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Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

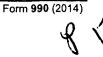
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No 1545-0047 2014

Open to Public Inspection

<u>A</u>	For the 2	014 calend	dar year, or tax year beginning , 2014, and ending				
В	Check if app	licable	C Name of organization IRELAND WATER UTILITIES, INC	D Emplo	yer identificat	tion number	
	Addres	s change	Doing business as	35-	113637	1	
	Name	change	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Teleph	one number		
	Initial re	eturn	P. O. BOX 83	(81	2) 482	-2015	
	Final reti	um/terminated	City or town, state or province, country, and ZIP or foreign postal code				
	Amend	led return	IRELAND IN 47545	G Gross	eceipts \$	639,778.	
	Applica	ation pending		s this a group return			X No
			ANDREW HULSMAN 1581 W ST RD 56 JASPER IN 47546	re all subordinates	included?	Yes	No
$\overline{\Box}$	Tax-exer	mpt status	501(c)(3) X 501(c) (12) (insert no) 4947(a)(1) or 527	'No,' attach a list	(see instruction	ns)	
J	Websit			Group exemption nu	ımber ►		
K		organization			State of legal of	domicile IN	
Pa		Summar		. 50 /		1.1	
-			be the organization's mission or most significant activities TO PROVIDE DRINKAY	BLE WATER TO	THE ORGAN	IZATION MEMB	ERSHIP
~		-	DE FIRE PROTECTION FOR THE SURROUNDING AREA		2-2 2-2-1		
Governance				<b>_</b>			. – – –
L					<del></del>	<del></del> _	
o.	2 Ch	eck this bo	x ► if the organization discontinued its operations or disposed of more than 25	5% of its net a	ssets		
			ting members of the governing body (Part VI, line 1a)		3		9
SS &			lependent voting members of the governing body (Part VI, line 1b)		4		9
Activities &			of individuals employed in calendar year 2014 (Part V, line 2a)		5		
Ę			of volunteers (estimate if necessary)		6 7a		0
٩			business taxable income from Form 990-T, line 34		7b	<u>.</u>	0.
	D 140	t unrelated	business taxable income from 1 on 350-1, line 54	Prior Year		Current Ye	
	8 Co	ntributions	and grants (Part VIII, line 1h)		236.		008.
Revenue			ice revenue (Part VIII, line 2g)		230.	Ι,	000.
Ven	1	-	come (Part VIII, column (A), lines 3, 4, and 7d)	6.	317.	6.	769.
æ			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	185,			447.
	I.		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	193,		286,	
			milar amounts paid (Part IX, column (A), lines 1-3)				100.
	L		to or for members (Part IX, column (A), line 4)			<del></del>	
			r compensation, employee benefits (Part IX, column (A), lines 5-10)	42,	513	50.	129.
Expenses	1		undraising fees (Part IX, column (A), line 11e)				
ne.	l		- , , ,				
ᅑ	1		mg orperiods (i art m) dolarim (2), and 20)				
	17 Ot	ner expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)	119,			408.
	18 To	ital expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	162,			637.
	13 116	evenue less	expenses Subtract tille 10 from tille 12		815.		587.
ts or	20 T-	4-14- /	· · · · · · · · · · · · · · · · · · ·	ginning of Curre		End of Yea	
Assets   Balan	20 To		Part X, line 16)	2,362,		2,536,	
N S	21 10				823.		760.
			fund balances. Subtract line 21 from line 20	2,359,	662.	2,532,	474.
		Signatu		<del></del>		<del> </del>	
Und	er penalties ( plete Declar	of perjury, I dec ration of prepar	clare that I have examined this return, including accompanying schedules and statements, and to the best of my er (other than officer) is pased on all information of which preparer has any knowledge	y knowledge and b	elief, ıt is true,	correct, and	
				1 00			
٠.		Signati	ye of officer	Date Date	4 4	2015	
Sig		\ \V		55.0			
He	re	Type of	r print name and title.				
_				····		<del></del>	
			reparer's name Preparer's signature Date	Check	If PTI		
Pa			A BROMM CPA Why 04/28/15	self-emplo	yed P(	0801811	
	eparer	Firm's name					
US	e Only	Firm's addre	ess 114 W 4TH ST	Firm's EIN	▶ 27-4	269931	
			JASPER IN 47546-3104	Phone no	(812)	482-436	3
Ma	y the IRS	discuss the	s return with the preparer shown above? (see instructions)			X Yes	No



TEEA0101 05/28/14

	m 990 (2014) IRELAND WATER UTILITIES, INC	35-1136371 F	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		[]
1		<del></del>	
•	TO PROVIDE DRINKABLE WATER TO THE ORGANIZATION MEMBERSHI	D	
	TO PROVIDE FIRE PROTECTION FOR THE SUBBOUNDING AREA	<u> </u>	
	TO PROVIDE FIRE PROTECTION FOR THE SURROUNDING AREA		
		<b></b>	
2	5		
	Form 990 or 990-EZ?	····· Yes X	No
	If 'Yes,' describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any pro	gram services? Yes X	No
	If 'Yes,' describe these changes on Schedule O.		
4		ram services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a	llocations to others, the total expenses,	
	and revenue, if any, for each program service reported.		
4 a	a (Code) (Expenses \$ including grants of \$	) (Revenue \$	)
	N/A		
		<b></b>	
4 t	<b>b</b> (Code. ) (Expenses \$ including grants of \$	) (Revenue \$	1
		<b></b>	
		<del></del>	
4	c (Code ) (Expenses \$ including grants of \$	\/D	
40	c (Code) (Expenses \$ including grants of \$	) (Revenue \$	,
			- <del>-</del>
		<b></b>	
4	d Other program services. (Describe in Schedule O )		
	(Expenses \$ including grants of \$ )	(Revenue \$ )	
4	e Total program service expenses		

# Form 990 (2014) IRELAND WATER UTILITIES, INC Part IV | Checklist of Required Schedules

			res	NO
. 1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	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 assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If Yes, complete Schedule D, Part IX	11 d		x
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If Yes, complete Schedule D, Part X	11f	!	Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	<u> </u>	X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 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		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	complete Schedule G, Part III	19		х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2014) IRELAND WATER UTILITIES, INC

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	_	х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		х
þ	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If 'Yes', complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
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		Х
þ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If Yes, complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	х	

Par	TV Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V			. $\Box$
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ŀ		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2 2	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
	ments, filed for the calendar year ending with or within the year covered by this return	2 b	Х	
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			t
3 :	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		l x
	of Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		<del></del>
	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			Х
ł	o If 'Yes,' enter the name of the foreign country	4 a		<del>  ^</del>
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5.6	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		<del>                                     </del>
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		x
1	o If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were	6 b		<u> </u>
7	not tax deductible?	6.0		
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7.0		X
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 a 7 b		<u>├</u> -^-
		7.0		<del> </del>
	© Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	_		
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ı	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			<del>                                     </del>
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter.			
;	a Initiation fees and capital contributions included on Part VIII, line 12			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
11	Section 501(c)(12) organizations. Enter			1
	a Gross income from members or shareholders			1
	b Gross income from other sources (Do not net amounts due or paid to other sources			
12	against amounts due or received from them )	12 a	,	+
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b	120		┼─
	· · · · · · · · · · · · · · · · · · ·			
	Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?	12-		
	Note. See the instructions for additional information the organization must report on Schedule O	13 a		+
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	c Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14 a	ļ	X
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a. 8b. or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year . . . . . 9 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent . . . . . 9 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х Did the organization make any significant changes to its governing documents since the pnor Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Х 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 h Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 a Х 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No 10 a Did the organization have local chapters, branches, or affiliates? X 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . . 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12 a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c 13 Χ Did the organization have a written document retention and destruction policy? . . . . . . . . . . . . 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 a 15 b Х If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . 16 a Х b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?................. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records. IRELAND WATER UTILITIES INC HWY 56 IRELAND 14545 (812) 482-2015

Form 990 (2014) IRELAND WATER UTILITIES, INC	35-1136371	Page 7					
Part VII   Compensation of Officers, Directors, Trustees, Key Employees, High Independent Contractors	est Compensated Employe	ees, and					
	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 Comper	nsated Employees						

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

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

Check this box if neither the organization nor any rela	led organi	Zatio	n co	(C)		teo ai	ny c	current officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per	(B) Position (do not check more than one box, unless person is both an officer and a director/trustee)					n	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ANDY HULSMAN DIRECTOR	1.00	х						1 540		0
(2) ERIC KNIES DIRECTOR	1.00	X						1,540. 770.	0.	0.
(3) KEN SCHNAUS DIRECTOR	1.00	Х						840.	0.	0.
_(4) RANDY MEHRINGER	1.00	Х						840.	0.	0.
(5) STAN SCHNAUS DIRECTOR	1.00	х						770.	0.	0.
(6) EARL HULSMAN DIRECTOR	1.00	x						770.	0.	0.
	1.00	х						700.	0.	0.
(8) JERRY SANDER HIGHEST COMPENSATED EMPLOYEE	25.00					х		24,659.	0,	0.
(9) TOM ERNY DIRECTOR	1.00	x						840.	0.	0.
(10) MARTHA KEUSCH KEY EMPLOYEE	40.00				х			11,843.	0.	0.
(11)										
(12)				<del>                                     </del>						
(13)										
(14)	-	<u> </u>						· —		
ВАА	TEEAO	107	02/27	7/14	<u> </u>	<u>'                                    </u>		L	L	Form <b>990</b> (2014)

Form	990 (2014) IRELAND WATER UTILITIES,	INC								35-1136	371		age 8
Pa	t VII  Section A. Officers, Directors, Trus		Key	En			es,	and	d Highest Con	pensated E	mploy	ees (cor	tinued)
		(B)			(C Pos	C)							
•	(A) Name and title	Average hours per week (list any hours for related	box offi	, unle cer a	heck iss pe nd a c	more rson i directo	than o the both or trust employee	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organization (W-2/1099-MISC)	s I	Estimated mount of old compensation from the organization and relate organization organization.	ther on in d
		organiza - tions below dotted line)	or director	nstitutional trustee		loyee	Highest compensated employee						
<u>(15)</u>													
(16)													
(17)													
(18)													
(19)						-							
(20)	·												
(21)						-							
(22)													
(23)											:		
(24)						-							
(25)													<del></del>
	Sub-total		•••	<u> </u>	• •	• •		<b>\</b>	43,572.		0.		0.
	: Total from continuation sheets to Part VII, Sectior I Total (add lines 1b and 1c)							•	43,572.		0.		
2	Total number of individuals (including but not limited to from the organization							eive				nsation	0.
										7		Yes	No
3	Did the organization list any <b>former</b> officer, director, on line 1a? <i>If</i> 'Yes,' <i>complete Schedule J for such indi</i>											3	х
4	4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual							4	х				
5	Did any person listed on line 1a receive or accrue cor for services rendered to the organization? If 'Yes,' cor											5	Х
	ction B. Independent Contractors  Complete this table for your five highest compensated compensation from the organization. Report compensation	d indepe	nden	t co	ntrac	ctors	that	rec	eived more than \$	100,000 of		<u> </u>	
	(A) Name and business addres					. ,		'9	(B) Description of	)		(C)	on

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)

(B)

(C)

Compensation

Pescription of services

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

. <u>uit</u>	Check if Schedule O contains a response or note to any li	ine in this Part VIII			
•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इ इ	1 a Federated campaigns 1 a				
ᇍ팅	b Membership dues 1b 1,008.	]			
), ₹  }	c Fundraising events 1 c	<u> </u>			
를 풉	d Related organizations 1 d	1	ì		
S E	e Government grants (contributions) 1 e		1		
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above 1 f				
id of	g Noncash contributions included in lines 1a-1f \$	-			
	h Total. Add lines 1a-1f	1,008.			
Program Service Revenue	Business Code	-{	}		
Ę,	2a	<del>                                     </del>	<del></del>	<del></del>	
Se l					
Š	d				
ري ح	e	1	<del></del>		
grar	f All other program service revenue	<del>                                     </del>			
S.	g Total. Add lines 2a-2f	+			
	3 Investment income (including dividends, interest and other similar amounts)		6,769.	0.	0.
	4 Income from investment of tax-exempt bond proceeds •				
	5 Royalties	•			
	(ı) Real (ıı) Personal	_	į		
	6 a Gross rents 1,350.	_	1		
	b Less rental expenses	_	}		
	c Rental income or (loss) 1,350.	_			
	d Net rental income or (loss)	1,350.	1,350.	0.	0.
	7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other	-			
	b Less cost or other basis and sales expenses	1			
	c Gain or (loss)				
	d Net gain or (loss)	-			
EL E	8 a Gross income from fundraising events (not including. \$				
Other Revenue	of contributions reported on line 1c).				
8	See Part IV, line 18 a				
<u>\$</u>	b Less' direct expenses b	]			
₹	c Net income or (loss) from fundraising events	<u> </u>			
	9 a Gross income from gaming activities See Part IV, line 19 a				
	b Less. direct expenses b	] !			
	c Net income or (loss) from gaming activities	<u> </u>			
	10 a Gross sales of inventory, less returns and allowances				
	<b>b</b> Less. cost of goods sold <b>b</b> 353,554				
	c Net income or (loss) from sales of inventory		271,761.	0.	0.
	Miscellaneous Revenue Business Code		<u> </u>	<u>_</u>	<u> </u>
	11a				<u> </u>
	b				
	С				
	d All other revenue	5,336.	5,336.	0.	0.
	e Total. Add lines 11a-11d	3,330.			
	12 Total revenue. See instructions	286,224.	285,216.	0.	0.

# Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must cor	mplete all columns All o	ther organizations must o	complete column (A)						
	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	100.								
2	Grants and other assistance to domestic individuals. See Part IV, line 22									
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16									
4 5	Benefits paid to or for members Compensation of current officers, directors,									
6	trustees, and key employees Compensation not included above, to	7,350.								
Ů	disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).									
7	Other salanes and wages	38,781.								
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes	3,998.								
11	Fees for services (non-employees)									
а	Management									
b	Legal	773.								
c	Accounting	3,000.								
d	Lobbying	3,000.								
	Professional fundraising services See Part IV, line 17									
	Investment management fees									
-	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)									
12										
13	Office expenses	4,693.								
14	Information technology									
15	Royalties									
16	Occupancy	20,145.								
17	Travel	5,425.	<del></del>							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	5,425.								
19	Conferences, conventions, and meetings									
20	Interest	<del></del>	<del></del>							
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	36,761.								
23	Insurance	8,211.								
	Other expenses. Itemize expenses not	5 0,211.	1							
	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.)									
ā	TRAINING	0.								
	POSTAGE	7,920.								
	DUES & SUBSCRIPTIONS	2.442.			<u> </u>					
					<del></del>					
	WATER SAMPLES	3,600.								
	· · · · · · · · · · · · · · · · · · ·	23,438.		<del>                                     </del>	<del>                                     </del>					
25	Total functional expenses. Add lines 1 through 24e	166,637.								
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here   Graph of the complete this line only if following in the column of the complete the column of the									

		Check if Schedule O contains a response or note to any line in this Part X			
•			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	251,570.	1	343,278.
- 1	2	Savings and temporary cash investments	399,646.	2	406,261.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	60,800.	4	51,071.
	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 employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ĕ	9	Prepaid expenses and deferred charges	618.	9	
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	b	Less accumulated depreciation	1,649,851.	10 c	1,727,624.
	11	Investments – publicly traded securities	1,045,051.	11	1,121,024.
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	8,000.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,362,485.	16	2,536,234.
	17	Accounts payable and accrued expenses	2,823.	17	3,760.
	18	Grants payable	_, -, -	18	
	19	Deferred revenue		19	<u> </u>
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	,	25	
_	26	Total liabilities. Add lines 17 through 25	2,823.	26	3,760.
Ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	<del></del>
2	29	Permanently restricted net assets	<u> </u>	29	· · · · · · · · · · · · · · · · · · ·
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34.			
દ્ય	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund	1,503,527.	31	1,556,752.
As	32	Retained earnings, endowment, accumulated income, or other funds	856,135.	32	975,722.
et	33	Total net assets or fund balances	2,359,662.	33	2,532,474.
Z	34	Total liabilities and net assets/fund balances	2,362,485.	34	2,536,234.
	ــــــــــــــــــــــــــــــــــــــ		2,002,400.		

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Form 990 (2014)

orr	n 990 (2014) IRELAND WATER UTILITIES, INC 35-	1136371	_	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	· · ·	· · ·	$\Box$
. 1	Total revenue (must equal Part VIII, column (A), line 12)	1	21	36,2	24.
2	Total expenses (must equal Part IX, column (A), line 25)	2		66,6	
3	Revenue less expenses Subtract line 2 from line 1	3		19,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,3		
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor penod adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,4	79,2	<u>49.</u>
<u>Pa</u>	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🔲
				Yes	No
1	Accounting method used to prepare the Form 990.	<del></del>			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	х	ı
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a				
	separate basis, consolidated basis, or both				İ
	Separate basis Consolidated basis Both consolidated and separate basis				ı
	b Were the organization's financial statements audited by an independent accountant?		2 b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate			·	
	basis, consolidated basis, or both.				
	X   Separate basis				
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi review, or compilation of its financial statements and selection of an independent accountant?	t,	2 c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required at	udit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		
BA/			Form	990 (	2014)

#### SCHEDULE D (Form 990)

### Supplemental Financial Statements

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

Attach to Form 990.

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

IRELAND WATER UTILITIES, INC 35-1136371 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Aggregate value of contributions to (during year) . . . Aggregate value of grants from (during year) . . . . . Aggregate value at end of year . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2 b c Number of conservation easements on a certified historic structure included in (a) . . . . . . . . d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. ► \$

Part III Organizations Mainta	ining Collection	ns of Art, Histo	rical Treasures, or	Other Similar Ass	ets (contin	ued)
3 Using the organization's acquisition items (check all that apply):	n, accession, and oth	ner records, check	any of the following that a	are a significant use of its	collection	
a Public exhibition		d Loan o	or exchange programs			
<b>b</b> Scholarly research		e Other	<del> </del>			
c Preservation for future generat						
4 Provide a description of the organia Part XIII.	zation's collections a	and explain how the	y further the organization	's exempt purpose in		
5 During the year, did the organization to be sold to raise funds rather than	n to be maintained a	is part of the organi	zation's collection?		Yes	No
Part IV   Escrow and Custodia line 9, or reported an a	I Arrangements mount on Form	s. Complete if the 990, Part X, line	ne organization ansv e 21.	vered 'Yes' to Form	990, Part I	V, 
1 a Is the organization an agent, truste on Form 990, Part X?				ets not included	Yes	No
<b>b</b> If 'Yes,' explain the arrangement in	Part XIII and compl	ete the following tal	ble:	,		
					Amount	
c Beginning balance						
d Additions during the year				<u> </u>		
e Distributions during the year						
f Ending balance				<u> </u>	Tv	T 1
2 a Did the organization include an am b If 'Yes,' explain the arrangement in				· .	Yes 	No
Part V Endowment Funds. C	omplete if the o	rganization ans	wered 'Yes' to Form	990, Part IV, line 10	) <u>.</u>	
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four ye	ars back
1 a Beginning of year balance						
<b>b</b> Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses						
<b>g</b> End of year balance						
2 Provide the estimated percentage	of the current year e	end balance (line 1g	, column (a)) held as:			-
a Board designated or quasi-endowr	ment ►	<sup>9</sup>				
<b>b</b> Permanent endowment	%					
c Temporarily restricted endowment		_ <del></del> &				
The percentages in lines 2a, 2b, a	nd 2c should equal '	100%.				
3 a Are there endowment funds not in organization by:	the possession of the	ne organization that	are held and administered	ed for the	Yes	No
(i) unrelated organizations					. 3a(i)	
(ii) related organizations					3a(ii)	$\neg$
b If 'Yes' to 3a(ii), are the related org					3b	$\top$
4 Describe in Part XIII the intended it		•			<del></del>	
Part VI Land, Buildings, and Complete if the organization		'Ves' to Form (	200 Part IV line 11s	See Form 900 Pa	ert Y line 1	
<del></del>	<del></del>	<del></del>		<del></del>		
Description of property		ost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
1a Land	<b></b>		637.			637
b Buildings	<u> </u>		7,200.	3,307.		3,893
c Leasehold improvements	<u> </u>	·			<del></del>	
d Equipment	<del></del>					
e Other		- 000 De 4 V = 1	2,295,834.			3,094
Total. Add lines 1a through 1e (Column	i (u) must equal Fon	п ээо, гап х, сош	irin (B), line 10c.)		1,72 Jule <b>D</b> (Form !	990\2014
				ocneu	UIO D (FUIII)	JJU1 4U 14

Schedule D (Form 990) 2014 IRELAND WATER UTILITIES, INC 35-1136371 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) (b) Book value (c) Method of valuation Cost or end-of-year market value (1) Financial derivatives . . . . . . . . (2) Closely-held equity interests . . . . (C) (D) (E) (G) (1) Total (Column (b) must equal Form 990, Part X, column (B) line 12) Part VIII Investments — Program Related.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)Total (Column (b) must equal Form 990, Part X, column (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. (a) Description (b) Book value (1) (2)(3) (4) (5) (6) (7)(8)(9) (10) 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
(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total (Column (b) must equal Form 990, Part X, column (B) line 25) ▶		
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote t	to the organization's financial	statements that reports the organization's liability for uncertain

Part XI	Reconciliation	of Revenu	ie per A	udited Financ	ial St
Schedule D	(Form 990) 2014	IRELAND	WATER	UTILITIES,	INC
•					

Pan	** 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.	
্1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	a Net unrealized gains (losses) on investments	
b	b Donated services and use of facilities	_
С	c Recoveries of prior year grants	<del></del>
d	d Other (Describe in Part XIII.)	_
е	e Add lines 2a through 2d	2 e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
а	a Investment expenses not included on Form 990, Part VIII, line 7b 4 a	
b	b Other (Describe in Part XIII.)	
С	c Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	· . 4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	. 5
Dal	+ VII   Decemblishing of Expanses may Audited Financial Statements With Funances as	5
ran	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	er Return.
ran	Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	er Return.
1	<del></del>	
_	Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	
1 2	Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	
1 2 a	Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	
1 2 a b	Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	
1 2 a b	Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	
1 2 a b	Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	1
1 2 a b	Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements.  Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.).	1
1 2 a b c d	Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements.  Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d  Subtract line 2e from line 1.  Amounts included on Form 990, Part IX, line 25, but not on line 1	1
1 2 a b c d d e 3 4 a	Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements.  Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d  Subtract line 2e from line 1  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.  4 a	1
1 2 ab c d d a a b	Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements.  Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  Subtract line 2e from line 1.  Amounts included on Form 990, Part IX, line 25, but not on line 1  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.).  4 a  b Other (Describe in Part XIII.).	2 e 3
1 2 ab c d d a a b	Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements.  Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII)  c Add lines 4a and 4b	2e 3
1 2 a b c d a b c c 5	Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements.  Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  Subtract line 2e from line 1.  Amounts included on Form 990, Part IX, line 25, but not on line 1  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.).  4 a  b Other (Describe in Part XIII.).	2e 3

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

#### **SCHEDULE O** (Form 990 or 990-EZ)

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 35-1136<u>371</u>

IRELAND WATER UTI	LITIES, INC	35-
	IN ORDER TO PURCHASE WATER YOU MUST BE A MEMBER	R
Pt VI, Line 7a	MEMBERS VOTE ON THE GOVERNING BODY	
Pt VI, Line 7b	ALL MAJOR DECISIONS MUST BE APPROVED BY THE MEI	MBERS
Pt VI, Line 11b	THE BOARD OF DIRECTORS REVIEW AND APPROVE THIS	990

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
REPAIR & MAINTENANCE LICENSES & PERMITS	23,248.			