/A	Sub-awards		
Nebraska Rural Water Assoc. Wahoo, NE 68066		501(c)(6)	702,858	0	other	N/A	Sub-awards		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 51026W

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization		Employer identification number					
National Rural Water Association		73 : 1006395					
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Nevada Rural Water Assoc. Carson City, NV 89701		501(c)(6)	721,596	0	other	N/A	Sub-awards
Granite State Rural Water Assoc. Penocook, NH 03303		501(c)(6)	619,894	0	other	N/A	Sub-awards
New Jersey Water Assoc. Waretown, NJ 08758		501(c)(6)	684,780	0	other	N/A	Sub-awards
New Mexico Rural Water Assoc. Albuquerque, NM 87110		501(c)(6)	928,847	0	other	N/A	Sub-awards
New York Rural Water Assoc. Claverack, NY 12513		501(c)(6)	957,952	0	other	N/A	Sub-awards
North Carolina Rural Water Assoc. Welcome, NC 27374		501(c)(6)	1,066,983	0	other	N/A	Sub-awards
North Dakota Rural Water Systems Bismarck, ND 58503		501(c)(3)	736,559	0	other	N/A	Sub-awards
Ohio Rural Water Assoc. Zanesville, OH 43701		501(c)(6)	985,115	0	other	N/A	Sub-awards
Oklahoma Rural Water Assoc. Oklahoma City, OK 73143		501(c)(6)	1,029,659	0	other	N/A	Sub-awards
Oregon Assoc. of Water Utilities Silverton, OR 97381		501(c)(6)	905,867	0	other	N/A	Sub-awards
Pennsylvania Rural Water Assoc. Bellefonte, PA 16823		501(c)(6)	1,036,159	0	other	N/A	Sub-awards
South Carolina Rural Water Assoc. Clinton, SC 29325		501(c)(6)	847,090	0	other	N/A	Sub-awards
South Dakota Assoc. of Rural Water Sioux Falls, SC 57106		501(c)(6)	849,445	0	other	N/A	Sub-awards
Tennessee Assn of Utility Districts Murfreesboro, TN 37133		501(c)(6)	1,061,510	0	other	N/A	Sub-awards
Texas Rural Water Assoc. Austin, TX 78701		501(c)(6)	1,029,661	0	other	N/A	Sub-awards

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 51026W

Schedule I-1 (Form 990) 2009

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

National Rural Water Association

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

73-1006395

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|--|---|
| ☒ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☒ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☒ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|--|
| ☒ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☐ Compensation survey or study |
| ☐ Form 990 of other organizations | ☐ Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- | | | |
|--|-------------|---|
| a Receive a severance payment or change-of-control payment from the organization or a related organization? | 4a ✓ | |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | ✓ |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | ✓ |
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- | | | |
|--|-----------|--|
| a The organization? | 5a | |
| b Any related organization? | 5b | |
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- | | | |
|--|-----------|--|
| a The organization? | 6a | |
| b Any related organization? | 6b | |
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b	✓	
2	✓	
3		
4a	✓	
4b		✓
4c		✓
5a		
5b		
6a		
6b		
7		
8		
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)–(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Robert K. Johnson	(i)	287,526	106	0	0	291,205	0
	(ii)						
2 G. Sam Wade	(i)	199,337	106	0	0	204,532	0
	(ii)						
3 Claudette E. Atwood	(i)	189,145	106	0	0	195,474	0
	(ii)						
4 Michael Keegan	(i)	145,339	106	0	129,703	278,853	0
	(ii)						
5 William Simpson	(i)	305,458	106	0	0	309,375	0
	(ii)						
6 Walter Smith	(i)	236,442	0	0	0	238,664	0
	(ii)						
7 Ed Thomas	(i)	136,315	106	0	0	140,025	0
	(ii)						
8 Michael Harris	(i)	101,772	106	0	0	105,570	0
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Walter Smith - Severance Payment: \$100,000.00 included in the Base Compensation

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

► See the Instructions for Form 990.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the Organization

National Rural Water Association

Employer identification number

73 1006395

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Tom Goulette										
Director	0	✓						-0-	-0-	-0-
James Mackey										
Director	0	✓						-0-	-0-	-0-
Jim Dunlap										
Director	0	✓						-0-	-0-	-0-
John O'Connell										
Director	0	✓						-0-	-0-	-0-
Wilmer Melton										
Director	0	✓						-0-	-0-	-0-
John Bearman										
Director	0	✓						-0-	-0-	-0-
Dustin Parker										
Director	0	✓						-0-	-0-	-0-
Phillip Klutts										
Director	0	✓						-0-	-0-	-0-
Russell Cooper										
Director	0	✓						-0-	-0-	-0-
Sam Scarfone										
Director	0	✓						-0-	-0-	-0-
Larry Wasland										
Director	0	✓						-0-	-0-	-0-
Kent Watson										
Director	0	✓						-0-	-0-	-0-
Larry McElroy										
Director	0	✓						-0-	-0-	-0-
Paul Fulgham										
Director	0	✓						-0-	-0-	-0-
Ed Savage										
Director	0	✓						-0-	-0-	-0-
Danny Buchanan										
Director	0	✓						-0-	-0-	-0-
Roger Freund										
Director	0	✓						-0-	-0-	-0-
Earl McKinney										
Director	0	✓						-0-	-0-	-0-
Michael McNulty										
Director	0	✓						-0-	-0-	-0-
David Craddick										
Director	0	✓						-0-	-0-	-0-
Robert K. Johnson										
CEO	50.71			✓	✓	✓		287,632	-0-	-0-

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

► See the Instructions for Form 990.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the Organization

National Rural Water Association

Employer identification number

73

1006395

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 49915E

Schedule J-2 (Form 990) 2009

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

National Rural Water Association

Employer identification number

73-1006395

Part VI, Section A

6. Our voting members are the state affiliates and they are also the sub-awardees to our grants.

7a. Each state affiliate is a voting member and has one seat on the board of directors of National Rural Water Association. One member is elected from the state affiliate's board and nominated to the board. The membership then votes on the nominees at the annual business meeting held each fall.

7b. The membership is required by the By-laws of National Rural Water Association to be presented, vote on and approve all By-law changes that come before the governing board.

Part IV, Section B

10b. Each affiliate is a member of National Rural Water Association (NRWA), but is its own separate entity and governed by its own board of directors elected from its membership. NRWA has agreements with these members to help carryout the requirements of its grants.

These agreements state how the program is to be handled and funded.

11. The organization employs CPAs to manage and carryout the accounting functions. The records are audited each year by an independent auditor, who also review the 990 and then report to the governing board. If any member wishes to examine the 990, they are provided a copy.

12c. The policy is for the board members and is posted on the board's private website and looked after by the Program Review committee that oversees such policies and all programs of the entire organization.

Part IV, Section C

15. The President, Senior Vice President and Vice President are the members of the CEO Evaluation committee. Each board member is asked to evaluate the CEO. The committee then take the evaluations and do a formal evaluation with the CEO. This committee will make recommendations to the board for the board's approval.

19. The governing board's documents, conflict of interest policy and financial statements are made available on the board's private website. Each board member made obtain a a copy upon request and they also receive a copy prior to each board meeting.

Name of the organization

Employer identification number

National Rural Water Association

73-1006395

Part VIII**1e. Government Grants**

EPA - Training & Technical Assistance \$12,657,585

RUS - ARRA Circuit Rider 7,103,108

RUS - Circuit Rider 14,017,718

RUS - Wastewater 9,998,911

RUS - Revolving Loan 248,500

FSA - Source Water 4,677,500

TOTAL \$48,703,322**Part XI****5. Other changes to the net assets includes the net unrealized gains on investments.**

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

National Rural Water Association

Employer identification number

73-1006395

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) International Rural Water Association - 73-1318499 3041 Bradenbaugh Rd., White Hall, MD 21161	To provide tech asst	OK	501(c)(3)	509(a)(1)	N/A		✓
(2) Joe & Jean Palmer Endowment Fund - 73-1593688 2915 S. 13th Street, Duncan, OK 73533	To provide schlrshp	OK	501(c)(3)	PF	N/A		✓
(3)							
(4)							
(5)							
(6)							
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50135Y

Schedule R (Form 990) 2010

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	☒	☒
b	Gift, grant, or capital contribution to other organization(s)	☒	☒
c	Gift, grant, or capital contribution from other organization(s)	☒	☒
d	Loans or loan guarantees to or for other organization(s)	☒	☒
e	Loans or loan guarantees by other organization(s)	☒	☒
f	Sale of assets to other organization(s)	☒	☒
g	Purchase of assets from other organization(s)	☒	☒
h	Exchange of assets	☒	☒
i	Lease of facilities, equipment, or other assets to other organization(s)	☒	☒
j	Lease of facilities, equipment, or other assets from other organization(s)	☒	☒
k	Performance of services or membership or fundraising solicitations for other organization(s)	☒	☒
l	Performance of services or membership or fundraising solicitations by other organization(s)	☒	☒
m	Sharing of facilities, equipment, mailing lists, or other assets	☒	☒
n	Sharing of paid employees	☒	☒
o	Reimbursement paid to other organization for expenses	☒	☒
p	Reimbursement paid by other organization for expenses	☒	☒
q	Other transfer of cash or property to other organization(s)	☒	☒
r	Other transfer of cash or property from other organization(s)	☒	☒

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-f)	(c) Amount involved	(d) Method of determining amount involved
(1)	International Rural Water Association	b	234,465	Approved budget
(2)	Palmer Endowment	m	0	N/A
(3)	Palmer Endowment	n	1,000	Timesheets
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V – UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).