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Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

Open to Public

B	A F	or the	2012 cal	endar year, or tax year beginning	01-01-2012 , 2012, and end	ling 12-31	1-2012			•	
Total claims   Carrier				C Name of organization		_		D Emplo	yer id	entification number	
The control of the	☐ Ad	ldress cl	hange		1014			13-56	56027	77	
Torrimated   Social width   Control width	∏ Na	ame cha	ange	Doing Business As							
Size	┌ In	ıtıal retu	nm		ail is not delivered to street address)	Room/suit	te	E Telepho	one nui	mber	
Content of the process of the power in the power in the process of the power in the	Te	erminate	ed					(303)	794-	7711	
Part	Ar	nended	return		IP + 4			(333)		· · ·	
DAY DIA LAFRANCE G666 WEST QUINCY AVENUE DEBUTE CASE AND SUPPLICATION AVENUE DEBUTE. CO. 80235 S. 10. 1 are exempted status.	Ap	plicatio	n pending					<b>G</b> Gross r	eceipts	\$ \$ 29,443,601	
Take-exempt status				•	cipal officer				retur		
The receiver stable   Solicio   Moment   Momen				6666 WEST QUINCY AVEN	JE		at	filiates?		I Yes   ✓ No	
Tow-exempt status				DENVER,CO 80235							
Website: ► WWW AWWA ORG	T Ta	ax-exen	mpt status	✓ 501(c)(3)	nsert no )	527	Ιf	"No," attach	ı a lıst	(see instructions)	
			<u>'</u>			-	H(c)	Group exempt	ion nu	umber ►	
Briefly describe the organization's mission or most significant activities											
1   Briefly describe the organization's mission or most significant activities			_		Other 🗠		<b>L</b> Year o	of formation 18	881	M State of legal domicile IL	
AWWA UNITES THE WATER COMMUNITY TO PROTECT PUBLIC HEALTH AND TO PROVIDE SAFE AND SUFFICIENT WATER FOR ALL  2 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)	Pá										
2 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)							ND TO PR	OVIDE SAFI	EAND	SUFFICIENT WATER	
3 Number of voting members of the governing body (Part VI, line 1a)	a		FOR ALL	-							
3 Number of voting members of the governing body (Part VI, line 1a)	Š Ē										
3 Number of voting members of the governing body (Part VI, line 1a)	Ĕ										
3 Number of voting members of the governing body (Part VI, line 1a)	9. 9.	2	Check th	nis box দ if the organization dis	continued its operations or di	sposed o	f more tha	an 25% of its	net a	ssets	
7a Total unrelated business revenue from Part VIII, column (C), line 12   7a   2,357,661   7b   456,365   7b		_							۱ ۵	1 50	
7a Total unrelated business revenue from Part VIII, column (C), line 12   7a   2,357,661   7b   456,365   7b	<u>~</u>	1									
7a Total unrelated business revenue from Part VIII, column (C), line 12   7a   2,357,661   7b   456,365   7b	Ě	1							⊢ <u> </u>		
7a Total unrelated business revenue from Part VIII, column (C), line 12   7a   2,357,661   7b   456,365   7b	<u>₹</u>										
B Net unrelated business taxable income from Form 990-T, line 34	4								<u> </u>	-	
Prior Year   Current Year											
8		+ -	ivet unite	Tated business taxable income in	om 1 om 9 90-1 , me 54 .	<u> </u>		Prior Voar	75	-	
9    Program service revenue (Part VIII, line 2g)		l g	Contri	hutions and grants (Part VIII Jur	e 1h)		<u> </u>		949		
12 Total revenue (Part VIII, Column (A), lines 3, 8d, 8c, 9d, 10c, and 11e)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	₫			- '			-				
12 Total revenue (Part VIII, Column (A), lines 3, 8d, 8c, 9d, 10c, and 11e)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Yen		_								
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	æ										
13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)   2,064,281   1,926,425     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   13,030,176   12,947,007     16   Professional fundraising fees (Part IX, column (A), line 11e)   0   0     17   Other expenses (Part IX, column (A), line 11e)   0   0   0     18   Total fundraising expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   12,339,697   11,851,764     19   Revenue less expenses Subtract line 18 from line 12   1,447,611   1,508,300     19   Revenue less expenses Subtract line 18 from line 12   1,447,611   1,508,300     20   Total assets (Part X, line 16)   33,097,897   34,197,524     21   Total liabilities (Part X, line 26)   14,974,183   16,292,587     22   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    Part II   Signature Block   Prim's signature   Prim's				, , , , , , , , , , , , , , , , , , , ,		•	,	<u> </u>			
14 Benefits paid to or for members (Part IX, column (A), line 4)		_							-	28,233,496	
15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   13,030,176   12,947,007   16a   Professional fundraising fees (Part IX, column (A), line 11e)								2,064,		_	
16a Professional fundraising fees (Part IX, column (A), line 11e)									0	0	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8	15			e benefits (Part 1x, Column (A	), imes		13,030,	176	12,947,007	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>e</u>	16a	Profes	sional fundraising fees (Part IX,	column (A), line 11e)			0			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	ੜੇ	Ь	Total fu	ndraising expenses (Part IX, column (D)	, line 25) 🕨 1,593,523						
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    Net		17	Other	expenses (Part IX, column (A), l	nes 11a-11d, 11f-24e) .			12,339,	697	11,851,764	
Beginning of Current Year  20 Total assets (Part X, line 16)		18	Total e	expenses Add lines 13–17 (mus	t equal Part IX, column (A), lı	ne 25)		27,434,	154	26,725,196	
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    X=******   2013-06-30			Reven	ue less expenses Subtract line :	8 from line 12					1,508,300	
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    X=******	\$ 5 6 6 7						Begin	_	nt	<b>End of Year</b>	
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    X=******	Set	20	Total	assets (Part X. line 16)					897	34.197.524	
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    X=******	AB AB	21					. 🖯			17,904,937	
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  Signature of officer    Name   Proparer's name   Proparer's signature   Date   Check   If self-employed	žÏ	22							-	16,292,587	
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    X*****   2013-06-30	Pa	rt II									
Here    KEVIN MANN CHIEF FINANCIAL OFFICER     Type or print name and title    Print/Type preparer's name   Rita F Worster CPA     Firm's name   ► BKD LLP     Firm's EIN ►	my k prep	nowle arer h	dge and las any kr	belief, it is true, correct, and com nowledge **				) is based on			
Print/Type preparer's name Rita F Worster CPA  Firm's name BKD LLP  Preparer's signature  Date  Check if self-employed  Firm's EIN F											
Paid  Rita F Worster CPA  Firm's name  BKD LLP  Self-employed  Firm's EIN			Туре	or print name and title						-	
Firm's name  BKD LLP Firm's EIN F					Preparer's signature	Da	ate		PTIN		
				irm's name 🕨 BKD LLP	•				•		

Firm's address ► 111 South Tejon Suite 800

Colorado Springs, CO 809039848

May the IRS discuss this return with the preparer shown above? (see instructions)

Use Only

Phone no (719) 471-4290

✓ Yes No

Forr	n 990 (2012)					Page <b>2</b>
Pai		_				
1	MEMBER SECTION SERVICES - PLANS/COORDINATES EFFORTS TO STIMULATE ENROLLMENT OF MEMBERS IN THE ASSOCIATION AND TO F AND SUPPORT TO MEMBERS TO STRENGTHEN THE WATER COMMUNITY THE ASSOCIATION HAD 49,996 MEMBERS AT 12/31/12	CIENT WATER FOR ALL				
THR	OUGH COLLECTIV	/E LEADERSHIP, AWWA				
2			ant program s	ervices during the year	which were not listed on	┌ Yes ┌ No
	If "Yes," describe	these new services on S	chedule O			
3		on cease conducting, or	make sıgnıfıca	nt changes in how it co	nducts, any program	┌ Yes ┌ No
	If "Yes," describe	these changes on Sched	ule O			
4	expenses Section	n 501(c)(3) and 501(c)(4	l) organization	s are required to report		
4a	(Code	) (Expenses \$	7,102,918	ıncludıng grants of \$	1,883,025 ) (Revenue \$	11,573,613 )
						TO PROVIDE INFORMATION
4b	(Code	) (Expenses \$	5,466,719	ıncludıng grants of \$	) (Revenue \$	6,064,071 )
		BSCRIPTIONS - INCLUDES PUE	BLICATION AND SA	LE OF BOOKS, MANUALS, H	ANDBOOKS, REPORTS, ETC FOR USE	BY THE PUBLIC AND WATER
4c	(Code	) (Expenses \$	4,732,913	ıncludıng grants of \$	) (Revenue \$	7,591,252 )
		MBERSHIP CONFERENCES WH			ONS ARE DISCUSSED TO ASSIST PEOP OST 13,000 ATTENDEES	LE IN PUBLIC WATER SUPPLY

Part IV	Checklist of	Required	<b>Schedules</b>

			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	Yes	140
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 😼	2	Yes	
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		No
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	Yes	
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
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	Yes	
С	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		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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 and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
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	Yes	
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		No
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		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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? If "Yes," complete Schedule J	23	Yes	
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>99</b> 0	(2012)

	Check if Schedule O contains a response to any question in this Part V	•	Yes	N
la	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   98		163	<u> </u>
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
,	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u>.</u>	.,	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
3	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	Yes	
b	If "Yes," enter the name of the foreign country ▶CA			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
•	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<u> </u>
		5b		_
3	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		ı
	organization solicit any contributions that were not tax deductible as charitable contributions?	<u> </u>		_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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		r
)	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
2	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		
<b>a</b>	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		_ [
J	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		
	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		
	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
	Section 501(c)(7) organizations. Enter	95		
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities	1		
,	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	-		
a	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	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			lacksquare
D	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			
2	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		i Ir
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		⊢-ˈ

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

_Se	ection A. Governing Body and Management					
					Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	1a	5 9			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	5 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2	Yes	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management con			3		No
4	Did the organization make any significant changes to its governing documents since filed?	e the p	rıor Form 990 was	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the or	rganız	ation's assets? .	5		No
6	Did the organization have members or stockholders?			6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?	verto	elect or appoint one or	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?	al by) r	nembers, stockholders,	7b		No
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	ndertaken during the			
	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	•		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If</i> "Yes," provide the names and addresses in Schedule			9		No
_Se	ection B. Policies (This Section B requests information about policies not	requi	ired by the Internal H	Revenu	ue Cod	le.)
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization			10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of it the form?	ts gov • •	erning body before filing	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this F	orm 9	90			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 .			12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	ly inte	rests that could give	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done	the p	olicy? <i>If "Yes," describe</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?			13	Yes	
14	Did the organization have a written document retention and destruction policy? .			14		No
15	Did the process for determining compensation of the following persons include a revi independent persons, comparability data, and contemporaneous substantiation of th					
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
b	Other officers or key employees of the organization			15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				<u> </u>	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?	orsım	ılar arrangement with a	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organic participation in joint venture arrangements under applicable federal tax law, and take	e step	s to safeguard the			
	organization's exempt status with respect to such arrangements?			16b		
Se		•		16b		
Se	organization's exempt status with respect to such arrangements?			16b		
	organization's exempt status with respect to such arrangements?	e), 99	0, and 990-T (501(c)	16b		

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization FTHE ORGANIZATION 6666 WEST QUINCY AVENUE DENVER, CO (303)794-7711

Form	990	(2012)
------	-----	--------

#### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### 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, or 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

	1	1		(C)							
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	A verage hours per more than week (list any hours and a dire				unless officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
		organizations below	organizations below	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2,1035 11130,	MISC)
See Additional Data Table											
	•	•	•							Form <b>990</b> (2012)	

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

	<b>(A)</b> Name and Title	A verage hours per week (list any hours and a director/trustee)  A verage hours per week (list any hours and a director/trustee)  A verage hours per wore than one box, unless compensation from the and a director/trustee)  A verage hours person is both an officer and a director/trustee)  A verage hours person is both an officer organization (W- organizations (W- organizations (W- organizations) (W- organizatio							0	(F) Estima mount o compens from t	ted fother ation he		
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		ganızatı relate organıza	d
1b c	Sub-Total	· · · · · · · · · · · · · · · · · · ·	ection A	٠.	•			-					
d	Total (add lines 1b and 1c) .						•	۰	1,488,346	(	0		171,028
2	Total number of individuals (in \$100,000 of reportable compo						d abov	e) w	ho received more th	nan			
												Yes	No
3	Did the organization list any <b>f</b> o on line 1a? <i>If</i> "Yes," complete 5					key •	emplo	yee, •	or highest compen	sated employee	3		No
4	For any individual listed on lin organization and related organ individual										4	Yes	
5	Did any person listed on line 1 services rendered to the organ									or individual for	5		No
Se	ection B. Independent Co	ntractors											
1	Complete this table for your five compensation from the organization	ve highest comp										ax year	

(A)	(B)	(C)
Name and business address	Description of services	Compensation
QUADGRAPHICS INC , PO BOX 644840 PITTSBURGH PA 152644840	PRINTING SERVICES	839,698
FREEMAN COMPANIES , PO BOX 650036 DALLAS TX 752650036	CONVENTION MGMT	528,889
CRITIGEN LLC , 7604 TECHNOLOGY WAY SUITE 300 DENVER CO 80237	COMPUTER HOSTING	302,454
SHERATON HOTELS , one starpoint STAMFORD CT 06902	meeting facilities	296,333
arthur j gallaher mmc inc , po box 742205 LOS ANGELES CA 900742205	ıns broker services	263,189
Tabal words on Sandan and out a submark of the last of the sandan to the	diele de la constantina del constantina de la constantina de la constantina del constantina de la cons	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►22

			o contains a respon	ise to any question i	n this Part VIII .  (A)  Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
μ <u>ν</u> 1	.a	Federated campaı	gns <b>1a</b>					
continutions, oills, orants and Other Similar Amounts	b	Membership dues	1b					
5 🚆	С	Fundraising event	s <b>1c</b>					
arg.	d	Related organizati	ons <b>1d</b>					
2.12	e	Government grants (c	contributions) <b>1e</b>	41,209				
<u> </u>	f	All other contributions,	, gifts, grants, and <b>1f</b>	40,383				
Other Similar Amounts		sımılar amounts not ın	ncluded above					
<u> </u>	g	Noncash contributions 1a-1f \$	included in lines					
and	h	<b>Total.</b> Add lines 1	a-1f	· · · •	81,592			
a l				Business Code				
	2a	MEMBERSHIP DUES		900099	11,573,613	11,573,613		
88. S	b	CONFERENCES & SEM	IINARS	561499	7,591,252	7,591,252		
- 	С	ADVERTISING & SUBS	CRIPTIONS	511120	3,695,918	1,338,257	2,357,661	
	d	SPONSORSHIP REVEN	UE	511120	504,700	504,700		
š	e	ADMN/RNTL-WATER R FOR PPL	RSRCH FDN, WATER	900099	440,332	440,332		
Program Service Revenue	f	All other program	service revenue		481,380	481,380		
<u>ጅ</u>   ,	g	Total. Add lines 2	a-2f		24,287,195			
3		Investment incom	ne (including dividen	ds, interest,				204.000
			amounts) ent of tax-exempt bond		304,060			304,060
4	_			proceeds -	731,592			731,592
			(ı) Real	(II) Personal				
6	5a	Gross rents						
	b	Less rental expenses						
	c	Rental income	0	0				
d	ı	or (loss) Net rental income	or(loss)		О			
			(ı) Securities	(II) O ther		İ		
7	7a	Gross amount from sales of assets other than inventory						
	b	Less cost or						
		other basis and sales expenses						
	_	Gain or (loss)						
d		Net gain or (loss) Gross income from			0			
anuel nevenue	<b>Ju</b>	events (not includ						
		See Part IV, line 1						
<u> </u>	h	Less direct exper	anses b					
			ss) from fundraising	events 🛌	0			
9			n gaming activities 19	-				
c		Less direct exper	a nses b ss) from gaming acti	vities -	0			
		Gross sales of inv returns and allowa	entory, less inces .	-				
	L		a	3,578,258				
		Less cost of good Net income or (los	ds sold . . <b>b</b>   ss) from sales of inve	1,210,105	2,368,153	2,368,153		
	_	Miscellaneous R		Business Code	. , 1	. ,		
11	La	TRAVEL REVENU		900099	415,321			415,321
	_	MISCELLANEOU:		900099	45,583	45,583		
	c							
	d	All other revenue						
	e	<b>Total.</b> Add lines 1	1a-11d	🕨	460,904		-	<del></del>
12	2	Total revenue. See	e Instructions .	🕨	28,233,496	24,343,270	2,357,661	1,450,973

here ► [ if following SOP 98-2 (ASC 958-720)

Form 990 (2012) Page **10** Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 1,591,021 1,591,021 Grants and other assistance to individuals in the United States See Part IV, line 22 43,400 43,400 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 292,004 292,004 Benefits paid to or for members 0 Compensation of current officers, directors, trustees, and 932,553 393,510 539,043 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 8,787,856 6,057,323 2,200,206 530,327 Pension plan accruals and contributions (include section 401(k) 1,350,567 880,751 389,585 and 403(b) employer contributions) . . . . 80,231 1,185,598 759,621 359,249 Other employee benefits . . . . 66,728 10 690,433 442,365 209,209 38,859 11 Fees for services (non-employees) O Management . . . . 379,286 336,778 26,063 Legal . . . . . . . . 16,445 111,376 98,894 7,653 4,829 14,313 14,313 Lobbying . . . . . . . . . . . . Professional fundraising services See Part IV, line 17 0 0 Investment management fees . . . . . Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 1,209,384 1,073,845 83,104 Schedule O) . . . . . . . 52.435 Advertising and promotion . . 1,354,307 1,033,582 12 320,725 13 Office expenses . . . 2,054,781 1,870,292 1,578 182,911 14 Information technology . . 0 15 0 Royalties . 1,513,676 1,225 16 Occupancy . . . . . . 1,443,268 69,183 **17** 968,079 772,979 186,692 8,408 Travel . . . . . . . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . 0 1,971,096 19 Conferences, conventions, and meetings . 1,958,726 4,616 7,754 20 14,256 12,779 28 1,449 Payments to affiliates . . . . . . 21 O 1,018,936 1,886 22 Depreciation, depletion, and amortization . 912,329 104,721 23 253,274 230,744 429 22,101 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a MISCELLANEOUS 411,566 105,756 305,810 COMPLIMENTARY PUBLICATIONS 187,718 115,939 71,779 RECRUITING/TRAINING 143,345 128,513 194 14,638 d UBITAXES 204,000 204,000 e All other expenses 42,371 42,371 Total functional expenses. Add lines 1 through 24e 25 26,725,196 20,554,419 4,577,254 1,593,523 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check

Part X Balance Sheet

F.C.	rt X	Check if Schedule O contains a response to any question in this	Part	x					
					(A) Beginning of year		( <b>B)</b> End of year		
	1	Cash—non-interest-bearing			1,253,763	1	4,405,410		
	2	Savings and temporary cash investments			11,837,494	2	7,335,343		
	3	Pledges and grants receivable, net			0	3	0		
	4	Accounts receivable, net			778,098	4	914,207		
Assets	5	Loans and other receivables from current and former officers, diemployees, and highest compensated employees Complete Paschedule L	0	5	0				
	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and cand sponsoring organizations of section $501(c)(9)$ voluntary enorganizations (see instructions) Complete Part II of Schedule L	buting employers			0			
85	7	Notes and leans reservable, not	Notes and loans receivable, net						
Ą	8	Inventories for sale or use			772,538		661,524		
	9		Prepaid expenses and deferred charges						
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	526,641	9	535,580				
	ь	Less accumulated depreciation	10a 10b	10,822,160	8,217,184	10c	7,946,204		
	11	Investments—publicly traded securities		<u> </u>	1,010,082	$\vdash$	1,008,087		
	12	Investments—other securities See Part IV, line 11			8,585,000		11,310,000		
	13	Investments—program-related See Part IV, line 11	0		0				
	14	Intangible assets			0		0		
	15	Other assets See Part IV, line 11			117,097		81,169		
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			33,097,897	$\vdash$	34,197,524		
	17	Accounts payable and accrued expenses			2,450,885		2,381,576		
	18	Grants payable	0		0				
	19	Deferred revenue			8,909,783		9,127,071		
	20	Tax-exempt bond liabilities			700.000		360,000		
_	21	Escrow or custodial account liability Complete Part IV of Sche		0		0			
Liabilities	22	Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualif	rs, tr				<u>_</u>		
ge		persons Complete Part II of Schedule L			0	22	0		
Ξ	23	Secured mortgages and notes payable to unrelated third parties	s .		0	23	0		
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0		
	25	Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24) Complete Par	t X of	Schedule	0.000.040		2 222 222		
		D			6,063,046		6,036,290		
	26	Total liabilities. Add lines 17 through 25			18,123,714	26	17,904,937		
ĭ	27	lines 27 through 29, and lines 33 and 34.  Unrestricted net assets			13,208,911	27	14,495,448		
<u>ದ</u>			•		495,594	$\vdash$	491,191		
ă	28	Temporarily restricted net assets	•		1,269,678		1,305,948		
Ĭ	29	Permanently restricted net assets			1,269,678	29	1,305,946		
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	ere ►	<sub>j</sub> and					
<u> 2</u>	30	Capital stock or trust principal, or current funds	•			30			
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31			
Ą	32	Retained earnings, endowment, accumulated income, or other for	unds			32			
Zet	33	Total net assets or fund balances			14,974,183	33	16,292,587		
	34	Total liabilities and net assets/fund balances			33,097,897	34	34,197,524		

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		28,7	233,496
2	Total expenses (must equal Part IX, column (A), line 25)	2		26.7	725,196
3	Revenue less expenses Subtract line 2 from line 1	3			508,300
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Net unrealized gains (losses) on investments	5		14,5	2,696
6	Donated services and use of facilities	6			2,030
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			192,592
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			292,587
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	ie	За		No
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				

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As Filed Data -

DLN: 93493175008583

**Employer identification number** 

OMB No 1545-0047

**SCHEDULE A** (Form 990 or 990EZ)

Department of the Treasury

Name of the organization

AMERICAN WATER WORKS ASSOCIATION

Internal Revenue Service

Total

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection

		Reason for Public Charity Status (All organizations must complete this part.) See instructions.									
	rt I									structions	•
	organı:		•	te foundation becaus	•			•	•		
1		A chur	ch, convent	on of churches, or a	ssociation of	churches de	escribed in <b>s</b> e	ection 170(b	o)(1)(A)(i).		
2	Г	A scho	ol described	in <b>section 170(b)(1</b>	l <b>)(A)(ii).</b> (At	tach Schedu	ıle E )				
3	Γ	A hosp	ital or a coo	perative hospital se	rvice organiz	atıon descrı	bed in <b>sectio</b>	n 170(b)(1)	(A)(iii).		
4	Γ	A medi	cal researc	h organization operat	ted ın conjun	ction with a	hospital desc	cribed in <b>sec</b>	tion 170(b)(	1)(A)(iii). E	nter the
	_			ty, and state							
5		An orga	anızatıon op	erated for the benefi	t of a college	or universit	ty owned or o	perated by a	government	al unit desc	ribed in
		sect ion	170(b)(1)(	(A)(iv). (Complete P	art II )						
6	Γ	A feder	al, state, or	local government or	government	al unit desc	rıbed ın <b>secti</b>	on 170(b)(1	.)(A)(v).		
7	Γ	An organization that normally receives a substantial part of its support from a governmental unit or from the general public									
	_	describ	oed in <b>sectio</b>	on 170(b)(1)(A)(vi).	(Complete P	art II )					
8	<u> </u>			described in <b>section</b>							
9	✓	_		at normally receives					•		-
		-		ities related to its e	•	=					
		ıts sup	port from gr	oss investment inco	me and unrel	ated busine	ss taxable ın	come (less	section 511	tax) from bu	isinesses
		acquire	ed by the org	ganızatıon after June	30,1975 S	ee <b>section 5</b>	<b>509(a)(2).</b> (C	omplete Par	tIII)		
10	Γ	An organization organized and operated exclusively to test for public safety See section 509(a)(4).									
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See <b>section 509(a)(3).</b> Check									
				lbes the type of supp						ee <b>section 5</b>	<b>09(a)(3).</b> Check
				<b>b</b> Type II <b>c</b>						n-functiona	IIv integrated
e	Г			ox, I certify that the							
	•		_	on managers and otl	_					•	•
			n 509(a)(2)								
f			-	received a written de	etermination	from the IRS	S that it is a	Type I, Type	e II, or Type	III supporti	ng organization,
			this box	2006, has the organi	ization accor	stad any gift	or contribution	on from any	of the		ı
g			ng persons?	2006, ilas tile orgalii	ization accep	ited any grit	or contribution	on nom any	or the		
				rectly or indirectly o	ontrols, eith	er alone or t	ogether with	persons des	scribed in (ii)		Yes No
		and (III	) below, the	governing body of th	e supported	organization	1?			11g	(i)
				er of a person descri		_				11g	
			•	lled entity of a perso			above?			11g(	
h				ng information about						[5	
							, , , ,				
(	i) Nam	ne of	(ii) EIN	(iii) Type of	(iv) Is t	he	(v) Did you	notify	(vi) Is t	the	(vii) A mount of
•	suppor		(,	organization	organizati		the organiz	•	organizati		monetary
0	organization			(described on	col (i) list	ted in	ın col <b>(i)</b> o	fyour	col (i) orga	anızed	support
				lines 1- 9 above	your gove	-	suppor	t?	ın the U S ?		
				or IRC section	docume	nt <sup>7</sup>					
				(see instructions))		Ι		Γ		ı	_
				instructions, )	Yes	No	Yes	No	Yes	No	

Sch	edule A (Form 990 or 990-EZ) 2012							Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	iplete Pa	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	<b>Total.</b> Add lines 1 through 3							
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) <b>Public support.</b> Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 20	)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV )							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	<b>First five years.</b> If the Form 990 is this box and <b>stop here</b>							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and <b>stop here.</b> The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	<b>►</b> □
b	<b>33</b> 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and <b>stop here.</b> The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	<b>▶</b> □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							<b>▶</b> ┌

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 201	2	<b>(f)</b> Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	181,291	100,786	44,195	144,949	8	1,592	552,813	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	28,641,184	27,093,416	26,166,504	25,808,157	25,55	3,375	133,262,636	
3	Gross receipts from activities that are not an unrelated trade or business under section 513	1,001,464	498,225	417,762	549,989	41	.5,321	2,882,761	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0	
5	The value of services or facilities furnished by a governmental unit to the organization without charge							0	
6	<b>Total.</b> Add lines 1 through 5	29,823,939	27,692,427	26,628,461	26,503,095	26,05	0,288	136,698,210	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							0	
b	A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	261,302	31,473	45,613	37,884	2	4,254	400,526	
С	Add lines 7a and 7b	261,302	31,473	45,613	37,884	2	4,254	400,526	
8	Public support (Subtract line 7c							136,297,684	
50	tion B. Total Support								
	ndar year (or fiscal year						$\overline{}$		
Cuic	beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	2	(f) Total	
9	Amounts from line 6	29,823,939	27,692,427	26,628,461	26,503,095	26,05	0,288	136,698,210	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,462,117	1,271,886	1,081,389	1,106,362	1,03	5,652	5,957,406	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							0	
C	Add lines 10a and 10b	1,462,117	1,271,886	1,081,389	1,106,362	1,03	5,652	5,957,406	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	589,241	383,667	416,482	381,485	30.	2,539	2,073,414	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							0	
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)	31,875,297	29,347,980	28,126,332	27,990,942	27,38	8,479	144,729,030	
14	First five years. If the Form 990 is check this box and stop here	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	a 501(c)(3)	organ	nization,	
	ction C. Computation of Pub								
15	Public support percentage for 2012			13, column (f))		15		94 174 %	
16	Public support percentage from 20	11 Schedule A, P	art III, line 15			16		94 141 %	
	ction D. Computation of Inv								
17	Investment income percentage for	<b>2012</b> (line 10c, c	olumn (f) dıvıded	by line 13, colum	nn (f))	17		4 116 %	
18	Investment income percentage from					18		4 392 %	
19a	33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493175008583

### OMB No 1545-0047

**SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** AMERICAN WATER WORKS ASSOCIATION 13-5660277 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

section 4911 tax for this year?

┌ Yes ┌ No

# Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check ► If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means an		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	16,254	
b	Total lobbying expenditures to influence a legisla	102,193		
c	Total lobbying expenditures (add lines 1a and 1b	118,447		
d	O ther exempt purpose expenditures		26,606,749	
e	Total exempt purpose expenditures (add lines 1	26,725,196		
f	Lobbying nontaxable amount Enter the amount f	1,000,000		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lin	e 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ento	er -0-		
i	Subtract line 1f from line 1c If zero or less, ente	r-0-		
j	If there is an amount other than zero on either lir	ne 1h or line 1ı, did the organization file Form 472	0 reporting	□ Ves □ No

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

**Lobbying Expenditures During 4-Year Averaging Period** Calendar year (or fiscal year (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) Total beginning in) 1,000,000 1,000,000 1,000,000 1,000,000 4,000,000 Lobbying nontaxable amount Lobbying ceiling amount 6,000,000 (150% of line 2a, column(e)) 150,650 Total lobbying expenditures 125,445 148,716 118,447 543,258 Grassroots nontaxable amount 250,000 250,000 250,000 250,000 1,000,000 Grassroots ceiling amount 1,500,000 (150% of line 2d, column (e)) 19,302 16,763 16,748 16,254 69,067 Grassroots lobbying expenditures

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has Notice filed Form 5768 (election under section 501(h)).	ОТ			7 0	ge <b>S</b>
	Week Week was a second of the	( 6	a)		(b)	
activ	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying vity.	Yes	No	1	Amoun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities?					
j	Total Add lines 1c through 1:					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 505(c)(6).	01(c	)(5), (	or s		
_			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			3		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?					
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 505(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier Return Reference Explanation

DLN: 93493175008583

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

Internal Revenue Service

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

**Supplemental Financial Statements** 

Open to Public Inspection

	me of the organization ERICAN WATER WORKS ASSOCIATION	Employer identification number						
MIYI	LICHIN MALIEK MOKKO ASSOCTATION		13-5660277					
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990	, Part IV, line 6.	inds or Accounts. Complete if the					
		(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 advisor funds are the organization's property, subject to the or		or advised <b>Yes No</b>					
6	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the beneficonferring impermissible private benefit?							
Pa	rt III Conservation Easements. Complete if	the organization answered "Yes" to	Form 990, Part IV, line 7.					
1 2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education)  Preservation of an Preservation of a c	ertified historic structure					
	easement on the last day of the tax year	_						
			Held at the End of the Year					
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements		2b					
C	Number of conservation easements on a certified histo	oric structure included in (a)	2c					
d	Number of conservation easements included in (c) acc historic structure listed in the National Register	uired after 8/17/06, and not on a	2d					
3	Number of conservation easements modified, transferr	ed, released, extinguished, or terminated	d by the organization during					
	the tax year 🗠							
4	Number of states where property subject to conservat	ion easement is located 🗠						
5	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	ling of violations, and					
6	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	ents during the year					
•	<b></b>	-	•					
7	A mount of expenses incurred in monitoring, inspecting	. and enforcing conservation easements	during the year					
/	<b>▶</b> \$	,	J ,					
8	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of sect	tion 170(h)(4)(B)(i)					
9	In Part XIII, describe how the organization reports coi balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the organization's financial	•					
Par	till Organizations Maintaining Collection Complete if the organization answered "Y	s of Art, Historical Treasures, o	or Other Similar Assets.					
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	16 (ASC 958), not to report in its reven ts held for public exhibition, education, o	or research in furtherance of public					
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes	ts held for public exhibition, education, o						
	(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$					
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$					
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS							
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$					

**b** Assets included in Form 990, Part X

Part L											<u>ntinued)</u>
	sing the organization's acquisition, access ollection items (check all that apply)	ion, and other recor	as, cr	песк а	•	_		significant us	e or i	ts	
а	Public exhibition		d	ı	Loan or e	xchange progr	ams				
ь Г	Scholarly research		e	Г	Other						
сГ	Preservation for future generations										
	rovide a description of the organization's co art XIII	ollections and expla	ın hov	w the	/ further th	e organization	ı's ex	empt purpose	ın		
	uring the year, did the organization solicit (							ıılar	_		_
	ssets to be sold to raise funds rather than t								<u> </u>		│ No
Part 1	Part IV, line 9, or reported an an					ion answere	a "Y	es" to Form	990,		
	s the organization an agent, trustee, custoc icluded on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontribution	is or other ass	ets r	not	<b>┌</b> ¥	es	┌ No
<b>b</b> If	"Yes," explain the arrangement in Part XII	I and complete the	follov	vıng t	able	_					
								Α	mour	it	
<b>c</b> B	C Beginning balance										
d A	dditions during the year						1d				
<b>e</b> D	istributions during the year						1e				
f E	nding balance						1f				
<b>2a</b> D	id the organization include an amount on Fo	orm 990, Part X, lin	e 21?						┌ ¥	'es	┌ No
<b>b</b> If	"Yes," explain the arrangement in Part XII	I Check here if the	expla	anatio	n has beer	n provided in P	art >	KIII			Γ
Part											
		(a)Current year	(b)	Prior y		Two years back	+				ars back
<b>1a</b> Be	eginning of year balance	1,815,272		1,7	775,610	1,728,006	_	1,605,606			1,541,596
	ontributions	36,390			37,803	41,345	<u> </u>	94,269	<u> </u>		39,349
c N	et investment earnings, gains, and losses	38,877			45,736	53,115	5	64,898	,		72,278
<b>d</b> G	rants or scholarships	43,400			43,877	46,856	,	36,767	1		47,617
	ther expenditures for facilities										
f A	dministrative expenses										
g E	nd of year balance	1,847,139		1,8	315,272	1,775,610		1,728,006			1,605,606
<b>2</b> P	rovide the estimated percentage of the cur	ent year end balan	ce (lın	ie 1g,	column (a	)) held as					
a B	oard designated or quasi-endowment ►	2 710 %									
<b>b</b> P	ermanent endowment 🕨 70 700 %										
	emporarily restricted endowment > 26 ! he percentages in lines 2a, 2b, and 2c sho	590 % uld equal 100%									
	re there endowment funds not in the posse		atıon '	that a	are held an	d administere	d for	the			
	rganızatıon by	_								Yes	No
(i	) unrelated organizations						•		(i)		No
-	i) related organizations								(ii)		No_
	"Yes" to 3a(II), are the related organizatio						•	🗀	3b		
4 D	escribe in Part XIII the intended uses of the VI Land, Buildings, and Equipme										
Part	Description of property	int. See Follii 99	10, Pa	(a)	Cost or othe cost or othe			(c) Accumulate depreciation		( <b>d)</b> Bo	ok value
<b>1a</b> Lar				+		251	2,423		+		252,423
	Idings		-			10,066		4,028,	)92	-	5,038,614
	asehold improvements		•			<del>-  </del>	9,810	209,	-	•	,,050,014
	uipment		•				3,111	1,573,	-		84,383
				$\vdash$			1,314		-		1,570,784
	add lines 1a through 1e <i>(Column (d) must e</i>	aual Form 990. Part		ımn (i	3), line 10/6						7,946,204
	agii _ c (asiaiiii (a) iiiast c	-,	., 55,4	(1	-,, 10(0	-,-, - • •	-	Schedule			

Part VII Investments—Other Securities. Se	e Form 990, Part X, line 1.	2.
(a) Description of security or category	( <b>b)</b> Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(3)Other (A) CERTIFICATE OF DEPOSITS	11,310,000	F
(A) CERTIFICATE OF BET OSITS	11,510,000	'
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	11,310,000	
Part VIII Investments—Program Related. S		
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>F</b>	
Part IX Other Assets. See Form 990, Part X,		
(a) Desc	ription	(b) Book value
Tabal (Column (b) mont and 5	45.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. See Form 990, Part		
1 (a) Description of liability	(b) Book value	
Federal Income taxes	0	
PENSION LIABILITY	6,036,290	
	+	
	1	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<b>▶</b> 6,036,290	

	(, , ,		i age i
Par	XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	29,253,705
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines 2a through 2d	2e	1,020,209
3	Subtract line <b>2e</b> from line <b>1</b>	3	28,233,496
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII ) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	28,233,496
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per	Return
1	Total expenses and losses per audited financial statements	1	27,935,301
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines 2a through 2d	2e	1,210,105
3	Subtract line <b>2e</b> from line <b>1</b>	3	26,725,196
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	26,725,196

#### Part XIII 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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
PART V, LINE 4	DESCRIBE THE INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS	THE ORGANIZATION HAS DONOR RESTRICTED ENDOWMENT FUNDS ESTABLISHED FOR THE PURPOSES OF PROVIDING INCOME TO AWARDS AND SCHOLARSHIPS THE ASSOCIATION RECEIVES CONTRIBUTIONS IN SUPPORT OF THE FOLLOWING AWARDS (1) WOLMAN - AN AWARD OF EXCELLENCE TO RECOGNIZE THOSE WHOSE CAREERS IN THE WATER WORKS INDUSTRY EXEMPLIFY VISION, CREATIVITY, AND EXCELLENT PROFESSIONAL PERFORMANCE CHARACTERISTIC OF ABEL WOLMAN'S LONG AND PRODUCTIVE CAREER (2) LARSON - SCHOLARSHIPS HONOR THE MEMORY OF DR LARSON BY PROVIDING SUPPORT AND ENCOURAGEMENT TO OUTSTANDING GRADUATE STUDENTS PREPARING FOR CAREERS IN THE FIELDS OF SCIENCE OR ENGINEERING TO WHICH DR LARSON MADE SIGNIFICANT CONTRIBUTIONS
Part XI, Line 2d	Reconciliation of Revenue	Cost of Goods Sold Reclassed From Revenue and Netted Against Expense 1,210,105 Change in Minimum Pension Liability (192,592) Total (1,017,513)
Part XII, Line 2d	Reconciliation of Expense	Cost of Goods Sold Reclassed From Revenue and Netted Against Expense 1,210,105 Total 1,210,105
Part X, Question 2	Uncertain Tax Positions	Management has evaluated their income tax positions under the guidance included in ASC 740 Based on their review, management has not identified any material uncertain tax positions to be recorded or disclosed in the financial statements

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DLN: 93493175008583

OMB No 1545-0047

Open to Public

Inspection

#### **SCHEDULE F** (Form 990)

Department of the Treasury

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" to Form 990,

> Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Internal Revenue Service Name of the organization

**Employer identification number** 

IYI E	RICAN WATER WORKS ASSOCI	ATION			13-5660277	
Pa	<b>General Informatio</b> "Yes" to Form 990, Pa			<b>he United States.</b> C	omplete if the organiza	ation answered
1	<b>For grantmakers.</b> Does the assistance, the grantees' eligible the grants or assistance?	gibility for the	grants or assı	stance, and the select	ion criteria used to awa	
2	<b>For grantmakers.</b> Describe in the United States.	n Part V the or	ganızatıon's p	procedures for monitor	ing the use of grant fur	nds outside
3	Activites per Region (The follow	ving Part I, line :	3 table can be o	luplicated if additional sp	ace is needed )	
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	<b>(f)</b> Total expenditures for and investments in region
	North America			Grantmaking	OPERATING SUPPORT	292,004
	East Asia and the Pacific			Program Services	conference/travel	38,463
	North America			Program Services	conference/travel	65,24
	-					
_	Cub total					205 71/
	Sub-total  Total from continuation sheets					395,710

to Part I

c Totals (add lines 3a and 3b)

395,710

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	( <b>g)</b> Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	O per Support	30,072	check			
-		North America	O per Support	37,148	check			
		North America	O per Support	138,235	check			
		North America	O per Support	17,709	check			
		North America	O per Support	53,840	check			
		North America	O per Support	15,000	check			
			listed above that are i tee or counsel has pro					6

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
							appraisal, other)

#### Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	⊽	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	<u> </u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	<u> </u>	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	<u> </u>	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	<u> ~</u>	Νo

Schedule F (Form 990) 2012

Part V Supplemental Information
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Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE U S		MEMBER SECTION ALLOTMENTS THE ASSOCIATION'S BOARD OF DIRECTORS APPROVES ANNUAL ALLOTMENTS EACH YEAR PAYABLE TO ITS MEMBER SECTIONS THIS ALLOTMENT PROVIDES OPERATIONAL SUPPORT TO THE MEMBER SECTIONS FOR THE CALENDAR YEAR

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**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

DLN: 93493175008583

Open to Public

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

lame of the organization						Employer identificati	on number
AMERICAN WATER WORKS ASSOCI	ATION					13-5660277	
Part I General Informatio	n on Grants an	d Assistance				•	
<ol> <li>Does the organization maintain the selection criteria used to aw</li> <li>Describe in Part IV the organization</li> </ol>	ard the grants or as	ssistance?					▽ Yes
Part II Grants and Other A Form 990, Part IV, line							es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table	1	ı					ı
<ul><li>Enter total number of section 50</li><li>Enter total number of other orga</li></ul>							38
				0			

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>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) AWARDS (WOLMAN)	3	31,400			
(2) SCHOLARSHIPS (LARSON)	2	12,000			
				•	

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE U S		FUNDS ARE DISTRIBUTED AS AWARDS AND SCHOLARSHIPS TO RECIPIENTS SCHOLARSHIP FUNDS SUPPORT EDUCATION FEES IN REGARDS TO THE WOLMAN AWARDS - MID-WAY THROUGH THE YEAR OF SUPPORT, AWWA REQUESTS FROM THE STUDENT A LETTER STATING THE PROGRESS TOWARDS THEIR DEGREE TO INCLUDE AN ABSTRACT OF RESEARCH, AND ALSO A LETTER FROM THEIR ADVISOR WITH SIMILAR INFORMATION MEMBER SECTION ALLOTMENTS THE ASSOCIATION'S BOARD OF DIRECTORS APPROVES ANNUAL ALLOTMENTS EACH YEAR PAYABLE TO ITS MEMBER SECTIONS THIS ALLOTMENT PROVIDES OPERATIONAL SUPPORT TO THE MEMBER SECTIONS FOR THE CALENDAR YEAR CONTRIBUTIONS PAYABLE WATER FOR PEOPLE AWWA MAINTAINS A PROGRAM WHEREBY A VOLUNTARY CONTRIBUTION IS MADE TO WATER FOR PEOPLE IN SUPPORT OF THEIR ORGANIZATIONAL ACTIVITIES

(h) Purpose of grant

Software ID: **Software Version:** 

**EIN:** 13-5660277

Name: AMERICAN WATER WORKS ASSOCIATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of g or assistance			
WATER 50 R REORI 51 00 5	04 1166140	501/6//2/	27.650	1			L			

ı				other)	
WATER FOR PEOPLE100 E Tennessee Ave Denver,CO 80209	84-1166148	501(C)(3)	27,650		O perating Support
ALASKA22457 Hilltop Cir Chugiak, AK 995675708	92-0104130	501(C)(3)	15,000		O perating Support
ALABAMA - MISSISSIPPIpo box 430 cleveland, MS 38732	23-7026150	501(C)(3)	32,213		O perating Support
ARIZONA1042 Wllw Crk Rd A101-510 Prsctt, AZ 86301	23-7026151	501(C)(3)	29,482		O perating Support
CALIFORNIA-NEVADA 10574 Acacia St D6 Rancho Ccmnga, CA 91730	94-6114828	501(C)(3)	211,946		O perating Support
CHESAPEAKE1001 LILY SPRGS RD GLENVILLE,PA 17329	52-1182688	501(C)(3)	26,785		O perating Support
CONNECTICUT944 prospect st naugatuck,CT 06770	06-6100180	501(C)(3)	20,656		O perating Support
FLORIDA1300 9TH ST BLD B-124 SAINT CLOUD,FL 34769	23-7027079	501(C)(3)	78,759		O perating Support
GEORGIA8055 brookwood way cumming, GA 30041	58-1815129	501(C)(3)	42,269		O perating Support
HAWAII2153 N KING ST SUITE 200 Honolulu, HI 96819	99-0165772	501(C)(3)	15,000		O perating Support
ILLINOIS545 S Randall Rd St Charles, IL 601741533	23-7026152	501(C)(3)	55,819		O perating Support
INDIANA8365 Keystone Xng St 300 Indnpls,IN 46240	23-7026153	501(C)(3)	37,543		O perating Support
INTERMOUNTAIN3430 Danish Rd Sandy, UT 840932139	23-7026154	501(C)(3)	17,214		O perating Support
iowa100 court ave 203 des moines,IA 50309	23-7026138	501(C)(3)	18,124		O perating Support
KANSASPO BOX 3046 SALINA,KS 67402	23-7026155	501(C)(3)	15,000		O perating Support
KENTUCKY-TENNESSEEPO Box 22788 Louisville,KY 402520788	23-7026156	501(C)(3)	49,383		O perating Support
MICHIGANPO Box 609 Grand Ledge, MI 488370609	38-6073280	501(C)(3)	45,032		O perating Support
MINNESOTA701 XENIA AVE 600	23-7026161	501(C)(3)	28,984		O perating Support
MINNEAPOLIS, MN 55416  MISSOURI2717 SW MONARCH DR	23-7026157	501(C)(3)	24,320		O perating Support
LEES SUMMIT, MO 64082  MONTANAPO Box 582	23-7026158	501(C)(3)	15,000		O perating Support
			·		
Seeley Lake, MT 598680582 NEBRASKAPO Box 95026	23-7026159	501(C)(3)	15,000		O perating Support
Seeley Lake, MT 598680582  NEBRASKAPO Box 95026 Lincoln, NE 68509  NEW ENGLAND125 Hopping Brook Rd					O perating Support O perating Support
Seeley Lake, MT 598680582  NEBRASKAPO Box 95026 Lincoln, NE 68509  NEW ENGLAND125 Hopping Brook Rd Holliston, MA 01746  NEW JERSEY207 DEPEW ST	23-7026159	501(C)(3)	15,000		
Seeley Lake, MT 598680582  NEBRASKAPO Box 95026 Lincoln, NE 68509  NEW ENGLAND125 Hopping Brook Rd Holliston, MA 01746  NEW JERSEY207 DEPEW ST DUMONT, NJ 07628  NEW YORK614 7TH NORTH ST	23-7026159 04-1666330	501(C)(3) 501(C)(3)	15,000 54,349		O perating Support
Seeley Lake, MT 598680582  NEBRASKAPO Box 95026 Lincoln, NE 68509  NEW ENGLAND125 Hopping Brook Rd Holliston, MA 01746  NEW JERSEY207 DEPEW ST DUMONT, NJ 07628  NEW YORK614 7TH NORTH ST LIVERPOOL, NY 13088  NORTH CAROLINA 3725 National Dr Ste 217	23-7026159 04-1666330 22-6049378	501(C)(3) 501(C)(3) 501(C)(3)	15,000 54,349 37,806		O perating Support  O perating Support
Seeley Lake, MT 598680582  NEBRASKAPO Box 95026 Lincoln, NE 68509  NEW ENGLAND125 Hopping Brook Rd Holliston, MA 01746  NEW JERSEY207 DEPEW ST DUMONT, NJ 07628  NEW YORK614 7TH NORTH ST LIVERPOOL, NY 13088  NORTH CAROLINA 3725 National Dr Ste 217 Raleigh, NC 27612  NORTH DAKOTA 918 E Divide Ave	23-7026159 04-1666330 22-6049378 11-6026214	501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3)	15,000 54,349 37,806 63,118		O perating Support  O perating Support  O perating Support
Seeley Lake, MT 598680582  NEBRASKAPO Box 95026 Lincoln, NE 68509  NEW ENGLAND125 Hopping Brook Rd Holliston, MA 01746  NEW JERSEY207 DEPEW ST DUMONT, NJ 07628  NEW YORK614 7TH NORTH ST LIVERPOOL, NY 13088  NORTH CAROLINA3725 National Dr Ste 217 Raleigh, NC 27612  NORTH DAKOTA918 E Divide Ave Bismarck, ND 585011947  OHIO 3972 Indianola Ave	23-7026159 04-1666330 22-6049378 11-6026214 56-6045934	501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3)	15,000 54,349 37,806 63,118		O perating Support  O perating Support  O perating Support  O perating Support
Seeley Lake, MT 598680582  NEBRASKAPO Box 95026 Lincoln, NE 68509  NEW ENGLAND125 Hopping Brook Rd Holliston, MA 01746  NEW JERSEY207 DEPEW ST DUMONT, NJ 07628  NEW YORK614 7TH NORTH ST LIVERPOOL, NY 13088  NORTH CAROLINA3725 National Dr Ste 217 Raleigh, NC 27612  NORTH DAKOTA918 E Divide Ave Bismarck, ND 585011947	23-7026159 04-1666330 22-6049378 11-6026214 56-6045934 44-0420756	501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3)	15,000 54,349 37,806 63,118 40,734		O perating Support
Seeley Lake, MT 598680582  NEBRASKAPO Box 95026 Lincoln, NE 68509  NEW ENGLAND125 Hopping Brook Rd Holliston, MA 01746  NEW JERSEY207 DEPEW ST DUMONT, NJ 07628  NEW YORK614 7TH NORTH ST LIVERPOOL, NY 13088  NORTH CAROLINA3725 National Dr Ste 217 Raleigh, NC 27612  NORTH DAKOTA918 E Divide Ave Bismarck, ND 585011947  OHIO3972 Indianola Ave Columbus, OH 432143158  PACIFIC NORTHWESTPO Box 872467	23-7026159 04-1666330 22-6049378 11-6026214 56-6045934 44-0420756 23-7026162	501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3)	15,000 54,349 37,806 63,118 40,734 15,000		O perating Support
Seeley Lake, MT 598680582  NEBRASKAPO Box 95026 Lincoln, NE 68509  NEW ENGLAND125 Hopping Brook Rd Holliston, MA 01746  NEW JERSEY207 DEPEW ST DUMONT, NJ 07628  NEW YORK614 7TH NORTH ST LIVERPOOL, NY 13088  NORTH CAROLINA3725 National Dr Ste 217 Raleigh, NC 27612  NORTH DAKOTA918 E Divide Ave Bismarck, ND 585011947  OHIO 3972 Indianola Ave Columbus, OH 432143158  PACIFIC NORTHWESTPO Box 872467 VANCOUVER, OR 98687  PENNSYLVANIA1309 Bridge St New Cumberland, PA 17070  PUERTO RICOPO BOX 9648	23-7026159  04-1666330  22-6049378  11-6026214  56-6045934  44-0420756  23-7026162  23-7026163	501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3)	15,000 54,349 37,806 63,118 40,734 15,000 69,136 79,176		O perating Support
Seeley Lake, MT 598680582  NEBRASKAPO Box 95026 Lincoln, NE 68509  NEW ENGLAND125 Hopping Brook Rd Holliston, MA 01746  NEW JERSEY207 DEPEW ST DUMONT, NJ 07628  NEW YORK614 7TH NORTH ST LIVERPOOL, NY 13088  NORTH CAROLINA 3725 National Dr Ste 217 Raleigh, NC 27612  NORTH DAKOTA 918 E Divide Ave Bismarck, ND 585011947  OHIO 3972 Indianola Ave Columbus, OH 432143158  PACIFIC NORTHWESTPO Box 872467 VANCOUVER, OR 98687  PENNSYLVANIA 1309 Bridge St New Cumberland, PA 17070  PUERTO RICOPO BOX 9648 caguas, PR 00726  ROCKY MOUNTAIN9222 teddy In	23-7026159  04-1666330  22-6049378  11-6026214  56-6045934  44-0420756  23-7026162  23-7026163  23-7026164	501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3)	15,000 54,349 37,806 63,118 40,734 15,000 69,136 79,176		O perating Support
Seeley Lake, MT 598680582  NEBRASKAPO Box 95026 Lincoln, NE 68509  NEW ENGLAND125 Hopping Brook Rd Holliston, MA 01746  NEW JERSEY207 DEPEW ST DUMONT, NJ 07628  NEW YORK614 7TH NORTH ST LIVERPOOL, NY 13088  NORTH CAROLINA 3725 National Dr Ste 217 Raleigh, NC 27612  NORTH DAKOTA 918 E Divide Ave Bismarck, ND 585011947  OHIO 3972 Indianola Ave Columbus, OH 432143158  PACIFIC NORTHWESTPO Box 872467 VANCOUVER, OR 98687  PENNSYLVANIA 1309 Bridge St New Cumberland, PA 17070  PUERTO RICOPO BOX 9648 caguas, PR 00726  ROCKY MOUNTAIN9222	23-7026159  04-1666330  22-6049378  11-6026214  56-6045934  44-0420756  23-7026162  23-7026163  23-7026164  66-0343550	501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3)	15,000 54,349 37,806 63,118 40,734 15,000 69,136 79,176 60,302		O perating Support
Seeley Lake, MT 598680582  NEBRASKAPO Box 95026 Lincoln, NE 68509  NEW ENGLAND125 Hopping Brook Rd Holliston, MA 01746  NEW JERSEY207 DEPEW ST DUMONT, NJ 07628  NEW YORK614 7TH NORTH ST LIVERPOOL, NY 13088  NORTH CAROLINA3725 National Dr Ste 217 Raleigh, NC 27612  NORTH DAKOTA918 E Divide Ave Bismarck, ND 585011947  OHIO 3972 Indianola Ave Columbus, OH 432143158  PACIFIC NORTHWESTPO Box 872467 VANCOUVER, OR 98687  PENNSYLVANIA1309 Bridge St New Cumberland, PA 17070  PUERTO RICOPO BOX 9648 caguas, PR 00726  ROCKY MOUNTAIN9222 teddy In lonetree, CO 80124  SOUTH CAROLINA400 summerlea dr	23-7026159  04-1666330  22-6049378  11-6026214  56-6045934  44-0420756  23-7026162  23-7026163  23-7026164  66-0343550  23-7026165	501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3)	15,000 54,349 37,806 63,118 40,734 15,000 69,136 79,176 60,302 15,000 64,053		O perating Support
Seeley Lake, MT 598680582  NEBRASKAPO Box 95026 Lincoln, NE 68509  NEW ENGLAND125 Hopping Brook Rd Holliston, MA 01746  NEW JERSEY207 DEPEW ST DUMONT, NJ 07628  NEW YORK614 7TH NORTH ST LIVERPOOL, NY 13088  NORTH CAROLINA3725 National Dr Ste 217 Raleigh, NC 27612  NORTH DAKOTA918 E Divide Ave Bismarck, ND 585011947  OHIO 3972 Indianola Ave Columbus, OH 432143158  PACIFIC NORTHWESTPO Box 872467 VANCOUVER, OR 98687  PENNSYLVANIA1309 Bridge St New Cumberland, PA 17070  PUERTO RICOPO BOX 9648 caguas, PR 00726  ROCKY MOUNTAIN9222 teddy In lonetree, CO 80124  SOUTH CAROLINA400 summerlea dr columbia, SC 29203  SOUTH DAKOTA23343 479TH AVE EGAN, SD 57024  SOUTHWEST2820 N Pierce St	23-7026159  04-1666330  22-6049378  11-6026214  56-6045934  44-0420756  23-7026162  23-7026163  23-7026164  66-0343550  23-7026165  23-7026165	501(C)(3)	15,000 54,349 37,806 63,118 40,734 15,000 69,136 79,176 60,302 15,000 64,053		O perating Support
Seeley Lake, MT 598680582  NEBRASKAPO Box 95026 Lincoln, NE 68509  NEW ENGLAND125 Hopping Brook Rd Holliston, MA 01746  NEW JERSEY207 DEPEW ST DUMONT, NJ 07628  NEW YORK614 7TH NORTH ST LIVERPOOL, NY 13088  NORTH CAROLINA3725 National Dr Ste 217 Raleigh, NC 27612  NORTH DAKOTA918 E Divide Ave Bismarck, ND 585011947  OHIO 3972 Indianola Ave Columbus, OH 432143158  PACIFIC NORTHWESTPO Box 872467 VANCOUVER, OR 98687  PENNSYLVANIA1309 Bridge St New Cumberland, PA 17070  PUERTO RICOPO BOX 9648 caguas, PR 00726  ROCKY MOUNTAIN9222 teddy In lonetree, CO 80124  SOUTH CAROLINA400 summerlea dr columbia, SC 29203  SOUTH DAKOTA23343 479TH AVE EGAN, SD 57024  SOUTHWEST2820 N Pierce St Little Rock, AR 722072824  TEXASPO BOX 80510	23-7026159  04-1666330  22-6049378  11-6026214  56-6045934  44-0420756  23-7026162  23-7026163  23-7026165  23-7026165  23-7026165	501(C)(3)	15,000 54,349 37,806 63,118 40,734 15,000 69,136 79,176 60,302 15,000 64,053 27,734 15,000		O perating Support
Seeley Lake, MT 598680582  NEBRASKAPO Box 95026 Lincoln, NE 68509  NEW ENGLAND125 Hopping Brook Rd Holliston, MA 01746  NEW JERSEY207 DEPEW ST DUMONT, NJ 07628  NEW YORK614 7TH NORTH ST LIVERPOOL, NY 13088  NORTH CAROLINA3725 National Dr Ste 217 Raleigh, NC 27612  NORTH DAKOTA918 E Divide Ave Bismarck, ND 585011947  OHIO3972 Indianola Ave Columbus, OH 432143158  PACIFIC NORTHWESTPO Box 872467 VANCOUVER, OR 98687  PENNSYLVANIA1309 Bridge St New Cumberland, PA 17070  PUERTO RICOPO BOX 9648 caguas, PR 00726  ROCKY MOUNTAIN9222 teddy In lonetree, CO 80124  SOUTH CAROLINA400 summerlea dr columbia, SC 29203  SOUTH DAKOTA23343 479TH AVE EGAN, SD 57024  SOUTHWEST2820 N Pierce St Little Rock, AR 722072824  TEXASPO BOX 80510 Austin, TX 78708  VIRGINIAPO Box 55420 Virginia Beach, VA	23-7026159  04-1666330  22-6049378  11-6026214  56-6045934  44-0420756  23-7026162  23-7026163  23-7026165  23-7026165  23-7026165  23-7026166	501(C)(3)	15,000 54,349 37,806 63,118 40,734 15,000 69,136 79,176 60,302 15,000 64,053 27,734 15,000 35,851		O perating Support
NEBRASKAPO Box 95026 Lincoln, NE 68509  NEW ENGLAND125 Hopping Brook Rd Holliston, MA 01746  NEW JERSEY207 DEPEW ST DUMONT, NJ 07628  NEW YORK614 7TH NORTH ST LIVERPOOL, NY 13088  NORTH CAROLINA3725 National Dr Ste 217 Raleigh, NC 27612  NORTH DAKOTA918 E Divide Ave Bismarck, ND 585011947  OHIO3972 Indianola Ave Columbus, OH 432143158  PACIFIC NORTHWESTPO Box 872467 VANCOUVER, OR 98687  PENNSYLVANIA1309 Bridge St New Cumberland, PA 17070  PUERTO RICOPO BOX 9648 caguas, PR 00726  ROCKY MOUNTAIN9222 teddy In lonetree, CO 80124  SOUTH CAROLINA400 summerlea dr columbia, SC 29203  SOUTH DAKOTA23343 479TH AVE EGAN, SD 57024  SOUTHWEST2820 N Pierce St Little Rock, AR 722072824  TEXASPO BOX 80510 Austin, TX 78708  VIRGINIAPO Box 55420 Virginia Beach, VA 234719420  WEST VIRIGINIAPO Box 1355	23-7026159  04-1666330  22-6049378  11-6026214  56-6045934  44-0420756  23-7026162  23-7026163  23-7026165  23-7026165  23-7026165  23-7026166  23-7026167  75-1388778	501(C)(3)	15,000 54,349 37,806 63,118 40,734 15,000 69,136 79,176 60,302 15,000 64,053 27,734 15,000 35,851		O perating Support
Seeley Lake, MT 598680582  NEBRASKAPO Box 95026 Lincoln, NE 68509  NEW ENGLAND125 Hopping Brook Rd Holliston, MA 01746  NEW JERSEY207 DEPEW ST DUMONT, NJ 07628  NEW YORK614 7TH NORTH ST LIVERPOOL, NY 13088  NORTH CAROLINA3725 National Dr Ste 217 Raleigh, NC 27612  NORTH DAKOTA918 E Divide Ave Bismarck, ND 585011947  OHIO3972 Indianola Ave Columbus, OH 432143158  PACIFIC NORTHWESTPO Box 872467 VANCOUVER, OR 98687  PENNSYLVANIA1309 Bridge St New Cumberland, PA 17070  PUERTO RICOPO BOX 9648 caguas, PR 00726  ROCKY MOUNTAIN9222 teddy In lonetree, CO 80124  SOUTH CAROLINA400 summerlea dr columbia, SC 29203  SOUTH DAKOTA23343 479TH AVE EGAN, SD 57024  SOUTHWEST2820 N Pierce St Little Rock, AR 722072824  TEXASPO BOX 80510 Austin, TX 78708  VIRGINIAPO Box 55420 Virginia Beach, VA 234719420  WEST VIRIGINIAPO Box	23-7026159  04-1666330  22-6049378  11-6026214  56-6045934  44-0420756  23-7026162  23-7026163  23-7026165  23-7026165  23-7026165  23-7026166  23-7026166  23-7026167  75-1388778  23-7026168	501(C)(3)	15,000 54,349 37,806 63,118 40,734 15,000 69,136 79,176 60,302 15,000 64,053 27,734 15,000 35,851 100,454 49,397		O perating Support

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DLN: 93493175008583

OMB No 1545-0047

Open to Public

#### **Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

AMERICAN WATER WORKS ASSOCIATION

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

**Compensation Information** 

► Attach to Form 990. ► See separate instructions.

Inspection **Employer identification number** 

13-5660277

Pa	rt I Questions Regarding Compensati	ion	·				
					Yes	No	
1a	Check the appropriate box(es) if the organization p 990, Part VII, Section A, line 1a Complete Part I		ny of the following to or for a person listed in Form ride any relevant information regarding these items				
	First-class or charter travel	Г	Housing allowance or residence for personal use				
	Travel for companions	Γ	Payments for business use of personal residence				
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees				
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)				
b	b If any of the boxes in 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 directors, trustees, and the CEO/Executive Direc			2			
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all used by a related organization to establish compe	that apply					
	▼ Compensation committee	굣	Written employment contract				
	Independent compensation consultant		Compensation survey or study				
	Form 990 of other organizations	굣	Approval by the board or compensation committee				
4	During the year, did any person listed in Form 990 or a related organization	O, Part VII	I, Section A, line 1a with respect to the filing organization				
а	a Receive a severance payment or change-of-control payment?						
ь							
c Participate in, or receive payment from, an equity-based compensation arrangement?						No	
	If "Yes" to any of lines 4a-c, list the persons and		•				
	Only 501(c)(3) and 501(c)(4) organizations only i	must comp	plete lines 5-9.				
5	For persons listed in Form 990, Part VII, Section compensation contingent on the revenues of	A, line 1a	, did the organization pay or accrue any				
а	The organization?			5a		No	
b	Any related organization?			5b		No	
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in Form 990, Part VII, Section compensation contingent on the net earnings of	A, line 1a	, did the organization pay or accrue any				
а	The organization?			6a		No	
b	Any related organization?			6b		Νo	
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,			7	Yes		
8	Were any amounts reported in Form 990, Part VII	[, paid or a	occured pursuant to a contract that was				
		d ın Regula	tions section 53 4958-4(a)(3)? If "Yes," describe				
	ın Part III			8		Νo	
9	If "Yes" to line 8, did the organization also follows section 53 4958-6(c)?	the rebutt	able presumption procedure described in Regulations	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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)David LaFrance Executive Director	(i) (ii)		15,000 0	990	22,500	6,741 0	296,328	15,000 0
(2)Paula MacIlwaine Deputy Executive Director	(i) (ii)	184,616	15,000	1,230	18,782	7,845	227,473	15,000
(3)Thomas Curtis Deputy Executive Director- DC	(i) (ii)	191,321	15,000	2,754	18,919	1,140	229,134	15,000
(4)Kevin Mann Chief Financial Officer	(i) (ii)		14,000	984	14,748	1,484	178,617	14,000
(5)Robert Huff Director of Info Technology	(i) (ii)		7,500	1,814	13,386	5,233	162,113	7,500
(6)Elizabeth Haigh Director of Publishing	(i) (ii)		2,500	1,186	12,922	2,006	156,506	2,500

Schedule J (Form 990) 2012

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

······································												
Identifier	Return Reference	Explanation										
INFORMATION REGARDING BENEFTIS PROVIDED	, -	First class or charter travel is offered to Officers of the Association if the trip is beyond Continental North America and any single segment exceeds seven hours. In 2012, AWWA did not provide or reimburse any officers for first class or charter travel										
NON-FIXED PAYMENTS		Performance bonuses were paid to the highest compensated employees and executive bonuses were paid to the officers. The compensation committee determined the amount of executive bonuses paid to the officers										

Schedule J (Form 990) 2012

### 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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

DLN: 93493175008583

2012

Open to Public Inspection

Name of the organization AMERICAN WATER WORKS ASSOCIATION **Employer identification number** 

13-5660277

		13-3000277
ldentifier	Return Reference	Explanation
Description of Other Program Services	FORM 990, PART III, QUESTION 4D	Committees - Includes development and implementation of information projects, media relations, inquiries, and the National Drinking Water Week campaign
Material Differences in Voting Rights	FORM 990, PART VI, QUESTION 1A	In the case of elections for the President-Elect, Directors-at-Large, and Vice Presidents, only the 47 Section Directors and Directors-at-large may vote
Family/Business Relationship with Another Officer or Director	Form 990, Part VI, Question 2	Director Michael D Simpson and director Dan Hood (who served only part of the year) have a business and family relationship Jerald Stevens and David LaFrance have a business relationship as directors of AWWA's inactive wholly-owned subsidiary, AWWA Assocation Services, Inc
Changes to Organizational Documents since Prior 990	Form 990, Part VI, Question 4	AWWA updated its Bylaws in 2012 This change included removing the Chair of Water for People from the Board of Directors for AWWA
Classes of Members	Form 990, Part VI, Question 6	Members of the organization include individual members, service provider members and utility members
Members	Form 990, Part VI, Question 7a	Members appoint the Section Director of their respective Section Section Directors are voting members of the Board of Directors
How Org Ensures Local Unit's Activities are Consistent with its Own	Form 990, Part VI, Question 10B	Each section has signed an affiliation agreement with the Assocation
Process to Review the Form 990	Form 990, Part VI, Question 11a	The Form 990 is prepared by a third party prepaper and is reviewed by the Audit Committee Board members are notified by e-mail that the Form 990 is available for review on-line before being filed with the IRS
Process for Monitoring Compliance with Conflict of Interest Policy	Form 990, Part VI, Question 12C	Officers and directors annually complete a disclosure form. Conflicts with regards to contracts or transactions are disclosed prior to any meeting where action is required. These disclosures are reflected in the meeting minutes. Officers/Directors with conflicts are not allowed to participate in or discuss the matter and are not allowed to vote. Conflicts are dealt with at the Board and Management level.
Document Retention Policy	FORM 990, Part VI, Question 14	AWWA has a written document retention policy but not a written document destruction policy
Review of CEO or Top Mgmt Official Compensation	Form 990, Part VI, Question 15A & 15B	The current Executive Director started in May 2010. A compensation (salary and bonus) review was conducted for 2012 by the compensation committee. For the payment of bonuses for the Deputy EDs and CFO, the review was conducted in 2012 by the compensation committee and approved by the Executive committee. In addition, bonus amounts are generally determined by individual employment contract provisions. In determining the starting compensation for the Executive Director, the AWWA President (chair of Compensation Committee) was provided (1) executive salary information including survey comparability data and (2) executive salary information from the form 990s of other associations to use as resources to determine starting salary and for discussion with the Compensation Committee. In determining the Executive Director's bonus for 2012, the compensation committee was provided with comparable market data and benchmarking information. In addition, the ED's performance was reviewed by the Compensation Committee in relation to predetermined performance goals and objectives, prior to awarding the bonus. The executive committee ratified the decision of the compensation committee.
Governing Documents, Conflict of Interest Policy and Financial Statements	Form 990, Part VI, question 19	AVWVA's governing documents, finacial statements, and conflict of interest policy are made available to the public upon request for a valid buiness purpose
Other Changes in Net Assets	Form 990, Part XI, Line 9	Change in Minimum Pension Liability (192,592) Total (192,592)

SCHEDULE R Related Ord

(Form 990)

Name of the organization AMERICAN WATER WORKS ASSOCIATION **Related Organizations and Unrelated Partnerships** 

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

OMB No 1545-0047 **2012** 

**Employer identification number** 

13-5660277

DLN: 93493175008583

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Department of the Treasury
Internal Revenue Service

Attach to Form 990. See separate instructions.

Part I Identification of Disregarded Entities (Complete	ıf the organization	answered "Yes" to	o Form 990, Pa	art IV, line 33.)				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		<b>(f)</b> t controlling entity		
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the	t <b>ions</b> (Complete ıf tax year.)	the organization a	nswered "Yes'	' to Form 990, P	art IV, lin	e 34 because it	had or	ıе
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sect	non Public charity (if section 501)	(e) Public charity status (if section 501(c)(3))  (f) Direct controlling entity		Section (13) co ent	512(b
							Yes	No
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 501	35Y			Schedule R (Form	990) 2	012

Part III Identification of Related Organ because it had one or more related								tion an	iswered "Y	es" to	Form	990, Part	IV, lı	ne 3	4	
(a) Name, address, and EIN of related organization	(a) address, and EIN of		(c) Legal domicile (state or foreign country)	(d Dire contro ent	ect olling	(e) Predomina Income (rela unrelated excluded f tax unde sections 5 514)	ated, to d, rom er	<b>(f)</b> Share of tal incom		(h) Disproprtionat r allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	x managing partner?		g owners	
						311,				Yes	No		Yes	No		
Part IV Identification of Related Organ line 34 because it had one or more  (a)  Name, address, and EIN of related organization	related organization (b) Primary activity	as a Corpo ens treated a (c) Legal domici (state or fo	s a cor le breign	<b>or Tr</b> poration	on or Direct	trust dur (d) controlling	e if the ing the (e) Type of (C corp, or tru	e tax y  entity S corp,	nization and ear.)  (f) Share of total income	Share	d "Ye:  (g) e of end f-year essets	(h)	age	s	(i) ection (b)(13 controll entity	512 3) led
(A) NAME ASSOCIATION	THA CTD (5											100.000	2.04		Yes	No
(1) AWWA ASSOCIATION SERVICES INC  6666 WEST QUINCY AVENUE DENVER, CO 80235 84-1265561	INACTIVE	со			NA		C Corp					100 000		,	es/es	
												1		_		
														$\perp$		

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No	
<b>1</b> Du	ring the tax year, did the orgranization engage in any of the following transactions with one or more rela	ated organizations li	sted in Parts II-IV?					
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No	
b	Gift, grant, or capital contribution to related organization(s)				1b		No	
C	Gift, grant, or capital contribution from related organization(s)				1c		No	
d	Loans or loan guarantees to or for related organization(s)				1d		No	
e	Loans or loan guarantees by related organization(s)				1e		No	
	Dividends from related organization(s)				1f		No	
g	Sale of assets to related organization(s)				1g		No	
h	Purchase of assets from related organization(s)				1h		No_	
i	xchange of assets with related organization(s)				1i		No_	
j	ease of facilities, equipment, or other assets to related organization(s)				1j		No	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No	
I	erformance of services or membership or fundraising solicitations for related organization(s)				11		No	
m	m Performance of services or membership or fundraising solicitations by related organization(s)							
n s	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
0	Sharing of paid employees with related organization(s)				10		No	
р	Reimbursement paid to related organization(s) for expenses				<b>1</b> p		No	
q	Reimbursement paid by related organization(s) for expenses				1q		No	
r	Other transfer of cash or property to related organization(s)				1r		No	
s	Other transfer of cash or property from related organization(s)				1s		No	
2	f the answer to any of the above is "Yes," see the instructions for information on who must complete t	his line, including co	overed relationships	and transaction thresholds				
	(a)	(b)	(c)	(d)				
	Name of other organization	Transaction type (a-s)	Amount involved	Method of determining amo	ount in	ivolved		

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

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													
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) In all partners Section Solute(c)(3) Sorganizations?  (f) Share of total section Solute(c)(3) Income assets  (g) Share of end-of-year allocations? Income assets  (h) Code V- amount box 2 of Schee K-1		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)  (j) General of managin partner?			(k) Percentage ownership			
			514)	Yes	No			Yes	No		Yes	No	
												1	

#### Part VII Supplemental Information

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

Identifier Return Reference Explanation

Additional Data Return to Form

Software ID: Software Version:

**EIN:** 13-5660277

Name: AMERICAN WATER WORKS ASSOCIATION

-->

Software ID: Software Version:

**EIN:** 13-5660277

Name: AMERICAN WATER WORKS ASSOCIATION

Form 990, Part VII - Compensation of Compensated Employees, and Indepe	Officers, Dir	rectors	s,Trı	uste	ees	, Key	/ En	nployees, Highe	st	
(A) Name and Title	(B) Average hours per week (list		than	o not one son i er an trust	box s bo d a tee)	th		(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
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
Charles F Anderson President	1 0	х		х				0		0
James A Chaffee PE President Elect	1 0	х						0		0
Jerald W Stevens Immediate Past President	1 0	х						0		0
David E Rager Treasurer	1 0	х		х				0		0
Joseph P Mantua PE Board Member	1 0	х						0		0
R Lee Roberts Board Member	1 0	х						0		0
Thomas P Walters Board Member	1 0	х						0		0
Tom Winkler Board Member	1 0	х						0		0
Frank J Tantone Board Member	1 0	х						0		0
Reid Campbell Board Member	1 0	х						0		0
Edmund Molyneux PEng Board Member	1 0	х						0		0
Dawn White Board Member	1 0	х						0		0
Philip L Brun Jr Board Member	1 0	х						0		0
Douglas G Brinkman PE Board Member	1 0	х						0		0
Marcey G Munoz Board Member	1 0	х						0		0
Jeff Nash Board Member	1 0	х						0		0
Sandy A Smith Board Member	1 0	х						0		0
Jon Muraoka Board Member	1 0	х						0		0
Kyla B Jacobsen Board Member	1 0	х						0		0
Michael D Simpson Board Member	1 0	х						0		0
David O Pitcher Board Member	1 0	х						0		0
Timothy S Wilson Board Member	1 0	х						0		0
Thomas F Schrempp Board Member	1 0	х						0		0
Bernard Maloy Board Member	1 0	х						0		0
Rodolfo Gomez Acosta Board Member	1 0	х						0		0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (B) (C) (D) (E) (F) Name and Title Position (do not check Reportable Reportable Estimated amount Average hours more than one box, compensation compensation of other unless person is both from the from related per compensation organization (Wan officer and a organizations (Wweek from the (list director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Former Q#10€ Highest compensated employee Individual trustaa or director Institutional Trustee hours organizations for employee related organızatıons below dotted line) 1 0 Patricio Kalife Χ 0 0 Board Member 1 0 David S Koch 0 0 Х Board Member 10 William Spain 0 0 Х Board Member 1 0 Michael J O'Connell PE Χ 0 0 Board Member 10 John M Alston 0 0 Х Board Member 10 0 0 Х Board Member 1 0 Frank J Moritz Jr 0 0 Х Board Member 1 0 Patrick J Connelly 0 0 Board Member 1 0 Dennis M Kelleher Χ 0 Board Member 10 Stephen R Shoaf 0 0 X Board Member 1 0 Larry Thelen Χ 0 0 Board Member 1 0 Melinda L Raimann 0 Χ Board Member 1 0 0 0 Х Board Member 10 Mark F Knudson 0 0 Χ Board Member 1 0 Gene C Koontz Х 0 0 Board Member 1 0 Rafael A Ortiz Diaz 0 0 Х Board Member 10 Donald Ellis 0 0 Х Board Member 1 0 Mrs Lela Perkins Χ 0 0 Board Member 1 0 Mark Cline Х 0 0 Board Member 10 Mrs Kristin Bisgard 0 0 Х Board Member 1 0 Alan D Fortenberry PE Х O 0 Board Member 1 0 Charles Maddox Х 0 0 Board Member 10 H Alı Mahan 0 0 Х Board Member 10 Jonathan Carpenter PE 0 0 Х Board Member 1 0 Simon Thomas 0 Board Member

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (B) (C) (D) (E) (F) Name and Title Position (do not check Reportable Reportable Estimated amount Average hours more than one box, compensation compensation of other unless person is both from the from related per compensation organization (Wan officer and a organizations (Wweek from the (list director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Former Q#10€ Highest compensated employee Individual trustaa or director Institutional Trustee hours organizations for employee related organızatıons below dotted line) 1 0 Tony Averbeck Χ 0 0 Board Member 1 0 Gary J McCoy 0 0 Х Board Member 10 Alissa Lockett 0 0 Х Board Member 1 0 Sean D Osborne PE Χ 0 0 Board Member 10 Rosemary Smud 0 0 Х Board Member 10 Craig Woolard 0 0 Х Board Member 1 0 Christopher S Jarrett 0 0 Х Board Member 1 0 Jeanne M Bailey Х 0 0 Board Member 1 0 Kanwal Oberoi Χ 0 Board Member 10 Andrew DeGraca 0 0 X Board Member 1 0 Aurel M Arndt Χ 0 0 Board Member 1 0 Roy L Wolfe 0 Χ Board Member 1 0 Michael A Nolan PE 0 0 Х Board Member 10 Charles W Wulff Jr 0 0 Χ Board Member 1 0 Terry M Cole Х 0 0 Board Member 1 0 Dan E Hood 0 0 Х Board Member 10 Carla J Schumacher 0 0 Х Board Member 1 0 Gerald T Blain Χ 0 0 Board Member 1 0 Daniel D Montgomery Х 0 0 Board Member 10 Robert J Walters 0 0 Х Board Member 1 0 Lisa Ansley Х O 0 Board Member 1 0 Wayne Stiver Х 0 0 Board Member 10 0 0 Х Board Member 10 Martin J Jarrett 0 0 Х Board Member 1 0 Brian L Ramaley 0 Board Member

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

40 0

40 0

James Roberson

Jane Johnson

Director of Sales

Director of Federal Relations

( <b>A)</b> Name and Title	(B) Average hours per week (list		than	not one on is	box s bot d a	,		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	<b>(F)</b> Estimated amount of other compensation from the organization and
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
Edward W Morrison Jr Board Member	1 0	х						0		0
Marie S Pearthree PE Board Member	1 0	х						0		0
J Paul Blake Board Member	1 0	х						0		0
Robert C Cheng PhD Board Member	1 0	х						0		0
David LaFrance Executive Director	40 0			х				267,087	0	29,241
Paula MacIlwaine Deputy Executive Director	40 0			х				200,846		26,627
Thomas Curtis Deputy Executive Director- DC	40 0			х				209,075		20,059
Kevin Mann Chief Financial Officer	40 0			х				162,385		16,232
Robert Huff Director of Info Technology	40 0					х		143,494		18,619
Elizabeth Haigh Director of Publishing	40 0					х		141,578		14,928
Susan Franceschi Director of Membership	40 0					х		128,614		17,046

Х

127,438

107,829

15,579

12,697