



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

A For the 2013 calendar year, or tax year beginning 07/01/13, and ending 06/30/14

B Check if applicable	C Name of organization <b>ARKANSAS WATER &amp; WASTEWATER MANAGERS ASSOCIATION</b>		D Employer identification number <b>71-0615445</b>
X Address change	Number and street (or P O box, if mail is not delivered to street address) <b>PO BOX 126</b>		Room/suite
Name change			E Telephone number <b>501-982-6561</b>
Initial return			
Terminated			
Amended return			F Group Exemption Number ►
Application pending	City or town, state or province, country, and ZIP or foreign postal code <b>JACKSONVILLE AR 72078</b>		

G Accounting Method.  Cash  Accrual Other (specify) ►I Website: ► [arkwwma.org](http://arkwwma.org)J Tax-exempt status (check only one) —  501(c)(3)  501(c)(6) (insert no.)  4947(a)(1) or  527K Form of organization:  Corporation  Trust  Association  Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **44,647****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I 

Revenue	See Statement	1 3,000	
		2 28,527	3 13,120
1 Contributions, gifts, grants, and similar amounts received	5a	4	
2 Program service revenue including government fees and contracts	5b	5c	
3 Membership dues and assessments			
4 Investment income			
5a Gross amount from sale of assets other than inventory			
b Less: cost or other basis and sales expenses			
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			
6 Gaming and fundraising events	6a		
a Gross income from gaming (attach Schedule G if greater than \$15,000)			
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)			
c Less: direct expenses from gaming and fundraising events	6b		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6c		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			
8 Other revenue (describe in Schedule O)			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9 44,647	
Expenses	See Statement	10	
		11	12
10 Grants and similar amounts paid (list in Schedule O)			
11 Benefits paid to or for members			
12 Salaries, other compensation, and employee benefits			
13 Professional fees and other payments to independent contractors		13 5,550	
14 Occupancy, rent, utilities, and maintenance		14	
15 Printing, publications, postage, and shipping		15	
16 Other expenses (describe in Schedule O)		16 55,182	
17 Total expenses. Add lines 10 through 16		17 60,732	
Net Assets	See Statement	18 -16,085	
		19	20
18 Excess or (deficit) for the year (Subtract line 17 from line 9)			
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19 85,768	
20 Other changes in net assets or fund balances (explain in Schedule O)		20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20		21 69,683	

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

465

**Part II      Balance Sheets (see the instructions for Part II)**

Check if the organization used Schedule O to respond to any question in this Part II

Check if the organization used Schedule O to respond to any question in this Part II		
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	<b>85,768</b>	22 <b>69,683</b>
23 Land and buildings	0	23
24 Other assets (describe in Schedule O)	0	24
<b>25 Total assets</b>	<b>85,768</b>	<b>25 69,683</b>
<b>26 Total liabilities (describe in Schedule O)</b>	<b>0</b>	<b>26 0</b>
<b>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</b>	<b>85,768</b>	<b>27 69,683</b>

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose?

EDUCATE, TRAIN & PROMOTE THE PROFESSION

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 SPONSORED CONTINUING EDUCATION AT ITS ANNUAL CONFERENCE AND WORKSHOP AND PROVIDED SCHOLARSHIPS TO PARTICIPATING STUDENTS.

**(Grants \$)**

1) If this amount includes foreign grants, check here

29

**(Grants S**

} If this amount includes foreign grants, check here

30

**(Grants \$)**

If this amount includes foreign grants, check here

**31 Other program services (describe in Schedule O)**

**(Grants \$)**

1) If this amount includes foreign grants, check here

**32 Total program service expenses (add lines 28a through 31a)**

**Part IV** List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)  
Check if the organization used Schedule O to respond to any question in this Part IV

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V 

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a

b Did the organization file Form 1120-POL for this year? 37b

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations Enter: 39a

a Initiation fees and capital contributions included on line 9 39b

b Gross receipts, included on line 9, for public use of club facilities 40b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► \_\_\_\_\_, section 4912 ► \_\_\_\_\_; section 4955 ► \_\_\_\_\_ 40c

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40d

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40e

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40f

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40g

41 List the states with which a copy of this return is filed ► None42a The organization's books are in care of ► JAKE SHORTTelephone no. ► 501-982-6561

PO BOX 126

Located at ► JACKSONVILLE

AR

ZIP + 4 ►

72078

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► \_\_\_\_\_

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

42b	Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

42c	Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b

c Did the organization receive any payments for indoor tanning services during the year? 44c

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a

45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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.

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

**9a** Did the organization make any transfers to an exempt non-charitable organization?

**b** If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
47		
48		
49a		
49b		

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

**52** Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign  
Here**

*J. Short*  
Signature of officer  
**JAKE SHORT**  
Type or print name and title

**SECRETARY/TREASURER**

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<i>Robert G. Schichtl II, CPA</i>		05/20/15		
	Firm's name ►	Robert G. Schichtl II, CPA	Firm's EIN ►	62-1668512	
Firm's address ►	817 Parkway St Conway, AR 72034-5342	Phone no	501-336-8900		

May the IRS discuss this return with the preparer shown above? See instructions

Yes  No

**Form 990-EZ (2013)**

**SCHEDULE O**  
 (Form 990 or 990-EZ)
Department of the Treasury  
Internal Revenue Service

Name of the organization

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**
**ARKANSAS WATER & WASTEWATER  
MANAGERS ASSOCIATION**

OMB No 1545-0047

**2013**Open to Public  
InspectionEmployer identification number  
**71-0615445****Form 990-EZ, Part I, Line 16 - Other Expenses**

<b>Description</b>	<b>Amount</b>
<b>Expenses</b>	
WEBSITE EXPENSES	\$ 5,920
ANNUAL MEETING EXPENSES	\$ 40,575
WORKSHOP EXPENSES	\$ 4,341
INSURANCE	\$ 1,308
SCHOLARSHIPS	\$ 3,000
BANK CHARGES	\$ 10
POSTAGE	\$ 28
<b>Total</b>	<b>\$ 55,182</b>

**Statement 1 - Form 8868, Part II, Line 7 - Explanation for Extension****Description**

An attempt to obtain information necessary for filing a return was requested in a timely fashion, but the information was not furnished in sufficient time to permit the timely filing of the return, or the taxpayer personally visited an IRS office for the purpose of securing information or advice and was unable to meet with an IRS representative

Form 8868 (Rev. 1-2014) mailed certified 1/13/15

Page 2

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).**

Enter filer's identifying number, see instructions

Employer identification number (EIN) or

71-0615445

**Type or print**  
**ARKANSAS WATER & WASTEWATER  
MANAGERS ASSOCIATION**
**File by the  
due date for  
filing your  
return. See  
instructions**  
**Number, street, and room or suite no. If a P.O. box, see instructions.**  
**1400 NORTH FOX HUNTER ROAD**

Social security number (SSN)

**City, town or post office, state, and ZIP code. For a foreign address, see instructions.**  
**FAYETTEVILLE AR 72701**

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return 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 granted an automatic 3-month extension on a previously filed Form 8868.

**BILLY AMMONS**  
**1400 NORTH FOX HUNTER RD**

AR 72701

- The books are in the care of ► **FAYETTEVILLE**  
Telephone No. ► **479-443-3292** FAX No ►
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for.

► 

- I request an additional 3-month extension of time until **05/15/15**
- For calendar year , or other tax year beginning **07/01/13**, and ending **06/30/14**
- If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period
- State in detail why you need the extension  
**See Statement 1**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► **Christine M. Price**

Title ►

**CPA**Date ► **01/13/15**

Form 8868 (Rev. 1-2014)