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Department of the Treasury Internal Revenue Service

SCANNED JUN 0 4 2014

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Α	For the	e 2013 calen	dar year, or tax	year begir	nning		, 20)13, and	endin	g		,		
В	Check if a	applicable	C Name of organi	zation IRE	CLAND WAT	rer util	ITIES,	INC			D Emplo	yer Identifi	ication Number	
	Addi	lress change	Doing Business								35-	-11363	71	
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	<u>-</u>		ANDREW HULSM					IN 47		If 'No,'	subordinates attach a list	s included? (see instruc	tions)	es No
<u> </u>	Tax-ex	xempt status		X 501(c) (<u>12</u>) ▼ (ir	nsert no)	4947(a)(1	I) or	527					
<u>J</u>	Webs	site: ► N/	A							H(c) Group	exemption n	umber		
K	Form o	of organization	X Corporation	Trust	Association	Other -		L Year o	f formation	n 196	7 M	State of leg	al domicile	[N
Pa	art I	Summar	У											
	1 E	Briefly describ	e the organizati	on's missioi	n or most sigr	nificant activit	ies.	TO PRO	VIDE D	RINKABLE	WATER TO	THE ORGA	ANIZATION M	EMBERSHIP
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			- add lines 8 ti				uu·(V)\ iibi	e-1,2)	<u> </u>	<u> </u>	189,	640.	19	3,296.
	13 Grants and similar amounts paid (Part IX, column (A)/lines 1-3)													
	14 Benefits paid to or for members (Part IX, column (A), line 4) MAY 1 9 2011													
S	15 8	15 Salaries, other compensation, employee benefits (Part IX, column (A), fines 640)								· <u> </u>	34,935.		4	2,513.
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			JASPE				IN 47	546-3	3104		Phone no.	(812		363
Ma	v the IR	S discuss the	s return with the		nown above?	/see instruct		<u> </u>	2 - 2 -		1	(012	Y Vac	555

BAA For Paperwork Reduction Act Notice, see the separate Instructions.

Form 990 (2013)

TEEA0101 11/08/13

	990 (2013) IRELAND WATER UTILITIES, INC	35-1136371	Page 2
Par	tallia Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	 	<u> </u>
1	Briefly describe the organization's mission:		
	TO PROVIDE DRINKABLE WATER TO THE ORGANIZATION MEMBERSHIP		
	TO PROVIDE FIRE PROTECTION FOR THE SURROUNDING AREA		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	Form 990 or 990-EZ?	Yes	X No
	If 'Yes,' describe these new services on Schedule O.	_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	s? Yes	X No
	If 'Yes,' describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by expens	ses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amoun others, the total expenses, and revenue, if any, for each program service reported	t of grants and allocation	ns to
	, , , , , , , , , , , , , , , , , , ,		
4 a	(Code) (Expenses \$ including grants of \$) (I	Revenue S	· · · · · · · · · · · · · · · · · · ·
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		Revenue \$)
	I Other program services (Describe in Schedule O)		
4 ()

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4_		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		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		Х
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		х
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		Х
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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	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	11 b		Х
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		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	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		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		Х
12	a 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	12 b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If Yes, complete Schedule E	13	ļ	Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 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 (see instructions)	17		х
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
19	complete Schedule G, Part III	19		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	h If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 6	.1	1

Form 990 (2013) IRELAND WATER UTILITIES, INC

Part IV | Checklist of Required Schedules (continued)

_			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations 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		Х
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
24 :	a 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		х
(b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(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		
(Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25 a	a 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		
١	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		
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, complete Schedule L, Part II	26		Х
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		X
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)			
•	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ı	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(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		Х
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		Х
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		Х
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		х
34	Was the organization related to any tax-exempt or taxable entity? If Yes, complete Schedule R, Parts II, III, IV, and V, line 1	34	į	x
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ı	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		х
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		
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		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	х	

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Form 990 (2013)

Form 990 (2013) IRELAND WATER UTILITIES, INC 35-1136371 Part V Statements Regarding Other IRS Filings and Tax Compliance

			162	140
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2 a	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 2 a			
t	olf at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 Ь	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Χ
t	o If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4 a	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)?	4 a		х
t	o 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			
5 a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	a 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?	6 a		Х
t	o If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 ь	i	
7	Organizations that may receive deductible contributions under section 170(c).	- 0.5		
=	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and		. }	
•	services provided to the payor?	7 a		Х
t	o If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7 c		Х
•	if 'Yes,' indicate the number of Forms 8282 filed during the year			
6	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	.	Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ł	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
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.			
á	a Did the organization make any taxable distributions under section 4966?	9 a		1
	b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter			
	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			
	Section 501(c)(12) organizations. Enter:			l
	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.)			
12:	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		l
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		ľ
	Note. See the instructions for additional information the organization must report on Schedule O.			\vdash
1	b Enter the amount of reserves the organization is required to maintain by the states in			
	which the organization is licensed to issue qualified health plans			
	c Enter the amount of reserves on hand			<u> </u>
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
1	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b	l '	1

Form 990 (2013) IRELAND WATER UTILITIES, INC Page 6 35-1136371 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 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 9 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х 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? 3 Х Did the organization make any significant changes to its governing documents 5 X Did the organization become aware during the year of a significant diversion of the organization's assets? Х 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 a X Х 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12 a Х 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 in 12 c 13 Did the organization have a written document retention and destruction policy? 14 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? 15 a 15 b 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 16 a Х 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization <u>14545</u> (812) 482-2015 IRELAND

Form 990 (2013)	IRELAND	WATER	UTILITIES,	INC

35-1136371

Page 7

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

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

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

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

Check this box if neither the organization r	nor any reia	ated o	rgan	ızatı (C		ompe	nsat	ed any current officer,	director, or trustee	
(A) Name and Title	(B) Average hours per week (list	offic	on (do ox, uni cer an	not c less p	heck ersor	more the is both r/trustee	an an)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Officer Institutional trustee Individual trustee or director		Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ANDY HULSMAN	1.00									
DIRECTOR		Х						2,520.	0.	0.
(2) ERIC KNIES	1.00									
DIRECTOR		Х						1,260.	0.	0.
(3) KEN SCHNAUS	1.00									
DIRECTOR]	Х						1,050.	0.	0.
(4) RANDY MEHRINGER	1.00									
DIRECTOR		Х			Ì			1,260.	0.	0.
(5) STAN SCHNAUS	1.00									
DIRECTOR	1	Х						1,260.	0.	0.
(6) EARL HULSMAN	1.00									
DIRECTOR	1	Х						1,260.	0.	0.
(7) MATT BUELTEL	1.00								•	
DIRECTOR]	Х		İ		İ		1,050.	0.	0.
(8) RON SCHROEDER	2.00							·		
DIRECTOR	1	х						700.	0.	0.
(9) TOM ERNY	1.00									
DIRECTOR		X						1,260.	0.	0.
(10) JERRY SANDER	25.00									
HIGHEST COMPENSATED EMPLOYEE						x		21,182.	0.	0.
(11) DEBBIE SCHMITT	40.00									
KEY EMPLOYEE	1				x			7,775.	0.	0.
(12)								,		
(13)										
(14)	-									

Part VII Section A. Officers, Directors, Trus	stees, l	Key	En	nple	oye	es,	and	d Highest Con	pensated Empl	oyees	(conti	nued)
	(B)			(0	C)							
(A) Name and title	Average hours per	box	, unle	heck ss pe	rson i	than o s both or/trusto	an	(D) (E) Reportable Reportable		(F) Estimated amount of other		
	week							compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	comp	nt of oth censation om the	
	hours for related	Individual trustee or director	nsututional trustee	Officer	Key employee	Highest co employee	Former	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(=,	orga and	inization I related	
	- tions	함	mal t		Ploye	e comp				orga	inization	S
	dotted line)	stee	uste		°	ensa						
	"""		6			g						
(15)		_										
(16)												
(17)		-										
(40)		ļ				ļ		<u> </u>				
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(0.1)	<u> </u>											
(24)												
(25)												
1 b Sub-total			٠.		٠.	• •	>	40,577.	0.			0.
c Total from continuation sheets to Part VII, Section							-					
d Total (add lines 1b and 1c)							11/0/	40,577.	0.	nencal	'IOD	0.
from the organization	.0000			,	*****	,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a 111010 tilali @ 100,t	oo or reportable con	.ponoa		
											Yes	No
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such ind										. 3		х
For any individual listed on line 1a, is the sum of reporting organization and related organizations greater that	ortable co	ompe 000?	nsa If 'Y	tion ′es'	and com	othei	r coi Scl	mpensation from			-	
such individual					• •	• •				. 4		X
for services rendered to the organization? If 'Yes,' con										. 5		Х
Section B. Independent Contractors 1 Complete this table for your five highest compensate.	d indepe	nden	t co	ntra	ctors	that	rec	eived more than \$	100,000 of			
compensation from the organization. Report compensation	sation fo	r the	cale	nda	гуе	ar en	ding	with or within the	organization's tax yea	ar		
(A) Name and business addres	ss							Description of		() Compe	C) nsatio	n
2 Total number of independent contractors (including b \$100,000 of compensation from the organization	ut not lin	nited	to th	nose	liste	ed ab	ove) who received mo	re than			
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s												

	n 990 (2013) IRELAND WATER UTILIT	IES, INC			35-1136371	Page 9
Par	t VIII Statement of Revenue					_
	Check if Schedule O contains a response	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S S	1 a Federated campaigns 1 a					
RAN	b Membership dues 1 b	1,236.				
S, C.	c Fundraising events 1c					
AR/	d Related organizations 1 d		ļ			
S, 5 ₹	e Government grants (contributions) 1 e					
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and		1			
즲	similar amounts not included above		1	1		
	g Noncash contributions included in lines 1a-1f \$			ļ		
<u>2 ₹</u>	h Total. Add lines 1a-1f		1,236.			<u> </u>
3		Business Code				
EVE	^{2a}					
CE	°		-			
EN				· · · · · ·		
M S				+		
3RA	f All other program service revenue					
õ	g Total. Add lines 2a-2f					
	3 Investment income (including dividends, inte					
	other similar amounts)		6,317.	6,317.	0.	0.
	4 Income from investment of tax-exempt bond					
	5 Royalties					
	(ı) Real	(II) Personal				
	6a Gross rents 1,280.					
	b Less, rental expenses					
	c Rental income or (loss) . 1,280.	<u>.</u>			_	-
	d Net rental income or (loss)	(II) Other	1,280.	1,280.	0.	0.
	7 a Gross amount from sales of assets other than inventory.	(1) 00101				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)			}		
	d Not goin or (loss)		•			
	8 a Gross income from fundraising events			···		
OTHER REVENUE	(not including. \$					
2	of contributions reported on line 1c).			Ī		
2	See Part IV, line 18 a					
튽	b Less direct expenses b					
_	c Net income or (loss) from fundraising events	<u> </u>				
	9 a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b				-	
	c Net income or (loss) from gaming activities .					
	10 a Gross sales of inventory, less returns and allowances a					
	· · · · · · · · · · · · · · · · · · ·	569,253.				
	b Less: cost of goods sold b c Net income or (loss) from sales of inventory	389,360.	150 000		_	
	Miscellaneous Revenue	Business Code	179,893.	179,893.	0.	0.
	11 a		***			
	b					
	c				·	
	d All other revenue		4,570.	4,570.	0.	0.
	e Total. Add lines 11a-11d		1,570.	-, -, -, -,	<u></u>	<u> </u>

12 Total revenue. See instructions

0.

192,060

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 or note to any line in this Part IX	Γ

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
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	11,620.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	28,957.			- · -
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	1,936.			
11	Fees for services (non-employees)				
а	Management				
b	Legal	523.			
c	Accounting	3,200.			
c	Lobbying				
e	Professional fundraising services See Part IV, line 17 .				
f	Investment management fees				
g	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion]	
13	Office expenses	4,745.			_
14	Information technology				
15	Royalties			;	
16	Occupancy	31,454.			
17	Travel	5,400.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	28.	-		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	34,528.			
23	Insurance	7,949.			
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)				
á	TRAINING	250.			
	POSTAGE	6,881.			
	DUES & SUBSCRIPTIONS	2,299.			
	WATER SAMPLES	1,520.			
•	All other expenses	21,191.			
	Total functional expenses Add lines 1 through 24e	162,481.			
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				
	SOP 98-2 (ASC 958-720)				<u> </u>

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X $\ldots \ldots$ (B) (A) Beginning of year End of year 258,409 1 251,570. 293,473 2 399,646. 3 3 4 54,321 60,800. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 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 instructions). Complete Part II of Schedule L 6 7 Inventories for sale or use . . . 8 Prepaid expenses and deferred charges 30,785 9 618 10 a Land, buildings, and equipment cost or other basis. 10 a 2,189,137 b Less accumulated depreciation 10 b 539,286. 10 c 1,635,751 ,649,851 11 12 Investments - program-related. See Part IV, line 11 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 2,272,739 16 2,362,485 17 <u>3,0</u>79 17 2,82 18 18 19 19 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Other liabilities (including federal income tax, payables to related third parties, 25 and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . 25 Total liabilities. Add lines 17 through 25........ 26 3,079 2,823 NET Organizations that follow SFAS 117 (ASC 958), check here ► and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets...... 27 Temporarily restricted net assets 28 28 29 P Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34. FUND Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 BALAZOES 444,341 503,527. 32 Retained earnings, endowment, accumulated income, or other funds 825,319 32 856,135. 33 33 2,269,660 2,359,662.

BAA

34

2,362,485. Form 990 (2013)

2,272,739

34

Forn	1990 (2013) IRELAND WATER UTILITIES, INC 35-	-1136	6371		Pa	ge 12
Pai	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u>.</u>		. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	93,2	96.
2	Total expenses (must equal Part IX, column (A), line 25)	2				81.
3	Revenue less expenses. Subtract line 2 from line 1	3				15.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	l	2,2	69,6	60.
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)	9		!	59,1	87.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
_	column (B))	10	L	2,3	59,6	<u>,62.</u>
Pai	t XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					$\cdot \square$
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O					
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a	Х	ĺ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on separate basis, consolidated basis, or both'	3				
	Separate basis Consolidated basis Both consolidated and separate basis					
	Were the organization's financial statements audited by an independent accountant?			2 b		Х
	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					
	X Separate basis Consolidated basis Both consolidated and separate basis					
(If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aureview, or compilation of its financial statements and selection of an independent accountant?	dit, 		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			~		
3 8	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			3 a		Х
- 1	of Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required	audit				ĺ
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3 b		
BAA				Form	990 (2013)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990. Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. OMB No 1545-0047 2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

IRELAND WATER UTILITIES. 35-1136371 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 Aggregate contributions to (during year) . . . Aggregate grants from (during year) Aggregate value at end of year 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? . No 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 conferning Impermissible private benefit? Part II 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 an historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 2 a 2 b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► 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, No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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, 1 a 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 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.

▶\$

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		637.		637.
b Buildings		7,200.	3,123.	4,077.
c Leasehold improvements		, ,		
d Equipment				
e Other		2,181,300.	536,163.	1,645,137.
otal. Add lines 1a through 1e. (Column (d) must equa	al Form 990, Part X, colu	mn (B), line 10(c))		1.649.851

BAA

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 IRELAND WATER UTI	LITI	ES, INC		3	5-1136371	Page 3
Part VII Investments — Other Securities. Complete if the organization answered	'Yes'	to Form 990.	Part	IV. line 11b. See Form	990. Part X. line	12.
(a) Description of security or category (including name of security)	T	(b) Book value		(c) Method of valuation Cos		
(1) Financial derivatives		_				
(2) Closely-held equity interests						
(3) Other						·
(A)						
(B)			_			
(C)	_					
(D)						
(E)			4			
(F)			_			
(G)		 	+			
(H) 				··· -·· ··· ·· · · · · · · · · · · · ·		
(I) Total (Column (b) must equal Form 990, Part X, column (B) line 12) . ▶	-					
Part VIII Investments — Program Related.						
Complete if the organization answered	'Yes'	to Form 990,	Part	IV, line 11c. See Form	990, Part X, line	13.
(a) Description of investment type	1 ((b) Book value	(c) Method of valuation Cost	or end-of-year marke	et value
_ (1)	<u> </u>			· · · · · · · · · · · · · · · · · · ·		
(2)						
(3)	-		+			
(4)	-		+	<u>-</u>		
(5)	+		+		<u> </u>	
<u>(6)</u> (7)	+		+	 		
(8)	+		-	<u> </u>		
(9)	1		+-			
(10)	+		+			<u> </u>
Total (Column (b) must equal Form 990, Part X, column (B) line 13) . >	-		1	1		
Part IX Other Assets.						
Complete if the organization answered			Part	IV, line 11d. See Form	990, Part X, line (b) Book	
(1)	escnpt	lion			(b) Book	value
(2)						
(3)						
(4)						
(5)						
(6)				· · · · · · · · · · · · · · · · · · ·		
(7) (8)						
(9)						
(10)						
Total. (Column (b) must equal Form 990, Part X, column (B),	line 1	5.)			. , ▶	
Part X Other Liabilities.						
Complete if the organization answered 'Yes' to F	Form 9			11f. See Form 990, Part X,	line 25	
(a) Description of liability (1) Federal income taxes	\rightarrow	(b) Book valu	e			
(2)						
(3)						
(4)			•			
(5)						
(6)						
(7)						
(8)	\rightarrow					
(10)						
(11)						
Total (Column (b) must equal Form 990, Part X, column (B) line 25)		,				
Liability for uncertain tax positions In Part XIII, provide the text of the foo	otnote to	the organization's fir	nancial	statements that reports the organiz	ation's liability for uncertain	n
tax positions under FIN 48 (ASC 740) Check here if the text of the footnote	has be	en provided in Part X	(11)		- · · · · · · · · · · · · · · ·	I

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	eturn.
1 Total revenue, gains, and other support per audited financial statements	1
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 · · · · · · · · · · · · · · · · · ·	2 e
3 Subtract line 2e from line 1	} ·
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	[
b Other (Describe in Part XIII.)	1
c Add lines 4a and 4b	4 c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	
ь Pnor year adjustments	
c Other losses	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1.	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII)	
c Add lines 4a and 4b	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5
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 addition	al information.
BAA	Schedule D (Form 990) 2013

Schedule D	(Form 990) 2013	IRELAND WA	ATER UTILITIES	S, INC		35-1136371	Page 5
Part XIII	Süpplemental	Information	(continued)				
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	· 						
		-					-
-							
	- 						
				. .			
	_ .			_			
							
					-	-	
							-

SCHEDULE O (Form 990 or 990-EZ)

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.

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

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service	Information about Schedule O (Form 990 or 990-EZ) and its instructio at www.irs.gov/form990.	mation about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.					
Name of the organization		Employer identifica	tion number				
IRELAND WATER UT	TILITIES, INC	35-113637	1				
Pt_VI, Line_6	_ IN ORDER TO PURCHASE WATER YOU MUST BE A MEMBER						
Pt VI, Line 7a	MEMBERS VOTE ON THE GOVERNING BODY						
Pt_VI, Line 7b_	ALL_MAJOR_DECISIONS_MUST_BE_APPROVED_BY_THE_MEM	BERS					
Pt_VI,_Line_11b	THE BOARD OF DIRECTOR'S REVIEW AND APPROVE THIS	_990					
Pt_XI	MONEY CONTRIBUTED BY MEMBERS FOR CONSTRUCTION OF	F_SYSTEM_					
							
		 -					
							
							
							
		-					
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Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
REPAIR & MAINTENANCE MISCELLANEOUS	21,191.			