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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.

Open to Public

OMB No 1545-0047

Department of the Treasury

Interr	al Rev	enue Service Information about Form 990 and its instructions is a	t <i>www.ii</i>	rs.gov/form990.	Inspection	
A F	or th	e 2013 calendar year, or tax year beginning OCT 1, 2013 and en	nding S	EP 30, 2014		
В	heck if	C Name of organization		D Employer identifi	cation number	
a	pplicat	INDIANA SECTION AMERICAN WATER WORKS				
	Addr	SS ACCOCIAMIONI INC				
=	_]chan			227	026153	
늗	_ chan; ∏Initial					
\vdash	retur	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone numbe		
<u>_</u>	Term			866-	213-2796	
L.	Amer retur			G Gross receipts \$	648,958	
	Appli tion	Ca- INDIANAPOLIS, IN 46250		H(a) Is this a group re	eturn	
	pend	F Name and address of principal officer: CHRISTINA DE WITT		for subordinates		
		8365 KEYSTONE CROSSING #300, INDIANAPOLI	IS, I	H(b) Are all subordinates if	ncluded? Yes N	
1 7	27.67	tempt status: X 501(c)(3)	527		list. (see instructions)	
_		ite: WWW.INAWWA.ORG		H(c) Group exemptio		
		forganization X Corporation Trust Association Other ►				
		_	L Year	of formation 1900 K	State of legal domicile	
	rt [Summary		THE DECOMPO	E E0B	
ě	1	Briefly describe the organization's mission or most significant activities: AUTHOR				
aŭ		PROMOTING SAFE DRINKING WATER, PUBLIC HEAL	LTH,	SAFETY, AND	WELFARE BY	
Activities & Governance	2	Check this box if the organization discontinued its operations or disposed	d of more	than 25% of its net as		
8	3	Number of voting members of the governing body (Part VI, line 1a)		3		
g	4	Number of independent voting members of the governing body (Part VI, line 1b)		4		
Se	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5		
Ę	6	Total number of volunteers (estimate if necessary)		6	1:	
Ę		Total unrelated business revenue from Part VIII, column (C), line 12		7a	18,55	
ď		Net unrelated business taxable income from Form 990-T, line 34		7b	3,41	
		The directed business taxable modifie from 1000 1; fine 04	· I	Prior Year	Current Year	
	8	Contributions and grants (Dort VIII line 1h)		52,814.	81,54	
ž	_	Contributions and grants (Part VIII, line 1h)	-	59,207.	280,79	
Revenue	9	Program service revenue (Part VIII, line 2g)	-	343.	1,79	
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	ļ			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		55,613.	199,91	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		167,977.	564,04	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	ļ	0.	160,23	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	10.55	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	19,57	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.		
ğ	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>).</u>			
Ü	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		56,335.	385,26	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		56,335.	565,07	
		Revenue less expenses. Subtract line 18 from line 12		111,642.	<1,03	
e e			Rer	inning of Current Year	End of Year	
Assets or delances	20	Total assets (Part X, line 16)		829,044.	815,99	
Bal		Total liabilities (Part X, line 16)		36,409.	24,39	
Fund	21	•	 -	792,635.	791,60	
	22	Net assets or fund balances. Subtract line 21 from line 20		192,033.	791,00	
	rt II	··· · · · · · · · · · · · · · · · · ·				
		alties of perjury, I declare that I have examined this return, including accompanying schedules ar			y knowledge and belief, it	
true,	corre	ct, and complete Declaration of preparer (other than officer) is based on all information of which	n preparer			
		TJW MAICHWITT		2/17/15	<u> </u>	
Sig	1	Signature of officer		Date		
Her	е	CHRISTINA DE WITT, SECRETARY-TREASURER				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature	0	ate Check	PTIN	
Paid		JEREMY M. FINN, CPA		2-14-15 If self-employe	P00814819	
Prep		Firm's name MONROE SHINE & CO. PNC. CPA'S		Firm's EIN	35-1515068	
•	Only	Firm's address PO BOX 1407		Timi 3 Line		
		NEW ALBANY, IN 47151-1407		Phone no R 1	2-945-2311	
NA	4h - 1	•		I FRIORE TO OIL		
iviay	tne l	RS discuss this return with the preparer shown above? (see instructions)			X Yes 1	

		7026153	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		<u> X</u>
1	Briefly describe the organization's mission:		
		JBLIC	
	HEALTH, SAFETY, AND WELFARE BY UNITING THE EFFORTS OF THE FU		
		DIANA.	
	THROUGH OUR COLLECTIVE STRENGTH, INAWWA PROVIDES TIMELY EDUC	ATTONAL	
2	Did the organization undertake any significant program services during the year which were not listed on		X No
	the prior Form 990 or 990-EZ?	Li Yes	IA NO
_	If "Yes," describe these new services on Schedule O.		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	IA NO
4	If "Yes," describe these changes on Schedule O.	nd by overees	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to		
	revenue, if any, for each program service reported.	nai expenses, a	aiio
4a	112 106	72.	886.)
70	(Code) (Expenses \$112,100 • including grants of \$) (Revenue \$) EDUCATIONAL PROGRAMS PROVIDED TO PROMOTE, DEVELOP, SUPPORT,	AND MAN	
	THE EXCHANGE OF DRINKING WATER INFORMATION.		
	The brother of britishing the britis		
			-
			
		····	
4b	(Code) (Expenses \$ 156,500 • including grants of \$) (Revenue \$	207,	911.)
	ANNUAL CONFERENCE - CONFERENCE HELD ANNUALLY WITH DISCUSSION	··············	
	SPEAKERS FOCUSED ON MANAGEMENT AND TECHNICAL ISSUES REGARDIN	· _ ·	ATER
	INDUSTRY.		
4c	(Code) (Expenses \$ 160,235. including grants of \$ 160,235.) (Revenue \$)
	PROMOTION OF SAFE DRINKING WATER AND PUBLIC HEALTH THROUGH		
	CONTRIBUTIONS TO WATER FOR PEOPLE.		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 428,921.		
		Form 9	90 (2013)

Form	990 (2013) ASSOCIATION, INC. 23-702	<u> 5153</u>	} <u>P</u>	age 3
Pa	t 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	ļ	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	1		
	during the tax year? If "Yes," complete Schedule C, Part II	4	ļ	X
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	ļ	X
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		X
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	ļ	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	ļ	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	İ		
	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	ļ	X
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	<u> </u>	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.	•		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	<u> </u>	X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		Ì	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	<u>.</u>
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		X
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			ĺ
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	ļ	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	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1		
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	1		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	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,	1		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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	1	X

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G, Part III

20b Form 990 (2013)

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20a

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Form 990 (2013)

Form 990 (2013) ASSOCIATION, 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 organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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	1		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> </u>
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		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	1		
	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		_X_
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		_X
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	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		X
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		X
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a		35a		X
þ	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		
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		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		17	
	Note. All Form 990 filers are required to complete Schedule O	38	X	(2012)
		E		

1 14-7	Check if Schedule O contains a response or note to any line in this Part V			\Box
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			·
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		L
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 2			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3ь	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
þ	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.			v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6a		Х
.	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		
U	were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	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			İ
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	_	
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	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		1	İ
•	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.	9a	1	İ
a	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			İ
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			ĺ
11	Section 501(c)(12) organizations. Enter.			İ
а	Gross income from members or shareholders			İ
b	Gross income from other sources (Do not net amounts due or paid to other sources against			İ
	amounts due or received from them.)			İ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	,	ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			İ
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			ļ
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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			İ
_	organization is licensed to issue qualified health plans Enter the amount of receives on hand			
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	in 166, the Kines at our 120 to toport those payments in 146, provide an explanation in deficults of		990	(2013)

Form 990 (2013)

ASSOCIATION, INC.

23-7026153

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

	Check if Schedule O contains a response or note to any line in this Part VI					<u>X</u>					
Sec	tion A. Governing Body and Management										
					Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12	2							
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O										
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12	2							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	nip with	any other	1							
	officer, director, trustee, or key employee?			2		X					
3	Did the organization delegate control over management duties customarily performed by or under	he direc	ct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?			3	1	X					
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?		5		X					
6	Did the organization have members or stockholders?			6	Х						
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	•		7a	Х						
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or								
	persons other than the governing body?		·	7b	Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by th	e followina								
_	The governing body?			8a	X	[
	Each committee with authority to act on behalf of the governing body?			8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	eached a	at the								
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue	e Code.)			•					
			·		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		X					
	If "Yes," did the organization have written policies and procedures governing the activities of such	chapter	s. affiliates.								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	•	,	10b							
11a		dy befo	re filing the form?	11a		Х					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	•	•								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	se to con	flicts?	12b	Х						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If										
	in Schedule O how this was done	-		12c	Х						
13	Did the organization have a written whistleblower policy?			13	X						
14	Did the organization have a written document retention and destruction policy?			14	Х						
15	Did the process for determining compensation of the following persons include a review and appro	val bv ır	dependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	-	•								
а	The organization's CEO, Executive Director, or top management official			15a		Х					
b	Other officers or key employees of the organization			15b		Х					
	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 arrang	ement v	vith a								
-	taxable entity during the year?			16a		Х					
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its r	participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org		•								
	exempt status with respect to such arrangements?			16b	ĺ						
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶IN										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-T (Sect	ion 501(c)(3)s only)	avaılab	le						
-	for public inspection. Indicate how you made these available. Check all that apply.	,	V-1V-111								
	Own website Another's website X Upon request Other (expla	n in Sci	hedule O)								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or		•	id finar	ncial						
-	statements available to the public during the tax year.	 .									
20	State the name, physical address, and telephone number of the person who possesses the books	and rec	ords of the organiza	ition:	•						
-	CHRISTINA DE WITT - 317-465-1507		· · · · · · · · · · · · · · · · · ·								
		210									

Form 990 (2013) ASSOCIATION, INC.

23-7026153

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Part VII 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) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) TED MILLER	10.00									
CHAIR		X				ļ		0.	0.	0.
(2) MARY WESSLER	5.00									<u></u>
CHAIR-ELECT		X						0.	0.	0.
(3) TIM NELSON	5.00									
VICE-CHAIR		X						0.	0.	0.
(4) CHRISTINA DE WITT	10.00									• •
SECRETARY-TREASURER		X						0.	0.	0.
(5) JOHN SEEVER	5.00									
ASST SECRETARY-TREASURER		X						0.	0.	0.
(6) DUAN GILLES	1.00									
PAST CHAIR		X						0.	0.	0.
(7) MICHAEL SIMPSON	2.00									
DIRECTOR		X						0.	0.	0.
(8) STEVE CLOSSIN	1.00]							_	
TRUSTEE - CENTRAL DISTRICT		X						0.	0.	0.
(9) JUSTIN STOUDER	1.00							_	_	_
TRUSTEE - NORTHEAST DISTRI		X				<u> </u>		0.	0.	0.
(10) MARK NYE	1.00		ļ							
TRUSTEE - NORTHWEST DISTRI		X	ļ		ļ			0.	0.	<u> </u>
(11) PHIL BONNEAU	1.00	ļ								
TRUSTEE - SOUTHEAST DISTRI		X				ļ		0.	0.	0.
(12) ED HOLLINDEN	1.00	١.,								•
TRUSTEE - SOUTHWEST DISTRI	40.00	X						0.	0.	0.
(13) DAWN KEYLER	40.00	-		_						•
EXECUTIVE ADMINISTRATOR		<u> </u>	ļ	X				0.	0.	0.
		-								
		-	-			-				·
		d								
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1 0	Section A. Officers, Directors, Trus	I	•					ST			ſ				
	(A)	(B)	(C) Position						(D)	(E)		_	(F)		
	Name and title	Average hours per	(do not check more than one box, unless person is both an						Reportable compensation	Reportable compensation		l	stimate nount		
		week					or/trus		from	from related		ا	other		
		(list any	director						the	organization		com	pensa		
		hours for	1 5	, p			age		organization	(W-2/1099-MIS	SC)	(rom th		
		related organizations	trustee	trustee		, g	Highest compensate employee		(W-2/1099-MISC)				ganızat		
		below	Tag	tonal	١.	l g	15 ag	<u> </u>					d relat anızatı		
		line)	Individual	Institutional t	Ser Ser	Key employee	E P	Ē				0.9			
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			1												
				<u> </u>											
	Sub-total							>	0.		0.			0.	
С	Total from continuation sheets to Part V	II, Section A						>	0.		0.			0.	
	Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.	
2	Total number of individuals (including but r	not limited to th	nose	liste	ed a	bove	e) wl	ho r	eceived more than \$100	,000 of reportabl	е			0	
	compensation from the organization												Yes	No	
3	Did the organization list any former officer	director or tri	ıoto	م اده		مامم		~-	highest compensated o	malayoo oa	1		.03		
J	line 1a? If "Yes," complete Schedule J for s			C, NC	у С і	пріс	усс	, 01	mignest compensated e	Tiployee on		3	1	Х	
4	For any individual listed on line 1a, is the si			amo	ensa	ation	n and	d ot	her compensation from	the organization					
•	and related organizations greater than \$15									ino organization		4	ĺ .	Х	
5	Did any person listed on line 1a receive or									idual for services					
	rendered to the organization? If "Yes," con	plete Schedul	e J 1	or s	uch	pers	son					5		X	
Sec	tion B. Independent Contractors														
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	pens	ation t	from		
	the organization. Report compensation for	the calendar y	ear	endı	ng v	vith	or w	ıthır	n the organization's tax	year.					
	(A) Name and business	address	NT/	~ *****					(B) Description of s	enuces	C		C) nsatio	n	
	Name and dusiness	address	IN	INC	<u>. </u>				Description of s	services		ompe	iisalio		
				_						_	_				
					_										
2	Total number of independent contractors (ot li	mıte	d to		_	stec	d above) who received n	nore than					
	\$100,000 of compensation from the organ	zation 🟲				(0								

Page 9

ASSOCIATION, INC.

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded from tax under Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 81,543. 1b b Membership dues 1c c Fundraising events 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 9 Noncash contributions included in lines 1a-1f \$ 81,543 h Total. Add lines 1a-1f **Business Code** 207,911. 2 a ANNUAL CONFERENCE 207,911. 611710 Program Service Revenue 31,696. 31,696. ь DISTRICT MEETINGS 611710 28,850. 28,850. c OPERATOR'S SCHOOL 611710 6,483.d JOINT UTILITY MANAGEME 611710 6,483. 611710 5,857. 5,857. e OTHER f All other program service revenue 280,797. Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,790. 1,790. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) 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 266,278. Part IV, line 18 84,916. b Less: direct expenses 181,362 181,362. 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** 11 a ADVERTISING 611710 18,550. 18,550. þ d All other revenue 18,550. e Total. Add lines 11a-11d 564,042. 280,797. 18,550. 183,152. Total revenue. See instructions

Form 990 (2013) ASSOCIATION, INC.

23-7026153 Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

<u> </u>	Check if Schedule O contains a respons			mpioto column (r.y.	
	not include amounts reported on lines 6b, 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	160,235.	160,235.		
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				
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	19,572.		19,572.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting	56,519.		56,519.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O)	11 100		<u> </u>	
12	Advertising and promotion	14,138.	14,138.	40 104	
13	Office expenses	43,174.		43,174.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance Character systems average not covered				
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	UBIT TAXES	512.		512.	
b	ANNUAL MEETING	156,500.	156,500.		
c	COMMITTEES	63,679.	63,679.		
d	DISTRICT MEETINGS	25,178.	25,178.		
e	All other expenses	25,569.	9,191.	16,378.	
25	Total functional expenses. Add lines 1 through 24e	565,076.	428,921.	136,155.	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		1		
	Check here if following SOP 98-2 (ASC 958-720)			<u></u>	
					Earm 990 (2013)

Form 990 (2013)
Part X Balance Sheet ASSOCIATION, INC. 23-7026153 Page 11

• 141	• ^	Balance Sheet			
-		Check if Schedule O contains a response or note to any line in this Part X		1 1	
			(A) Beginning of year		(B) End of year
ĺ	1	Cash · non-interest-bearing	331,427.		13,168
	2	Savings and temporary cash investments	275,645.	2	559,684
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	15,346.	4	30,441
ł	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
,		Part II of Schedule L		5	
	6	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	1		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
SIS		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	-
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D	_		
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	006.606	11	007 000
	12	Investments - other securities. See Part IV, line 11	206,626.	12	207,829
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	4 075
	15	Other assets. See Part IV, line 11	000 044	15	4,875
	16	Total assets. Add lines 1 through 15 (must equal line 34)	829,044.	16	815,997
	17	Accounts payable and accrued expenses	26,934.	17	13,421
	18	Grants payable	0.475	18	10 075
	19	Deferred revenue	9,475.	19	10,975
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	· ·	21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		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	-
1	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		ا مد ا	
		Schedule D	36,409.	25	24,396.
-	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ► X and	30,409.	26	24,390
		• • •			
8	07	complete lines 27 through 29, and lines 33 and 34.	674,220.	27	674,725
5	27	Unrestricted net assets	108,415.	28	106,876
	28	Temporarily restricted net assets	10,000.		10,000
	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here	10,000.	28	10,000
Net Assets or Fund balances					
2	20	and complete lines 30 through 34.		30	
מַ	30	Capital stock or trust principal, or current funds		31	
<u> </u>	31	Paid-in or capital surplus, or land, building, or equipment fund		32	
ž Z	32	Retained earnings, endowment, accumulated income, or other funds	792,635.	33	791,601
	33	Total net assets or fund balances	829,044.		815,997.

Form	1990 (2013) ASSOCIATION, INC.	23-702	<u>6153</u>	<u>Pa</u>	ge 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>42.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2			76.			
3	Revenue less expenses. Subtract line 2 from line 1	3		34.> 35.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
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			0.			
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	1,6	01.			
Pa	rt XII 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 X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedu	ile 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,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Se	chedule O.						
За	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?		3a		<u>X</u>			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re	quired audit						

Form **990** (2013)

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

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 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

2013

OMB No 1545-0047

Open to Public Inspection

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

Employe

INC.

ASSOCIATION,

Employer identification number 23-7026153

- 44	***	11003011	ioi i abiio oilai	ity otatas (All organiz	auons mu	ar combier	c tins part	., 000 11131	100110113.				
Γhe	organ	ization is not a	private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)					
1			•	s, or association of chur	_								
2	一			/0(b)(1)(A)(ii). (Attach Sc									
3	一			tal service organization	•	n section	170(b)(1)	/Δ\/iii\					
4	一	•		operated in conjunction					/6\/1\/ 6 \/ii	i) Enter	the hospital	'e nan	16
4	LJ			operated in conjunction	Willi a 1105	pitai desci	1060 111 36	CHOII 170	(0)(1)(\\\)	1). LITTO	the nospital	Jilaii	10,
_		city, and stat					4 1 1						
5	Ш	_	•	benefit of a college or ur	niversity ov	vnea or op	perated by	a govern	nentai uni	describ	ped in		
			(b)(1)(A)(iv). (Compl	<u>-</u>									
6	\square	A federal, sta	ite, or local governm	ent or governmental uni	t described	in sectio	n 170(b)(1)(A)(v).					
7		An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	r from the	general	public desc	rıbed	ın
		section 170((b)(1)(A)(vi). (Comple	ete Part II.)									
8		A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9	X	An organizati	on that normally red	eives: (1) more than 33	1/3% of its	support fi	rom contri	butions, m	nembershii	o fees, a	ind gross rea	ceipts	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.											
					ion o i i ta	A) 110111 DO	311103303 6	ioquii cu b	y the orga	meation	and dance	o, 10.	٥.
4.0			509(a)(2). (Complete	·	المادية المادية	a anfahi C	` i.	- E00/a\/	11				
10	=	-	•	perated exclusively to te	· ·	-				4 4 1			
11				perated exclusively for the									or
				ations described in section				!). See sec	tion 509(a	a)(3). Ch	eck the box	that	
			·· · · · · · · · · · · · · · · · · · ·	organization and comple		-							
		a L Type I			ype III • Fui	•	-				n-functional	•	_
е		By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	by one o	more disc	qualified	persons oth	er tha	เท
		foundation m	nanagers and other t	han one or more publicly	y supporte	d organiza	tions desc	cribed in s	ection 509	(a)(1) or	section 509	(a)(2).	
f		If the organiz	ation received a writ	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
			rganization, check ti										
9			-	organization accepted ar	nv aift or co	ontribution	from any	of the follo	owing pers	sons?			
8		•		lirectly controls, either al			-				1.	Yes	No
			•	upported organization?	o, og	•••••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		() (,	11g(i)		
		•		• •							11g(ii)		-
		•	•	n described in (i) above?		. n							
		• •	•	person described in (i) o							11g(iii)	l	l
h		Provide the f	ollowing information	about the supported or	ganization((s)							
			···								·····		
(i)	Name	of supported	(ii) EIN	(iii) Type of organization		rganization			(vi) is organizatio	the	(vii) Amount	of mo	netary
	orga	ınızatıon			in col (i) lis	•			(i) organiz	ed in the	sup	port	
				above or IRC section (see instructions))	governing	Jocument,	(i) or your	support?	US	7			
				(aco manuenona))	Yes	No	Yes	No	Yes	No			
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Schedule A (Form 990 or 990-EZ) 2013 ASSOCIATION, INC. 23-7026.

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

23-7026153 Page 2

Lini	(Complete only if you checke	d the box on line 5	5. 7. or 8 of Part I	or if the organization	on failed to qualify	under Part III. I	f the organization
	fails to qualify under the tests			-			•
Se	ction A. Public Support						
	indar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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					<u> </u>	
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
_6	Public support. Subtract line 5 from line 4						
Se	ction B. Total Support						
Cale	indar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on					Ì	
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)		<u> </u>		ļ		
11	Total support. Add lines 7 through 10					<u> </u>	
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and stor						<u>▶</u>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				·- ·- ·- ·- ·- ·- ·- ·- ·- ·-
14	Public support percentage for 2013 (***	=	column (f))		14	%
15	Public support percentage from 2012					15	%
16	33 1/3% support test - 2013. If the				14 is 33 1/3% or	more, check th	is box and
	stop here. The organization qualifies		•				▶□
ŀ	33 1/3% support test - 2012. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, che	ck this box
	and stop here. The organization qual	•	• • •				▶
178	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			•	-	art IV how the o	rganization
	meets the "facts-and-circumstances"	-	•		=		▶□
ı	10% -facts-and-circumstances tes						
	more, and if the organization meets the				•		v the
	organization meets the "facts-and-cire	cumstances" test.	The organization	qualifies as a publ	licly supported org	anization	

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

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

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.")		3,376.	79,644.	52,814.	81,543.	217,377.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	537 864	528 142	449,757.	256,825.	480,709.	2253297.
	organization's tax-exempt purpose	337,004.	320,142.	447,131.	230,023.	400,700.	22332711
3	Gross receipts from activities that are not an unrelated trade or bus- iness 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	537,864.	531,518.	529,401.	309,639.	562,252.	2470674.
76	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	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.
8	Public support (Subtract line 7c from line 6)				\		2470674.
Se	ction B. Total Support	,				,	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	537,864.	531,518.	529,401.	309,639.	562,252.	2470674.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,033.	2,987.	1,385.	343.	1,790.	8,538.
t	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	14,846.	4,167.				19,013.
•	Add lines 10a and 10b	16,879.	7,154.	1,385.	343.	1,790.	27,551.
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)	554,743.	538,672.	533,518.	309,982.	564,042.	2500957.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						<u> </u>
<u>Se</u>	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2013 (line 8, column (f) di	vided by line 13, o	olumn (f))		15	98.79 %
	Public support percentage from 2012					16	97.14 %
<u>Se</u>	ction D. Computation of Inve		•				1 10
17	,	•	**	ne 13, column (f))		17	1.10 %
18	Investment income percentage from				٠	18	2.75 %
19	a 33 1/3% support tests - 2013. If the	-					
ı	more than 33 1/3%, check this box a 33 1/3% support tests - 2012. If the	organization did n	ot check a box or	line 14 or line 19a	ı, 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	on did not check a	box on line 14, 19	a. or 19b. check th	ns box and see in:	structions	▶

INDIANA SECTION AMERICAN WATER WORKS 23-7026153 Page 4 Schedule A (Form 990 or 990-EZ) 2013 ASSOCIATION, INC. Part IV 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).

SCHEDULE D

(Form 990)

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.

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

INDIANA SECTION AMERICAN WATER WORKS

ASSOCTATION TNC **Employer identification number** 23-7026153

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised ful	nds
_	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor of		-
	impermissible private benefit?	or construction, or tot any construction	Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990. Part IV	
1	Purpose(s) of conservation easements held by the organization		<u> </u>
	Preservation of land for public use (e.g., recreation or e		ally important land area
	Protection of natural habitat	Preservation of a certified h	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a c	conservation easement on the last
	day of the tax year.		
	, ,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	• • • • • • • • • • • • • • • • • • • •	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	inization during the tax
	year ▶		· ·
4	Number of states where property subject to conservation ea	sement is located ▶	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the y	ear > \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the or	rganization's accounting for
	conservation easements.		
Pa	・	f 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 (AS	SC 958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public exi	nibition, education, or research in furtherance of	f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and I	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gain,	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		▶ \$

		TION, INC.					23-70			age Z
Pal	rt III Organizations Maintaining C					•				
3	Using the organization's acquisition, access	on, and other recor	ds, chec	k any of the	following that are a	significa	nt use of its	collectio	n item	15
	(check all that apply):									
а	Public exhibition	•			hange programs					
b	Scholarly research	•	e []	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın how tl	ney further t	he organization's ex	cempt pu	rpose in Par	t XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical trea	isures, or other simi	lar assets		_		
	to be sold to raise funds rather than to be m	aintained as part of	the orga	nization's co	ollection?			Yes		No
Pa	Escrow and Custodial Arran reported an amount on Form 990, Pa	- :	ete if the	e organizatio	on answered "Yes" t	o Form 9	90, Part IV,	ine 9, or		
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	ns or other assets n	ot include	ed .			
	on Form 990, Part X?		•					Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:						
	, ,	•	Ū					Amoun	t	
c	Beginning balance					10	:			
	Additions during the year					10				
	Distributions during the year					1e				
f	Ending balance					11				
2a	Did the organization include an amount on F	orm 990. Part X. line	217			<u> </u>		Yes		No
	If "Yes," explain the arrangement in Part XIII.			on has been	provided in Part XI	II.			$\overline{}$	Ī
Pa										
		(a) Current year		rior year	(c) Two years back		e years back	(e) Four	r vears	back
1a	Beginning of year balance	(-)	1	7	1	1.7				
ь	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities					<u> </u>				
·	and programs									
f	Administrative expenses					İ				
g	End of year balance					 		-		
2	•	rent vear end haland	ce (line 1	a column (s	a)) held as:	<u> </u>				
a										
ь	Permanent endowment	%								
	Temporarily restricted endowment ▶	% %								
·	The percentages in lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posse	•	ation the	at are held a	nd administered for	the orga	nization			
ou.	by	ssion of the organiz	ation the	at allo Hold a	ina administered for	tile orga	mzation	[Yes	No
	(i) unrelated organizations							3a(i)	.03	
	(ii) related organizations							3a(ii)		
h	If "Yes" to 3a(ii), are the related organizations	lietad se required a	on Scher	dula R2				3b		
4	Describe in Part XIII the intended uses of the							[30]		
7 - 17 TAY	t VI Land, Buildings, and Equipm		SAMILIGITE.	101103.						
	Complete if the organization answere) Part IV	line 11a S	ee Form 990 Part X	(line 10				
	Description of property	(a) Cost or o			· · · · · · · · · · · · · · · · · · ·	Accumula	ated	(d) Boo	k valu	
	Description of property	basis (investi				epreciation		(0) 500	A value	5
12	Land	2230 (1110311		54013	()					
	Land							, -		
D	Buildings									
ن ب	Leasehold improvements									
d	Equipment					· ·- ·-		<u>.</u>		
	Other			(0) (10(-1)					

ASSOCIATION, INC. 23-7026153 Page 3 Schedule D (Form 990) 2013 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) (c) Method of valuation: Cost or end-of-year market value (b) Book value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) CERTIFICATES OF DEPOSITS 207,829. END-OF-YEAR MARKET VALUE (B) (C) (D) (E) (F) (G) (H)207,829. Total. (Col. (b) must equal Form 990, Part X, col. (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 (b) Book value (c) Method of valuation: Cost or end-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" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (a) Description (1) (2)(3) (4) (5) (6) (7) (8) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (a) Description of liability (1) Federal income taxes (2)(3) (4) (5) (6) (7) (8) (9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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 X

INDIANA SECTION AMERICAN WATER WORKS ASSOCIATION, INC. 23-7026153 Page 4 Schedule D (Form 990) 2013 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 648,958. 1 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a a Net unrealized gains on investments b Donated services and use of facilities 2b 2c c Recoveries of prior year grants 2d d Other (Describe in Part XIII) 2e e Add lines 2a through 2d 648,958. 3 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 <84,916. 4b b Other (Describe in Part XIII.) <84,916.> c Add lines 4a and 4b 4c 564,042. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 649,992. 1 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a a Donated services and use of facilities **b** Prior year adjustments 2b 2c c Other losses 84,916. 2d d Other (Describe in Part XIII.) 84,916. 2e e Add lines 2a through 2d 565,076. 3 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990. Part VIII, line 7b 4a 4b **b** Other (Describe in Part XIII) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information. 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: EXPLANATION: THE ASSOCIATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE. REVENUE DERIVED FROM SOURCES NOT DIRECTLY RELATED TO ITS EXEMPT PURPOSE, REFERRED TO AS "UNRELATED BUSINESS INCOME," SUCH AS THAT DERIVED FROM ADVERTISING, MAY BE TAXABLE. THE ASSOCIATION HAS IMPLEMENTED THE ACCOUNTING GUIDANCE FOR UNCERTAINTY IN UNDER THAT GUIDANCE, TAX POSITIONS NEED TO BE RECOGNIZED IN INCOME TAXES. THE FINANCIAL STATEMENTS WHEN IT IS MORE-LIKELY-THAN-NOT THE POSITION WILL

THE ASSOCIATION HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR

BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES.

AS OF SEPTEMBER 30,

23-7026153 Page 5 ASSOCIATION, INC. Schedule D (Form 990) 2013 Part XIII Supplemental Information (continued) EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. ASSOCIATION FILES FEDERAL AND INDIANA INCOME TAX RETURNS. RETURNS FILED IN THESE JURISDICTIONS FOR THE TAX YEARS ENDED ON OR AFTER SEPTEMBER 30, 2012 ARE SUBJECT TO EXAMINATION BY THE RELEVANT TAXING AUTHORITIES. ASSOCIATION IS NOT CURRENTLY BEING EXAMINED AND MANAGEMENT BELIEVES ITS TAX-EXEMPT STATUS WOULD BE UPHELD UNDER EXAMINATION. PART XI, LINE 4B - OTHER ADJUSTMENTS: DIRECT FUNDRAISING EXPENSES -84,916.PART XII, LINE 2D - OTHER ADJUSTMENTS: 84,916. DIRECT FUNDRAISING EXPENSES

SCHEDULE G (Form 990 or 990-EZ)

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.

2013

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization ► Attach to Form 990 or Form 990-EZ.
► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

INDIANA SECTION AMERICAN WATER WORKS

Employer identification number

ASSOCIA	TION, INC.				23-7026	153		
	Complete if the organization answer	ered "Y	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not		
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover alsing ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees or Yes			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No					
!			-					
Fotal			•					
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.								
					<u> </u>			
<u> </u>								
								

INDIANA SECTION AMERICAN WATER WORKS 23-7026153 Page 2 Schedule G (Form 990 or 990-EZ) 2013 ASSOCIATION, 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 GOLF OUTING CONCERTS col. (c)) (event type) (total number) (event type) Revenue 266,278. 131,842 50,555 83,881 Gross receipts Less: Contributions 83,881 266,278. 131,842 50,555 Gross income (line 1 minus line 2) 200 200. Cash prizes 49. 49 Noncash prizes Direct Expenses 20,880 20,880. Rent/facility costs 1,388 1,388. Food and beverages 30,450. 8,372. 30,849. 399 Entertainment 31,550. 815 ,363 Other direct expenses 84,916. 10 Direct expense summary. Add lines 4 through 9 in column (d) 181,362. Net income summary. Subtract line 10 from line 3, column (d) 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. (d) Total gaming (add (b) Pull tabs/instant

Revenue (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) Gross revenue Cash prizes 2 Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses % % Yes % Yes Yes Volunteer labor No No No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d)

а	Enter the state(s) in which the organization operates gaming activities: Is the organization licensed to operate gaming activities in each of these states? If "No," explain:	Yes No
	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? If "Yes," explain.	Yes No

<u>Sch</u>	edule G (Form 990 or 990 EZ) 2013 ASSOCIATION, INC.	23-70	J2615	<u> 3 Page 3</u>
11	Does the organization operate gaming activities with nonmembers?		Yes Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility		13a	%
	An outside facility	Ī	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ls:		
	Name ▶			<u></u>
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization	int		
	of gaming revenue retained by the third party > \$			
C	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	L No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	1 the		
De	organization's own exempt activities during the tax year ► \$ Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and P	ort III. lin	oc 0 0b 1	10h 15h
-	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instruction		es s, su,	100, 130,
	100, 10, and 175, as applicable, need complete the part to provide any accumulation			
_			-	
			_	
			_	
3320	83 09-12-13 Schedule (3 (Form	990 or 99	0-EZ) 2013

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

TND TANA SECTION AMERICAN WATER WORKS

Name of the organization INDIANA SECTION AMERICAN ASSOCIATION, INC.	SECTION AN		WATER WORKS				Employer identification number 23-7026153
Part i General Information on Grants and Assistance	and Assistance						
Does the organization maintain records to substantiate the amount of criteria used to award the grants or assistance?	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibilit	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion Yes X No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments an	d Organizations in the	e United States. C	d states.	anization answered "\	res" to Form 990, Part	IV, line 21, for any
tecplent that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of government cash grant	\$5,000. Part II car (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash	(f) Method of valuation (book,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
				assistance	rMV, appraisal, other)		
WATER FOR PEOPLE							Sutantan aaks amonoad on
DENVER, CO 80209	84-1166148	501(C)(3)	160,235.	0.			WATER AND PUBLIC HEALTH.
 Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations listed in the line 1 table 	and government o	rganizations listed in that table	listed in the line 1 table				b
<i>-</i>	e, see the Instruc	tions for Form 990.					Schedule I (Form 990) (2013)

ASSOCIATION, INC.

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2013)
Part III Grants and Other

Page 2

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(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	ured in Part I, line	2, Part III, column	(b), and any other ac	ddtional information.	
	:				

SCHEDULE 0

(Form 990 or 990-EZ)

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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. INDIANA SECTION AMERICAN WATER WORKS 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 DEFMED IMPORTANT OFR THE MEMBERSHID VOTE

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization INDIANA SECTION AMERICAN WATER WORKS ASSOCIATION, INC.	Employer identification number 23-7026153
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: THE SECRETARY/TREASURER AND ASSISTANT SECRET	ARY/TREASURER
REVIEW AND APPROVE THE ENTIRE DOCUMENT PRIOR TO FILING. T	HEY 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	TO REVIEW, IF
DESIRED.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EXPLANATION: ENFORCEMENT OF CONFLICTS POLICY IS DETERMINE	D ANNUALLY AS
NEEDED. THERE WERE NO ENFORCEMENTS IN THE CURRENT YEAR.	
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 R	ECEIPT OR WRITTEN
REQUEST RECEIVED BY THE SECRETARY/TREASURER DURING NORMAL	BUSINESS HOURS.
FORM 990, PART XII, LINE 2C:	
EXPLANATION: THE PROCESS OF THE ASSOCIATION'S FINANCE COM	MITTEE
OVERSIGHT RESPONSIBILITIES HAS NOT CHANGED FROM THE PRIOR	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.

► Attach to Form 990.

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

INC.

ASSOCIATION,

Name of the organization

Part

990. See separate instructions.

ate instructions.

2013 2013

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

Open to Public Inspection

Employer identification number 23-7026153

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2013 ž × entity? Direct controlling Yes 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. Direct controlling entity End-of-year assets status (if section 501(c)(3)) e Public charity Total income Exempt Code ₤ section 501(C)(3) Legal domicile (state or Legal domicile (state or foreign country) foreign country) LLINOIS Primary activity Primary activity <u>a</u> For Paperwork Reduction Act Notice, see the Instructions for Form 990. EDUCATION ဥ 13-5660277, 6666 W QUINCY AVENUE, DENVER, AMERICAN WATER WORKS ASSOCIATION, INC. Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Part II 80235

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. Part III

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	age hip								ł		
3	General or Percentage managing ownership partner/										
6	No o No o	_	_	_	_		 	 			
9	General or managing partner?										
6	Code V-UBI amount in box record Schedule K-1 (Form 1065)										
	ortionate about No					 	 				
Ξ	Disproportionate allocations?										
(6)	Share of end-of-year assets										
(J)	Share of total income										
(e)	Predominant income (related, unrelated, excluded from tax under sections 512-514)										
(5)	Direct controlling entity							-		_	
9	Legal domicile (state or foreign country)										
(q)	Primary activity										
(a)	Name, address, and EIN of related organization										

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. Part IV

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				_	Yes	Š
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more r	elated organizations listed	in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	•	×
b Gift, grant, or capital contribution to related organization(s)				16		×
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				14	_	×
				4		×
				2	-	
f Dividends from related organization(s)				=		×
 Sale of assets to related organization(s) 				5		×
				Ę		×
				Έ		×
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 org	related organization(s)			=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			E		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			Ę		×
 Sharing of paid employees with related organization(s) 				2	1	×
 P Reimbursement paid to related organization(s) for expenses 				4		×
q Reimbursement paid by related organization(s) for expenses				5	-	×
r Other transfer of cash or property to related organization(s)				-	"	×
s Other transfer of cash or property from related organization(s)				18		×
2 If the answer to any of the above is "Yes," see the instructions for information on	who must complete t	his line, including covered	mation on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1) AMERICAN WATER WORKS ASSOCIATION, INC.	Ţ	81,543.CASH	CASH RECEIVED			
(2)						
(9)						
(4)						
(5)						
332163 09-12-13			Schedule R (Form 990) 2013	R (Form 9	990) 20	913

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Schedule R (Form 990) 2013 ASSOCIATION, INC.

Part Vi 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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(d) Predominant income (related, unrelated,	(e) Are all partners sec 501(c)(3)	(f) Share of total	(g) Share of end-of-year	(h) Dispropor- bonate	Code V-UBI General or Percentage amount in box 20 managing ownership	General of managin	(k) yrPercentage ownership
		country)	excluded from tax under section 512-514)	Yes No	псоте		Yes No	(Form 1065)	Yes	
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Schedule R (Form 990) 2013