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CHANGE OF ACCOUNTING PERIOD

Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

		f the Treasury lue Service	Information about Form 990 and its instructions is at w	•	•	
A F	or the	2013 calend			EP 30, 2013	
B c	heck if	C Name of	organization		D Employer identific	ation number
_	Addres:	8 3.000	ANA SECTION AMERICAN WATER WORKS			
	_ichange ⊺Name		CIATION, INC.		23_71	26153
	Jchange Initial		usiness As	m/ourto		
\vdash	_retum Termin-		and street (or P.O. box if mail is not delivered to street address) E. 82ND STREET, STE. 310	m/suite	E Telephone number	213-2796
一	Jated Amendo	od -	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	319,457.
F	Jretum]Applica Ition		ANAPOLIS, IN 46250	ŀ	H(a) Is this a group re	
	pending		nd address of principal officer CHRISTINA HORAN		for subordinates	
		8365	KEYSTONE CROSSING, #300, INDIANAPOLI	IS,	H(b) Are all subordinates in	
			\mathbf{X} 501(c)(3) \square 501(c) () \blacktriangleleft (insert no.) \square 4947(a)(1) or \square	527		ist. (see instructions)
			INAWWA.ORG		H(c) Group exemption	number -
			X Corporation	L Year of	f formation: 1968 M	State of legal domicile; IN
.=		Summary	1 TIMES OF THE STATE OF THE STA	-mam		
e l	1 E	Briefly describ	e the organization's mission or most significant activities AUTHORI	LTAT	LVE RESOURCE	FOR
Activities & Governance	_		NG SAFE DRINKING WATER, PUBLIC HEALT			
Ē			if the organization discontinued its operations or disposed o	of more t	1 . 1	
္က			ing members of the governing body (Part VI, line 1a)		3	12
8			ependent voting members of the governing body (Part VI, line 1b)		4	12
ië.			of individuals employed in calendar year 2013 (Part V, line 2a)		5	0
₹			of volunteers (estimate if necessary)		6	125
₹			d business revenue from Part VIII, column (C), line 12		7a	9,475.
	Βг	Net unrelated	business taxable income from Form 990-T, line 34		7b	
ı		0	and areata (Da AND). Land (A)		79,644.	Current Year 52,814.
<u> </u>			and grants (Part VIII, line 1h)		278,339.	59,207.
Revenue		•	ce revenue (Part VIII, line 2g)		1,385.	343.
æ			come (Part VIII, column (A), lines 3, 4, and 7d)	-	62,981.	55,613.
			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	422,349.	167,977.
\dashv			- add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 13)	+	61,622.	0.
			to or for members (Part IX, column (A), line FIVED (0.	0.
			compensation, employee penefits (Part IX, column (A), lines 5,10)	-	0.	0.
Expenses					0.	0.
per	h T	Total fundraisi	undraising fees (Part IX, column (A), line 11e) 2014 0 0 0			
Ĭ.	17 (Other expense	es (Part IX, column (A), lines 1149 d, 11f.24e)	-	308,641.	56,335.
	18 7	Total expense	s Add lines 13-17 (must equal Part IX column (A), line 25)	-	370,263.	56,335.
	19 F	Revenue less	expenses Subtract line 18 from line 12		52,086.	111,642.
58				Beg	inning of Current Year	End of Year
Net Assets or Fund Balances	20 1	Total assets (F	Part X, line 16)		715,444.	829,044.
2			(Part X, line 26)		34,451.	36,409.
됣	22 N	Net assets or	fund balances. Subtract line 21 from line 20		680,993.	792,635.
		Signature	Block			
			declare that I have examined this return, including accompanying schedules and		· •	knowledge and belief, it is
true,	correct	t, and complete.	Declaration of preparer (other than officer) is based on all information of which pr	reparer h	as any knowledge.	
			FLIM MYOUL		811411	4
Sign	١	•	of officer		Date '	
Here	•		STINA HORAN, SECRETARY/TREASURER			
			rint name and title	10-	·	TT 5TIN
		Print/Type prep			Check L	PTIN
Paid	-		A. MATTALIANO, CP		8 12 14 self-employer	
Prep		Firm's name	BGBC PARTNERS, LLP		Firm's EIN	20-5804172
Use	UNIY	Firm's address	300 N. MERIDIAN ST. STE. 1100			7 (22 4522
			INDIANAPOLIS, IN 46204		Phone no. 31	7-633-4700
May	the IR	S discuss this	s return with the preparer shown above? (see instructions)			X Yes No

INDIANA SECTION AMERICAN WATER WORKS ASSOCIATION, INC. 23-7026153 Page 2 Form 990 (2013) Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: AUTHORITATIVE RESOURCE FOR PROMOTING SAFE DRINKING WATER, PUBLIC HEALTH, SAFETY, AND WELFARE BY UNITING THE EFFORTS OF THE FULL SPECTRUM OF THE DRINKING WATER COMMUNITY IN THE STATE OF INDIANA. THROUGH OUR COLLECTIVE STRENGTH, INAWWA PROVIDES TIMELY EDUCATIONAL Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 11,494. including grants of \$ 33,737.) 4a) (Expenses \$) (Revenue \$ OTHER EDUCATIONAL PROGRAMS PROVIDED TO PROMOTE, DEVELOP, MANAGE THE EXCHANGE OF DRINKING WATER INFORMATION. 486 . including grants of \$ 25,470·)) (Expenses \$) (Revenue \$ ANNUAL CONFERENCE - CONFERENCE HELD ANNUALLY WITH DISCUSSION GROUPS AND SPEAKERS FOCUSED ON MANAGEMENT AND TECHNICAL ISSUES REGARDING THE WATER INDUSTRY) (Expenses \$ including grants of \$

4d Other program services (Describe in Schedule O)

Expenses \$ including grants of

) (Revenue \$

4e Total program service expenses ▶

11,980.

Form 990 (2013)

Checklist of Required Schedules

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	7		 -
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
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		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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		<u> </u>
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 V	10		X
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 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	- *:		
а	Part VI	11a		х
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	х	
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		Х
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		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	446		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			\vdash
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10	┝╌	
19	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2013)

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Checklist of Required Schedules (continued)

			_ res	NO
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or 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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	 - 		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
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 25a	24a	1	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		X
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		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			47
	complete Schedule L, Part II	26		<u>X</u>
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			х
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		A Nega
20	Instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
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		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7.7
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	ا م ا	v l	
25-	Part V, line 1	34	X	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	اتّا		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form	990 (2013) ASSOCIATION, INC. 23-7026	153	Р	age 5
	rt V Statements Regarding Other IRS Filings and Tax Compliance			-5-
L	Check if Schedule O contains a response or note to any line in this Part V			
	,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		l
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		l
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<u> </u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X	
	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		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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			
ь	Enter the amount of reserves the organization is required to maintain by the states in which the	Ī		
	organization is licensed to issue qualified health plans]		
c	Enter the amount of reserves on hand		L	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2013)

ASSOCIATION. INC. 23-7026153

Form 990 (2013) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

 \mathbf{X} Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 12 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. 12 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? X 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > IN Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website Upon request Other (explain in Schedule O) ☐ Own website 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: CHRISTINA HORAN - 317-465-1507 46240 8365 KEYSTONE CROSSING, #300, INDIANAPOLIS, IN

INDIANA SECTION AMERICAN WATER WORKS ASSOCIATION, INC.

Form 990 (2013) ASSOCIATION,

23-7026153

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers, key employees; highest compensated employees, and former such persons

(A)	(B)							(D)	director, or trustee (E)	(F)	
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated	
	hours per					is bot or/trus		compensation	compensation	amount of	
	week	┝					,	from	from related	other	
	(list any hours for	irect.				L		the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	90.0	冀			ısate		(W-2/1099-MISC)	(***271033-141130)	organization	
	organizations	ndividual trustee or director	Institutional trustee)ee	Highest compensated employee		(and related	
	below	lgna	notion	ا _ت	Key employee	est co oyee	E .			organizations	
	line)	ligi.	ınstıl	Officer	Keye	High emp	Рогтег				
(1) TED MILLER	10.00										
CHAIR		Х							4		
(2) MARTY WESSLER	5.00										
CHAIR-ELECT		Х									
(3) TIM NELSON	5.00										
VICE CHAIR		Х									
(4) CHRISTINA HORAN	10.00										
SECRETARY-TREASURER		Х									
(5) JOHN SEEVER	5.00										
ASST SECRETARY-TREASURER		Х									
(6) DUANE GILLES	1.00										
PAST CHAIR		Х									
(7) MICHAEL SIMPSON	2.00										
DIRECTOR		Х									
(8) STEVE CLOSSIN	1.00							-			
TRUSTEE-CENTRAL DISTRICT		Х									
(9) JUSTIN STOUDER	1.00										
TRUSTEE-NORTHEAST DISTRICT		Х									
(10) MARK NYE	1.00										
TRUSTEE-NORTHWEST DISTRICT		Х							_		
(11) PHIL BONNEAU	1.00										
TRUSTEE-SOUTHEAST DISTRICT		Х				L					
(12) ED HOLLINDEN	1.00										
TRUSTEE-SOUTHWEST DISTRICT		X									
		l									
· · · · · · · · · · · · · · · · · · ·											
	<u> </u>		L.,	Щ		$oxed{oxed}$					
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Form 990 (2013) ASSOCIA!	rion, in	<u>.</u>							23-70	<u> 26153</u>	Page 8
Section A. Officers, Directors, Tr	ıstees, Key Em	ploy	ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)		
(A)	(B)				C)			(D)	(E)	T	(F)
Name and title	Average			Pos		ı		Reportable	Reportable	Ec.	imated
Name and title	hours per					tnan			•		
	week					ıs bot x/trus		compensation ,	compensation		ount of
	(list any	<u> </u>	Г	Г	Г		Ė	from	from related		other
	hours for	ecte						the	organizations		ensation
	related	ē	, s			ated	l	organization	(W-2/1099-MISC		m the
	organizations	훓	igt i	1	۵	beus		(W-2/1099-MISC)		_	inization
	1 "	틅	land Here	l	loye	5 e	İ			1	related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			orgai	nizations
<u> </u>	line)	틸	SE .	₩	ş	ᇍ	Foi				
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]			ŀ						
					<u> </u>						
1b Sub-total							<u> </u>	-			
c Total from continuation sheets to Part	VII Section A										
	vii, occion A										
d Total (add lines 1b and 1c)											
2 Total number of individuals (including but	not limited to th	ose	liste	ed al	DOV	e) wh	io re	eceived more than \$100	,000 of reportable		
compensation from the organization					_						
											Yes No
3 Did the organization list any former office	r, director, or tru	ustee	e. ke	v er	nplo	vee.	or l	highest compensated e	mployee on		
line 1a? If "Yes," complete Schedule J for				•	•	•		,	• •	3	X
•					stion		1 0+1	har componentian from	the erganization		
	•								the organization		X
and related organizations greater than \$1	50,000? If "Yes,	" co	mpie	ete S	scne	eaule) J T	or such individual		4	Λ
5 Did any person listed on line 1a receive o	r accrue compe	nsat	ion f	rom	any	unr/	elat	ed organization or indiv	idual for services		
rendered to the organization? If "Yes," co	mplete Schedul	e J f	or si	uch	pers	son				5	X
Section B. Independent Contractors	= =									_	
1 Complete this table for your five highest of	compensated in	dene	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of comp	ensation fr	om
the organization. Report compensation for											
	i tile caleridar y	car	enun	ng v	VILII	OI W	T		year.	(0)	
(A) Name and busines	a addrana	37/	\ \$TT	7				(B) Description of s	1000 HOOD	(C) Compen	
Name and busines	ss address	M	INC	<u>. </u>			-	Description of s	ervices_	Compen	Sation
							- 1				
<u></u>							T				
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							\sqcap				
2 Total number of independent contractors	· (male oden or beech				46.0	00 1::		d about a vide managed a	Abos		

\$100,000 of compensation from the organization

ASSOCIATION, Form 990 (2013)

INC. 23-7026153 Statement of Revenue

Page 9

Form 990 (2013)

Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated Revenue excluded from tax under sections 512 - 514 Related or Total revenue exempt function business revenue revenue tributions, Gifts, Grants Other Similar Amounts 1 a Federated campaigns 52,814. 1b **b** Membership dues c Fundraising events 1c d Related organizations **1d** Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 52,814. h Total. Add lines 1a-1f Business Code 25,470. 2 a ANNUAL CONFERENCE 611710 25,470 Program Service Revenue 25,340. D OPERATOR'S SCHOOL <u>611710</u> 25,340. 8,397. 8,397. 611710 OTHER All other program service revenue 59,207. Total. Add lines 2a-2f Investment income (including dividends, interest, and 343. 343. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less. rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See a 197,618. Part IV, line 18 ь 151,480. b Less: direct expenses 46,138. 46,138. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 611710 9,475. 9,475. 11 a ADVERTISING d All other revenue 9,475. e Total. Add lines 11a-11d 167,977. 59,207. 9,475. Total revenue. See instructions. 46,481.

ASSOCIATION, INC.

23-7026153 Page 10

Form 990 (2013) ASSOCIATION,

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 respon	se or note to any line in (A)	this Part IX (B)	(C)	(D)					
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to governments and									
	organizations in the United States. See Part IV, line 21									
2	Grants and other assistance to individuals in									
	the United States See Part IV, line 22	_			<u></u>					
3	Grants and other assistance to governments,									
	organizations, and individuals outside the									
	United States. See Part IV, lines 15 and 16		-							
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees Compensation not included above, to disqualified									
6	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salanes and wages									
8	Pension plan accruals and contributions (include			-						
•	section 401(k) and 403(b) employer contributions)			İ						
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (non-employees).		·							
а	Management	16,371.		16,371.						
b	Legal									
c	Accounting _									
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other (If line 11g amount exceeds 10% of line 25,									
	column (A) amount, list line 11g expenses on Sch O.)	10 550		10 550						
12	Advertising and promotion	10,558.		10,558. 9,251.						
13	Office expenses	9,251.		9,251.						
14	Information technology									
15	Royalties	·								
16	Occupancy			-						
17	Travel				-					
18	Payments of travel or entertainment expenses									
40	for any federal, state, or local public officials	11,980.	11,980.							
19 20	Conferences, conventions, and meetings Interest	,500								
21	Payments to affiliates									
22	Depreciation, depletion, and amortization									
23	Insurance		-							
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.)									
а	OFFICERS AND DIRECTORS	6,443.		6,443.						
b	COMMITTEES	1,732.		1,732.						
С					-					
d										
	All other expenses	EC 33E	11 000	44 355						
25	Total functional expenses. Add lines 1 through 24e	56,335.	11,980.	44,355.	0.					
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation. Check here Infollowing SOP 98-2 (ASC 958-720)									
	is rollowing SUP 98-2 (ASC 958-720)									

23-7026153 Page 11

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 331,427. 230,409. 1 Cash - non-interest-bearing 275,419. 275,645. Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 2,990. 15,346. Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 7 Notes and loans receivable, net Inventories for sale or use 8 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 10a basis Complete Part VI of Schedule D b Less accumulated depreciation 10b 10c Investments · publicly traded securities 11 11 206,626. 206,626. 12 Investments - other securities See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 715,444. 829,044. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 21,901. 26,934. 17 17 Accounts payable and accrued expenses 18 Grants payable 18 12,550. 9,475. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 34,451. 36,409. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here \(\bigset \bigset{X} \) and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 562,686. 674,220. 27 27 Unrestricted net assets 108,307. 108,415. 28 28 Temporanly restricted net assets 10,000. 10,000. Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 680,993. 792,635. 33 33 Total net assets or fund balances 715,444. 829,044. Total liabilities and net assets/fund balances

Form 990 (2013)

	INDIANA SECTION AMERICAN WATER WORKS						
Form	990 (2013) ASSOCIATION, INC.	23-	7026153	Pa	ge 1		
	Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				$\underline{\square}$		
	•						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,9			
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,3			
3	Revenue less expenses Subtract line 2 from line 1	3		1,6			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	68	0,9	93		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses .	7					
8	Prior period adjustments .	8					
9	Other changes in net assets or fund balances (explain in Schedule O)						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	_column (B))	10	79:	2,6	<u>35</u>		
[c]	Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Lash Accrual Lother						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedu	le O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	ed on a					
	separate basis, consolidated basis, or both.		·				
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	ate basis,					
	consolidated basis, or both						
	X Separate basis Consolidated basis Both consolidated and separate basis						

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133?

2c X

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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.

OMB No 1545-0047

Internal Revenue Service

Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

INDIANA SECTION AMERICAN WATER WORKS

Emplo

INC.

ASSOCIATION,

Employer identification number 23-7026153

± -		Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t) See ins	tructions.				
The	organi	zation is not a	private foundation	because it is: (For lines 1	l through	11, check	only one b	oox)					
1				s, or association of churc	_		-).				
2				'0(b)(1)(A)(ii). (Attach Sc									
3		A hospital or	a cooperative hospi	tal service organization of	described	ın section	170(b)(1)	(A)(iii).					
4		A medical res	search organization	operated in conjunction	with a hos	prtal desc	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter	the h	nospital's nai	me,
		city, and state										•	
5		An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or or	perated by	a govern	mental uni	t descrit	oed II	n	
			(b)(1)(A)(iv). (Comple		•		•	J					
6		A federal, sta	te, or local governm	ent or governmental und	described	d in sectio	n 170(b)(1	1)(A)(v).					
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
		section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community	trust described in s	ection 170(b)(1)(A)(vi). (Complete	Part II.)							
9				eives (1) more than 33 1			rom contri	butions, n	nembershi	p fees, a	and a	ross receipts	s from
											_		
		activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.											
			509(a)(2). (Complete			•		·	, ,				
10		An organizati	on organized and or	perated exclusively to tes	st for publ	ıc safety. S	See sectio	n 509(a)(4	4).				
11		An organizati	on organized and or	perated exclusively for th	e benefit (of, to perfo	om the fur	nctions of,	or to carr	y out the	e pur	poses of one	or
		more publicly	supported organiza	ations described in section	on 509(a)(°	1) or section	on 509(a)(2	2) See sec	ction 509(a)(3). Ch	eck 1	the box that	
				organization and comple					-				
		a Type I	b 🗀 Ty	/pell c Ty	/pe III - Fui	nctionally	integrated	c	ј 🗀 Тур	e III - No	n-fur	nctionally inte	egrated
е	\Box	By checking	this box, I certify tha	it the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified	pers	sons other th	an
		foundation m	anagers and other t	han one or more publicly	supporte	d organiza	ations desi	cribed in s	ection 509	9(a)(1) or	sect	tion 509(a)(2)	1
f				ten determination from t						, , ,		(/, /	
			ganization, check th			·							
g	l	Since August	17, 2006, has the o	organization accepted an	y gift or co	ontribution	from any	of the follo	owing pers	sons?			
		(i) A persor	n who directly or ind	rectly controls, either ale	one or tog	ether with	persons o	iescnbed i	ın (ıı) and (III) below	<i>I</i> ,	Yes	No
		the gove	eming body of the su	upported organization?	_				.,	·		11g(i)	
		(ii) A family	member of a persor	described in (i) above?								11g(ii)	
		(iii) A 35% c	controlled entity of a	person described in (i) o	or (II) above	∍?					Ī	11g(iii)	
h)	Provide the fo	ollowing information	about the supported org	ganization((s).					_		
(i)) Name	of supported	(ii) EIN	(iii) Type of organization		rganization	, , ,	notify the	(vi) ls		(vii)	Amount of mo	netary
•		nization	` *	(described on lines 1-9		sted in your			organizátic (i) organiz U.S	ed in the	` ′	support	,
				above or IRC section (see instructions))	governing	document?	(i) of your	support?	U.S	.?			
				(800 11180 400 0118))	Yes	No	Yes	No	Yes	No			
											<u> </u>		
					}			}]			
			<u>.</u>							ļ	<u> </u>		
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						}	\ 	}	-	}			
				I	ı	I	l	I	l	I	ı		

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

Schedule A (Form 990 or 990-EZ) 2013

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")	1					
2	Tax revenues levied for the organ-						
	ization'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	Total. Add lines 1 through 3						
	The portion of total contributions						
•	by each person (other than a					į:	
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
_	• *					1	
	Public support. Subtract line 5 from line 4				<u>1</u>	1	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(a) 2011	(d) 2012	(a) 2012	(f) Total
	, , , , , , , , , , , , , , , , , , , ,	(a) 2009	(b) 2010	(c) 2011	(u) 2012	(e) 2013	(1) 10(a)
	Amounts from line 4				 	1	
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources					 	
9	Net income from unrelated business						
	activities, whether or not the	·					
	business is regularly carned on			ļ	<u> </u>	<u> </u>	
10	Other income Do not include gain	·					
	or loss from the sale of capital	}					
	assets (Explain in Part IV.)			<u> </u>	ļ		
11	Total support. Add lines 7 through 10	L,.,		L		 	
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	-	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	_
Λ	organization, check this box and stor						
	ction C. Computation of Publ					, , , , , , , , , , , , , , , , , , , 	
14	Public support percentage for 2013 (iine 6, column (f) d	ivided by line 11,	column (f))		14	%
	Public support percentage from 2012					15	%
16a	33 1/3% support test - 2013. If the o	organization did no	ot check the box of	on line 13, and line	14 is 33 1/3% or i	more, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n			▶□
t	33 1/3% support test - 2012. If the o	organization did no	t check a box on	line 13 or 16a, and	d line 15 is 33 1/39	6 or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiz	zation			▶□
17a	10% -facts-and-circumstances tes	t - 2013. If the org	anızatıon dıd not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check	this box and stop I	here. Explain in Pa	art IV how the organ	nization
	meets the "facts-and-circumstances"	test The organiza	ition qualifies as a	publicly supporte	d organization		▶∟∟
t	10% -facts-and-circumstances tes	t - 2012. If the org	anızatıon dıd not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, o	check this box and	stop here. Explai	n in Part IV how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publ	icly supported org	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box	and see instruction	ıs ▶∐
					Cab	adula A /Fanas 000	000 ET\ 0040

Schedule A (Form 990 or 990-EZ) 2013 ASSOCIATION, INC. 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.)

Sec	ction A. Public Support	biow, picase comp	olete i dit ii.j				
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Grfts, grants, contributions, and		(5) = 5 / 5		<u> </u>	337=3	
•	membership fees received. (Do not	,					
	include any "unusual grants ")	50,088.		3,376.	79,644.	52,814.	185,922.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	661 519	537,864.		449,757.		
_	organization's tax-exempt purpose	001,313.	337,004.	320,112.	113,7376	230,0231	24341074
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	711,607.	537,864.	531,518.	529,401.	309,639.	2620029.
	Amounts included on lines 1, 2, and				-		
-	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
_	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6)						2620029.
	ction B. Total Support			THE RESERVE THE PERSON OF THE			
_	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	711,607.	537,864.	(c) 2011 531, 518.	529,401.	309,639.	2620029.
	Gross income from interest,				-		
	dividends, payments received on securities loans, rents, royalties and income from similar sources	6,870.	2,033.	2,987.	1,385.	343.	13,618.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	41,650.	14,846.	4,167.			60,663.
c	: Add lines 10a and 10b	48,520.	16,879.	7,154.	1,385.	343.	74,281.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV)				2,732.		2,732.
13	Total support. (Add lines 9, 10c, 11, and 12)	760,127.	554,743.	538,672.	533,518.	309,982.	2697042.
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organız	ation,
	check this box and stop here		<u>.</u>				
_	ction C. Computation of Publ					г т	07.14
15	Public support percentage for 2013 (I			cotumn (f))	• •	15	97.14 %
16	Public support percentage from 2012					16	96.52 %
Sec	ction D. Computation of Inves						2 75
17	•	•		ne 13, column (f))		17	2.75 %
	Investment income percentage from 2					18	3.48 %
192	33 1/3% support tests - 2013. If the						
t	more than 33 1/3%, check this box at 33 1/3% support tests - 2012. If the	organization did n	ot check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions_	

Schedule A (Form 990 or 990-EZ) 2013 ASSOCIATION, INC.	23	3-7026	5153 Page 4
Supplemental Information. Provide the explanations required by Part II, line 10, Part II	, line 17a or 17b	, and Part	III, line 12
Also complete this part for any additional information. (See instructions)			
FORM 990, PART A	-		
EXPLANATION: EFFECTIVE APRIL 1, 2013, THE ASSOCIATION	CHANGED	ITS E	PISCAL
YEAR END TO SEPTEMBER 30.			
	ı		
	_		
			_
	_		

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

Name of the organization

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990 INDIANA SECTION AMERICAN WATER WORKS ASSOCIATION, INC.

Employer identification number 23-7026153

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 3 Aggregate grants from (during year) Aggregate value at end of year 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) R In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Schedule D (Form 990) 2013 ASSOCIATION, INC.

Occapitations Maintaining Collections of Art. Historical T

23-7026153 Page 2

7.	Organizations Maintaining C	ollections of Ai	rt, Historica	i Treasures,	or Other	Simil	<u>ar Asse</u>	ts (continu	ıed)
3	Using the organization's acquisition, accessing	on, and other record	ls, check any o	f the following th	at are a sigr	nficant	use of its	collection	rtems
	(check all that apply).								
а	Public exhibition	d	Loan o	exchange progr	rams				
b	Scholarly research	е	U Other_						
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they furt	her the organizat	tion's exemp	ot purp	ose in Par	XIII.	
5	During the year, did the organization solicit of	r receive donations of	of art, historical	treasures, or oth	ner sımılar a	ssets	_	7	
	to be sold to raise funds rather than to be ma							Yes	No_
- 5	Escrow and Custodial Arran		ete if the organi	zation answered	"Yes" to Fo	rm 990	, Part IV, I	ne 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contrib	utions or other a	ssets not in	cluded		1.,	□
	on Form 990, Part X?							Yes	∟ No
Þ	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
_	Barrier belows							Amount	
C	Beginning balance					1c	-	-	
a	Additions during the year					1d			
e	Distributions during the year					1e 1f			
f 2a	Ending balance Did the organization include an amount on Fo	orm QQA Dart Y line	212					Yes	No
	If "Yes," explain the arrangement in Part XIII.			neen provided in	Part YIII			1 163	
	Endowment Funds. Complete if						<u> </u>		
		(a) Current year	(b) Pnor yea	T : : -		Three v	ears back	(e) Four v	ears back
1a	Beginning of year balance	(4) 6 411 5111 7 641	(2) 1,7101) 00	(6)	(-	·		C/	
b	Contributions								
c	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, cotui	nn (a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
c	Temporanly restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c should	ld equal 100%							
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are h	eld and admınıst	ered for the	organi	zation	_	
	by:								res No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ıı), are the related organizations	•						3b	
4	Describe in Part XIII the intended uses of the		wment funds.						
	Land, Buildings, and Equipm		Doublik line 4:	l- C F 00/	Don't V for	- 10			
	Complete if the organization answered	T			T			(d) Daa':	· rob re
	Description of property	(a) Cost or or basis (investing		Cost or other asis (other)	(c) Acc	umulate eciation	1	(d) Book	value
	Lond	Dasis (uivestii		asis (outer)	depre	, cia liUi l		-	
-	Land	<u> </u>							
	Buildings Leasehold improvements								
d	Equipment		+				- -		
	Other								
	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part	X, column (B),	line 10(c))			ightharpoonup		0.

shadula D (Farm 990) 2012	ASSOCTATION	TNC.	

23-7026153 _{Page}	;				į
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Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" to Describe a factorist or extension and the factorist or				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	raluation Cost or en	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other (A) CERTIFICATES OF DEPOSITS	206,62	C PAID OF V	EAR MARKET	TAT ITE
	200,02	O - END-OF-1	EAR MARKET	VALUE
(B)		-		
(C)				
(D) (E)				
(F)		-		
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	206,62	6.	1,-	
Part VIII Investments - Program Related.	•			
Complete if the organization answered "Yes" t	to Form 990, Part IV, II	ne 11c. See Form 990.	Part X. line 13	
(a) Description of investment	(b) Book value			d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" t		ne 11d See Form 990,	Part X, line 15	(h) Daali value
	Description			(b) Book value
(1)				
(2)		_		
(3)				<u> </u>
(4) (5)			-	_ -
(6)				
(7)	-			
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	: 15.)		•	
Part X Other Liabilities.	•			
Complete if the organization answered "Yes" t	to Form 990, Part IV, II	ne 11e or 11f. See Form	990, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)	05)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25).		L	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013 ASSOCIATION, INC.

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

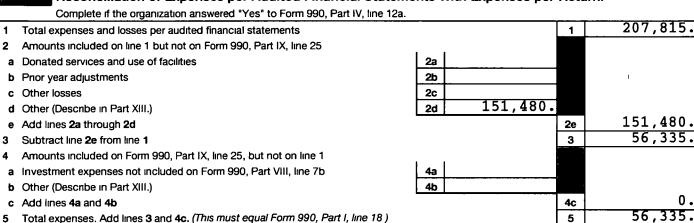
23-7026153 Page 4

167,977.

5

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. $\overline{319,457}$. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains on investments 2a b Donated services and use of facilities 2b c Recovenes of pnor year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 319,457. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b -151,480. b Other (Describe in Part XIII) 4b -151,480. c Add lines 4a and 4b 4c

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.



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.

PART X, LINE 2:

Supplemental Information.

EXPLANATION: THE ASSOCIATION REVIEWS ITS TAX POSITIONS FOR UNCERTAINTY AND RECORDS A PROVISION FOR TAX POSITIONS WHICH MAY NOT BE SUSTAINED BASED ON THEIR TECHNICAL MERITS IF EXAMINED BY TAXING AUTHORITIES. AT SEPTEMBER 30, 2013 THERE WERE NO MATTERS REQUIRING A PROVISION FOR UNCERTAIN TAX POSITIONS. THE TAX YEARS 2009 - 2012 REMAIN OPEN TO EXAMINATION BY THE TAXING JURISDICTIONS TO WHICH THE ASSOCIATION IS SUBJECT. THE ASSOCIATION IS NO LONGER SUBJECT TO EXAMINATION BY THE TAXING JURISDICTIONS FOR YEARS PRIOR TO 2009.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES

-151,480.

INDIANA SECTION AMERICAN WATER WORKS 23-7026153 Page 5 ASSOCIATION, INC. Schedule D (Form 990) 2013 Supplemental Information (continued) PART XII, LINE 2D - OTHER ADJUSTMENTS: DIRECT FUNDRAISING EXPENSES 151,480.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.us.gov/form.990

INDIANA SECTION AMERICAN WATER WORKS

Employer identification number Name of the organization 23-7026153 ASSOCIATION, INC. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants h Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or ☐ No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did (vi) Amount paid to (or retained by) (i) Name and address of individual (iv) Gross receipts have custody or control of contributions? (ii) Activity to (or retained by) from activity fundraiser or entity (fundraiser) organization listed in col (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

OMB No 1545-0047

INDIANA SECTION AMERICAN WATER WORKS Schedule G (Form 990 or 990-EZ) 2013 ASSOCIATION, 23-7026153 Page 2 INC. Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through CONCERTS GOLF OUTING 3 col (c)) (event type) (event type) (total number) 85,505 50,392. 61,721 197,618. Gross receipts 2 Less Contributions 85,505. 50,392. 61,721. 3 Gross income (line 1 minus line 2) 197,618. Cash pnzes Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment 40,350. 50,392. 60,738 151,480. Other direct expenses 151,480. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 46,138. Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? الـ Yes b If "No," explain.

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

__ Yes No

Sch	edule G (Form 990 or 990-EZ) 2013 ASSOCIATION, INC.	<u> </u>	020153	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer chantable gaming?		Yes	☐ No
12	Indicate the percentage of gaming activity operated in			
			120	%
	The organization's facility		13a	
	An outside facility		13b j	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds:		
	Name			
	Address			
4E-	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
ısa	Does the organization have a contract with a third party from whom the organization receives garning revenue:			
b	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount of gaming revenue received by the organization	unt		
	of gaming revenue retained by the third party > \$			
С	: If "Yes," enter name and address of the third party			
	Name			
	Address			
	Address -			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	December of course annual N			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
a			Yes	☐ No
	retain the state gaming license?	_ 44		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	n tne		
	organization's own exempt activities during the tax year > \$			
-	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and P	Part III, lır	es 9, 9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable Also complete this part to provide any additional information (see instruction	ons)		
				
				

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ➤ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

INDIANA SECTION AMERICAN WATER WORKS

Emplo ASSOCIATION, INC.

Employer identification number 23-7026153

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
UNITING THE EFFORTS OF THE FULL SPECTRUM OF THE DRINKING WATER
COMMUNITY IN THE STATE OF INDIANA. THROUGH OUR COLLECTIVE STRENGTH,
INAWWA PROVIDES TIMELY EDUCATIONAL FORUMS, OPEN COMMUNICATIONS, AND
SUPPORT FOR TECHNICAL, LEGISLATIVE, AND REGULATORY ACTIVITIES TO
ADVANCE THE TECHNOLOGY, SCIENCE, MANAGEMENT, AND GOVERNMENT POLICIES
RELATIVE TO THE STEWARDSHIP OF WATER.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FORUMS, OPEN COMMUNICATIONS, AND SUPPORT FOR TECHNICAL, LEGISLATIVE,
AND REGULATORY ACTIVITIES TO ADVANCE THE TECHNOLOGY, SCIENCE,
MANAGEMENT, AND GOVERNMENT POLICIES RELATIVE TO THE STEWARDSHIP OF
WATER.
FORM 990, PART VI, SECTION A, LINE 6:
EXPLANATION: THE SECTION HAS MEMBERS, NO STOCKHOLDERS.
FORM 990, PART VI, SECTION A, LINE 7A:
EXPLANATION: THE MEMBERS OF THE GOVERNING BODY ARE ELECTED BY MEMBERS OF
THE ORGANIZATION.
FORM 990, PART VI, SECTION A, LINE 7B:
EXPLANATION: THERE ARE DECISIONS THAT, FROM TIME TO TIME, ARE SUBMITTED TO
THE MEMBERSHIP FOR THEIR APPROVAL SUCH AS 1) CHARGES FOR SPECIAL
ASSESSMENTS OF MEMBERS, 2) AMENDMENT OF GOVERNING DOCUMENTS, AND 3) OTHER

ACTIONS DEEMED IMPORTANT FOR THE MEMBERSHIP VOTE.

	Da a 0
Schedule O (Form 990 or 990-EZ) (2013) Name of the organization INDIANA SECTION AMERICAN WATER WORKS ASSOCIATION, INC.	Employer identification number 23-7026153
·	
FORM 990, PART VI, SECTION B, LINE 11:	200
EXPLANATION: THE SECRETARY/TREASURER AND ASSISTANT SECRE	TARY/TREASURER
REVIEW AND APPROVE THE ENTIRE DOCUMENT PRIOR TO FILING.	THEY THEN REPORT TO
THE GOVERNING BODY THAT THE FORM 990 HAS BEEN SUBMITTED.	A COPY OF THE FORM
990 IS MADE AVAILABLE TO ANY MEMBER OF THE GOVERNING BODY	Y TO REVIEW, IF
DESIRED.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EXPLANATION: ENFORCEMENT OF CONFLICTS POLICY IS DETERMINED	ZD AMMITALLV AC
NEEDED. THERE WERE NO ENFORCEMENTS IN THE SIX MONTHS ENDI	ED SEPTEMBER 30,
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: GOVERNING DOCUMENTS, DISCLOSURE EXPLANATION	, AND A COPY OF
REPORTABLE DOCUMENTS ARE MADE AVAILABLE FOR REVIEW UPON I	RECEIPT OF WRITTEN
REQUEST RECEIVED BY THE SECRETARY/TREASURER DURING NORMAL	L BUSINESS HOURS.
FORM 990, PART XII, LINE 2C	
EXPLANATION: THE PROCESS OF THE ASSOCIATION'S FINANCE CON	MMITTEE
OVERSIGHT RESPONSIBILITIES HAS NOT CHANGED FROM THE PRIOR	R YEAR.
	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2013

Employer identification number 23-7026153

INDIANA SECTION AMERICAN WATER WORKS ▶ See separate instructions. ► Attach to Form 990. INC. ASSOCIATION, Name of the organization Department of the Treasury Internal Revenue Service

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33

Direct controlling entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year End-of-year assets **e** Total income € Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

	(6)	controlled	entity?	Yes No			×					
	(J)	Direct controlling	entity	>								-
	(e)		status (if section	501(c)(3))			LINE 7				 	
	(p)	Exempt Code	section				501(C)(3)					
	(c)	Legal domicile (state or	foreign country)				ILLINOIS					
	(q)	Primary activity					EDUCATION					
organizations during the tax year	(a)	Name, address, and EIN	of related organization		AMERICAN WATER WORKS ASSN., INC	13-5660277, 6666 W. QUINCY AVENUE, DENVER,	CO 80235					

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

Schedule R (Form 990) 2013

332161 09-12-13 LHA

Schedule R (Form 990) 2013 ASSOCIATION, INC.

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

Page 2

23-7026153

General or Percentage managing ownership partner? Yes No Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. 3 Code V-UBI General or P. amount in box pariner? 20 of Schedule K-1 (Form 1065) Yes No Percentage ownership Ξ Share of end-of-year assets ϵ 9 Disproportionate Yes No allocations? Ξ Share of total income Share of end-of-year assets Type of entity (C corp, S corp, or trust) e Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ਉ e Legal domicile (state or foreign country) 3 Direct controlling entity ਉ Primary activity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u>

Schedule R (Form 990) 2013

332162 09-12-13

INDIANA SECTION AMERICAN WATER WORKS ASSOCIATION, INC. Schedule R (Form 990) 2013

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	d in Parts II-IV?																					d relationships and transaction thresholds	(P)
	ng transactions with one or more related organizations listed in Parts II-IV?																					this line, including covere	(0)
	s with one or more i												ınızatıon(s)	ınızatıon(s)	(s)uoi							vho must complete i	(9)
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	1 Dunng the tax year, did the organization engage in any of the following transaction:	a Receipt of (I) interest (ii) annuties (iii) royatties or (iv) rent from a controlled entity	b Gift, grant, or capital contribution to related organization(s)	c Gift, grant, or capital contribution from related organization(s)	d Loans or loan guarantees to or for related organization(s)	 Loans or loan guarantees by related organization(s) 	f Dividends from related organization(s)	g Sale of assets to related organization(s)	h Purchase of assets from related organization(s)	i Exchange of assets with related organization(s)	j Lease of facilities, equipment, or other assets to related organization(s)	k Lease of facilities, equipment, or other assets from related organization(s)	I Performance of services or membership or fundraising solicitations for related organization(s)	m Performance of services or membership or fundraising solicitations by related organization(s)	n Shanng of facilities, equipment, mailing lists, or other assets with related organization(s)	 Shanng of paid employees with related organization(s) 		p Reimbursement paid to related organization(s) for expenses	q Reimbursement paid by related organization(s) for expenses	r Other transfer of cash or property to related organization(s)	s Other transfer of cash or property from related organization(s)	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	(a)

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN WATER WORKS ASSN., INC.	ī	52,814.	52,814.CASH RECEIVED
(2)			
(3)		1	
(4)			
(5)			
(9)			
332183 08-12-13			Schedule R (Form 990) 2013

Page 4 23-7026153

INDIANA SECTION AMERICAN WATER WORKS

ASSOCIATION, INC. Schedule R (Form 990) 2013 Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a)	Q	(9)	(p)	(e)	3	(B)	£	 E	=	8
Name, address, and EIN of entry	Primary activity	를 를	t income related, om tax	Are all partners sec 501(c)(3) orgs?	•,	Share of end-of-year	ج ج چ	Cod amoun of Sch	General managii partner	or Percentage
		country)	under section 512-514)	Yes No	Income	assets	Yes No	(Form 1065)	Yes No	0
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Schedule R (Form 990) 2013

Schedule F	R (Form 990) 2013	ASSOCIATION,	INC.	23-7026153 Page 5
130	Supplemental Inf	ormation		
	Provide additional info	rmation for responses to ques	stions on Schedule R (see instructions)	
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Schedule R (Form 990) 2013

332165 09-12-13

Form **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II on page 2 of this form? On not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed From 8888. Descripting 6-file). You can electronically file Form 8888 if you need a 3-month automatic extension of time to file (6 months for a corporation equired to file Form 9907), or an additional flort automatic) 3-month extension of time 2 for use an extension of time for file or the file or file in the file and in Part of Part II with the exception of Form 8870, inclination Return for Transfers Acade With Certain regions and the file or file or form 8868 at Alongrafits. Part II Automatic 3-Month Extension of Time. Only submit original (no copies needed). Acceptration required to file Form 9907 and requesting an automatic 6-month extension - check this box and complete Part I only. Automatic 3-Month Extension of Time. Only submit original (no copies needed). Acceptration required to file Form 9907 and requesting an automatic 6-month extension - check this box and complete Part I only. Automatic 3-Month Extension of Time. Only submit original (no copies needed). Acceptration required to file Form 9907 and requesting an automatic 6-month extension - check this box and complete Part I only. Automatic 3-Month Extension or other filer, see instructions. In International Complete Part II only and the part I original (no copies needed). Acceptration of the filer files and the part I original (no copies needed). Acceptation for a file file file file file file file file								
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estimated tax payments made. Include any prior year overpayment allowed as a credit.				<u>-</u>			•	
	_				3b	\$	0.	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,		•	-	• • •			_	
by using EFTPS (Electronic Federal Tax Payment System). See instructions 3c \$						\$	<u> </u>	
Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payrinstructions.		•	(direct de	bit) with this Form 8868, see Form	8453-EO ai	nd Form 8879	-EO for payment	

Form 8868 (Rev. 1-2014)

Due 2/17/14

New DD: 5/15/14

Form 8868 (Rev. 1-2014)					Page 2
If you are filing for an Additional (Not Automatic) 3-Mo	nth Extension, o	complete only Part II and check this	box		▶ [X]
Note. Only complete Part II if you have already been grant	ed an automatic	3-month extension on a previously f	led Form 8	3868.	
 If you are filing for an Automatio 3-Month Extension, or 	omplete only Pa	art I (on page 1).			
Part II Additional (Not Automatic) 3-Mo	nth Extensio	n of Time. Only file the origin	al (no co	opies need	led).
		Enter filer's	identifyin	ig number, s	ee instructions
e or Name of exempt organization or other filer, see instructions. Employer identification nu					
print INDIANA SECTION AMERICAN	WATER W	ORKS			
File by the ASSOCIATION, INC.				23-702	26153
due date for Number, street, and room or suite no. If a P.O.	box, see instruc	tions.	Social se	curity numbe	r (SSN)
return See 5265 E. 82ND STREET, STE	. 310				
instructions. City, town or post office, state, and ZIP code.	For a foreign add	fress, see Instructions.			
INDIANAPOLIS, IN 46250					
Enter the Return code for the return that this application is	for (file a separa	te application for each return)			0 1
Application	Return	Application			Return
is For	Code	Is For			Code
Form 990 or Form 990-EZ	01				
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720 (other than individual)			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above) 06 Form 8870					12
STOP! Do not complete Part II if you were not already of	ranted an autor	natic 3-month extension on a prev	iously file	d Form 8868	3.
The books are in the care of					
Telephone No. ▶		Fax No. ▶			
If the organization does not have an office or place of b	usiness in the U				
• If this is for a Group Return, enter the organization's for	ur digit Group Ex	emption Number (GEN)	f this is fo	r the whole a	roup, check this
box . If it is for part of the group, check this box	▶ ☐ and atta	ach a list with the names and EINs o	f all memb	ers the exter	ision is for.
4 I request an additional 3-month extension of time un					
5 For calendar year, or other tax year beginn			a SEP	30, 20	013 .
6 If the tax year entered in line 5 is for less than 12 mo			Final		
X Change In accounting period					
7 State in detail why you need the extension					
••••••••••••					······································
8a If this application is for Forms 990-BL, 990-PF, 990-T	Γ. 4720. or 6069.	enter the tentative tax, less any			
nonrefundable credits. See instructions.		• • • •	8a	s	0.
b If this application is for Forms 990-PF, 990-T, 4720,	or 6069, enter an	v refundable credits and estimated	1-3-	1	
tax payments made. Include any prior year overpays					
previously with Form 8868.		,,,,,	8b	1 e	0.
C Balance due, Subtract line 8b from line 8a. Include	vour payment wi	th this form if required by using	- 0.5	· ¥ · · · ·	<u>v.</u>
EFTPS (Electronic Federal Tax Payment System). Se	· · ·	,qaaa, ay aan .g	8c	s	0.
		st be completed for Part II		<u> </u>	
Under penalties of perjury, I declare that I have examined this form		•	-	of my knowlede	e and belief
it is true, correct, and samplese, and that I am authorized to prepa	re this form.	panyang contration and statements, and		ii iiiy kilowiedt I	, מווט טכווכו,
Signature Mullium Ti	tle > CPA		Date	. Z/1	3/14
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