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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)

Open to Public

OMB No 1545-0047

▶ 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. Inspection

	<u> </u>	or the a	1014 calendar year, or tax year beginning OCI I,	2014 and	ending 2	BF 30, 201	<u> </u>		
	B c	neck if	C Name of organization			D Employer ident	tification number		
	eļ	plicable	INDIANA SECTION AMERICAN WA	TER WORKS					
		Address change	ASSOCIATION, INC.						
	\vdash	Name			23-7026153				
	\vdash	change Initial	Doing business as		I	1			
	<u> </u>	return	Number and street (or P.O. box if mail is not delivered to s	treet address)	Room/suite	1 - '			
	<u> </u>	Final return/	5265 E 82ND STREET STE 310			<u> 866</u>	5-213-2796		
		termin- ated	City or town, state or province, country, and ZIP or for	eign postal code		G Gross receipts \$	752,395.		
		Amende return	INDIANAPOLIS, IN 46250			H(a) Is this a group	return		
		Applica-	F Name and address of principal officer CARA LAN	CE-EMERICK		for subordina			
		pending	3406 ENTERPRISE AVENUE, VALP		4638	H(b) Are all subordinate			
						1 ' '			
			npt status X 501(c)(3)	t no.) 4947(a)(1)	or 527	7	n a list (see instructions)		
	_		▶ WWW.INAWWA.ORG			H(c) Group exemp			
	K F	orm of o	rganization: X Corporation Trust Association	Other -	L Year	of formation: 1968	M State of legal domicile; IN		
	Pa	rt I 🗀	Summary						
		1 B	riefly describe the organization's mission or most significan	t activities AUTH	ORITAT	IVE RESOUR	CE FOR		
	8		ROMOTING SAFE DRINKING WATER,						
	au	_							
	Governance		heck this box 🕨 🔛 if the organization discontinued its		sed of more	than 25% of its net	1		
	š	3 N	umber of voting members of the governing body (Part VI, li	ne 1a)		<u>L</u>	3 12		
		4 N	umber of independent voting members of the governing bo	ody (Part VI, line 1b)			4 12		
	Activities &	5 T	otal number of individuals employed in calendar year 2014	(Part V. line 2a)			5 1		
	Ę.		otal number of volunteers (estimate if necessary).	()		<u> </u>	6 125		
	Ξ		otal number of volunteers (estimate in necessary).			_	46 005		
	Ğ	/aı	otal unrelated business revenue from Part VIII, column	でといとし	ı				
	_	ь	et unrelated business taxable income from Form 99 0-T, lin	34	بـــلات		<u>7Ы О.</u>		
			ontributions and grants (Part VIII, line 1h)	2 1 0 0040	RS-0SC	Prior Year	Current Year		
		8 C	ontributions and grants (Part VIII, line 1h)	B 1 6 2016	الم	81,543			
	ž	9 P	rogram service revenue (Part VIII, line 2g)	1	<u>۲</u> ۱ ۳	280,797	338,152.		
	ě		vestment income (Part VIII, column (A), lines 3, 4, and (A)		-1 -	1,790			
	Revenue			UEN. UT		199,912			
			ther revenue (Part VIII, column (A), lines 5, 6d, 8e-92-10c		- - ⊢				
			otal revenue - add lines 8 through 11 (must equal Part VIII,			564,042			
		13 G	rants and similar amounts paid (Part IX, column (A), lines 1	-3)		160,235			
400		14 B	enefits paid to or for members (Part IX, column (A), line 4)		<u> </u>	0			
2 204916	s	15 S	alaries, other compensation, employee benefits (Part IX, co	olumn (A), lines 5-10)		19,572	52,473.		
金	Ses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)			0	0.		
, 20	Sen.	h T	otal fundraising expenses (Part IX, column (D), line 25)		0.				
(A)	Exper	47 0				385,269	346,245.		
0	_		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<u> </u>				
		18 T	otal expenses. Add lines 13-17 (must equal Part IX, column	(A), line 25)	_	565,076			
MAR			evenue less expenses. Subtract line 18 from line 12			<1,034.	> 73,735.		
$\mathbf{\tilde{z}}$	ets or lances				Ве	eginning of Current Yes	End of Year		
(3)	ets	20 T	otal assets (Part X, line 16)			815,997	914,163.		
	Net Ass	21 T	otal liabilities (Part X, line 26)			24,396	48,827.		
Į.	E	22 N	et assets or fund balances Subtract line 21 from line 20			791,601			
4	٩	rt II	Signature Block			751,001	.1 003,330:		
Œ,				 					
000	`	•	es of perjury, I declare that I have examined this return, including				my knowledge and belief, it is		
	<u>(true,</u>	correct,	and complete. Declaration of preparer (other than officer) is based	l on all information of w	hich preparer	has any knowledge.			
Œ.	-		Cularin il-6 merica			2110	0(20((,		
	Sign	,	Signature of officer			Date			
	Her	1	CARA LANCE-EMERICK, SECRETA	RY-TREASURI	RR				
	1101	້	Type or print name and title	iti Ittbiiboiti					
			· · · · · · · · · · · · · · · · · · ·		—	Date Check	PTIN		
				8 stonature		_	—		
	Paid		EREMY M. FINN, CPA	hy (2-8-16 self-en	ployed P00814819		
	Prep	arer	Firm's name MONROE SHINE & CO,	Ne. CPA'S		Firm's EIN	35-1515068		
	Use	Only [Firm's address PO BOX 1407						
		1	NEW ALBANY, IN 47151-	1407		Phone no 8	312-945-2311		
	Mar	the IP	S discuss this return with the preparer shown above? (see			11 110110 110.4	. X Yes No		
	ivid	and IL	o diacuas una retuiri witti uie preparer shown above? (See l	risauctions)			. 🕰 185 🔛 NO		

Form		7026153	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
	AUTHORITATIVE RESOURCE FOR PROMOTING SAFE DRINKING WATER, PUBLISHED		
	HEALTH, SAFETY, AND WELFARE BY UNITING THE EFFORTS OF THE FUI		
	SPECTRUM OF THE DRINKING WATER COMMUNITY IN THE STATE OF INDI		
	THROUGH OUR COLLECTIVE STRENGTH, INAWWA PROVIDES TIMELY EDUCA	TIONAL	
2	Did the organization undertake any significant program services during the year which were not listed on		
	the pnor Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	d by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tot	al expenses, ar	nd
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$112,830 . including grants of \$) (Revenue \$	71,	423.)
		AND MANA	
	THE EXCHANGE OF DRINKING WATER INFORMATION.		
4b	(Code) (Expenses \$164 , 141 . including grants of \$) (Revenue \$)		<u>729.</u>)
	SPEAKERS FOCUSED ON MANAGEMENT AND TECHNICAL ISSUES REGARDING	THE WA	TER
	INDUSTRY.		
	100 005		
4c	(Code) (Expenses \$ 189,097. including grants of \$ 189,097.) (Revenue \$)
	PROMOTION OF SAFE DRINKING WATER AND PUBLIC HEALTH THROUGH		
	CONTRIBUTIONS TO WATER FOR PEOPLE.		
<u></u>	Other program convece (Decembe in School In C.)		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ► 466,068.		
42200		Form 9	90 (2014)

Form 990 (2014) ASSOCIATION, INC.
Part IV Checklist of Required Schedules

			<u>Yes</u>	No
1 -	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	_X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
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		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		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, IX, or X			
	as applicable	- 1		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			٠,,
	Part VI	11a		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		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
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
a	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			x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		<u> </u>
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
192	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		
120	·	12a	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	_120		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			T
_	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	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	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	L	<u> </u>
		Form	990	(2014)

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			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 17 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 or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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), 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		Х
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		Х
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? // "Yes,"			
	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)	1. 6	73	l
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		ľ	
	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			1
	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	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			۱
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	ļ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		۱,,	
	Part V, line 1	34	X	7.7
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
20	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?			v
^-	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		1	v
00	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?		.	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

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Form	990 (2014) ASSOCIATION, INC. 23-7026	152	ь	5
Pai		133		age 5
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		res	NO
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	ł		
·	(gambling) winnings to prize winners?	4.	х	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1c	^	\vdash
La	filed for the calendar year ending with or within the year covered by this return 2a 1			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_2b	-	<u> </u>
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?		x	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3a	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3b		
70	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4.	1	x
h	If "Yes," enter the name of the foreign country	4a		<u> </u>
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	:	ŀ	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	- 5a	-	x
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		 -
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	 3c		
	any contributions that were not tax deductible as chantable contributions?	6a		x
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	"		 -
_	were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	U.		
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?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		ļ .
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]		
11	Section 501(c)(12) organizations. Enter	i		
а	Gross income from members or shareholders . 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u></u>		<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.			l
b	Enter the amount of reserves the organization is required to maintain by the states in which the			1
	organization is licensed to issue qualified health plans . 13b	1		
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	X
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
		Earn	. uan	(2014)

Form 990 (2014) ASSOCIATION, INC. 23-7026153 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 X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 12 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 12 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b 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.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶IN Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schedule O) ___ Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 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:

IN

46383

CARA LANCE-EMERICK - 800-255-1521 3406 ENTERPRISE AVENUE, VALPARAISO,

ASSOCIATION, INC. Form 990 (2014)

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

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

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

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one box, unless person is both an officer and a director/trustee)				nne	Reportable	Reportable	Estimated	
	hours per				s both	an	compensation	compensation	amount of	
	week	\vdash	Cer an	T	I OCIC	77 g us	100)	from	from related	other
	(list any hours for	recto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	900	stee			satec		(W-2/1099-MISC)	(***2/1099-141130)	organization
	organizations	Individual trustee or director	Institutional trustee		a,	ad EL		()		and related
	below	dua	tution	₽	Key employee	est co	ie.			organizations
	line)	fg	fnsti	Officer	Key	Highest compensated employee	Former			
(1) TIM NELSON	10.00							_		
CHAIR		X		ļ	_	<u> </u>		0.	0.	0.
(2) RANDALL RUSSELL	5.00		'					_		_
VICE CHAIR		Х	<u> </u>		╙	_		0.	0.	0.
(3) JOHN SEEVER	5.00							1		_
CHAIR ELECT	10.00	X	_		┝	┡		0.	0.	0.
(4) CARA LANCE-EMERICK	10.00								•	
SECRETARY-TREASURER	5.00	X	┝		\vdash	╁		0.	0.	0.
(5) CHRISTINA DE WITT ASST SECRETARY-TREASURER	3.00	x			İ			0.	0.	_
(6) MARTIN WESSLER	1.00	12	-	-	-	├	-	0.	0.	0.
PAST CHAIR	1.00	x			l			0.	0.	0.
(7) DUANE GILLES	1.00	<u> </u>	-		┢	╁		•		
DIRECTOR	1.00	x						720.	0.	0.
(8) JAIMIE FOREMAN	1.00		1	\vdash	┢	1	\vdash			•
TRUSTEE - CENTRAL DISTRICT		x	1			1		0.	0.	0.
(9) JUSTIN STOUDER	1.00									
TRUSTEE - NORTHEAST DISTRI		x	l					0.	0.	0.
(10) MARK GESKEY	1.00									
TRUSTEE - NORTHWEST DISTRI		Х						0.	0.	0.
(11) PHIL BONNEAU	1.00									
TRUSTEE - SOUTHEAST DISTRI		Х			_	<u></u>		0.	0.	0.
(12) TODD WILLIAMS	1.00									
TRUSTEE - SOUTHWEST DISTRI		X	1	L		↓_		0.	0.	0.
(13) TED MILLER	1.00							_		
DIRECTOR		X	L	L	_	<u> </u>	<u> </u>	0.	0.	0.
(14) MICHAEL SIMPSON	1.00	 							_	_
DIRECTOR	1 2 2 2	X	▙	<u> </u>	<u> </u>	\vdash	<u> </u>	0.	0.	0
(15) STEVE CLOSSIN	1.00	١						1	_	_
DIRECTOR	1 00	X	₩	⊢	⊢	╄	⊢	0.	0.	0
(16) MARK NYE	1.00	↓			1				_	_
DIRECTOR	1.00	X	\vdash	-	⊢	+	\vdash	0.	0.	0
(17) ED HOLLINDEN DIRECTOR	1.00	x			1			0.	0.	0.
432007 11-07-14	. <u> </u>	1♣	Щ.	٠	Ц_	Щ	Ц.	1	1 0.	Form 990 (201

INDIANA SECTION AMERICAN WATER WORKS ASSOCIATION, INC.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) (A) (B) (D) (E) (F) Position Average Reportable Reportable Name and title **Estimated** (do not check more than one box, unless person is both an hours per compensation compensation amount of week officer and a director/trustee) from from related other (list any organizations the compensation adividual trustee or director hours for organization (W-2/1099-MISC) from the related nstitutional trustee (W-2/1099-MISC) organization organizations ey employee and related below organizations Officer line) (18) DAWN KEYLER 40.00 25,818. EXECUTIVE ADMINISTRATOR X 0. 0. 26,538. 0. 0. 1b Sub-total 0. 0. 0. c Total from continuation sheets to Part VII, Section A O. 0. 26,538. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 0 compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on 3 X line 1a? If "Yes," complete Schedule J for such individual 3 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 X 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person **Section B. Independent Contractors** 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) Name and business address Description of services Compensation NONE Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

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Form 990 (2014)

Form 990 (2014) ASSOCIATION, INC.

Statement of Revenue

Part VIII

432009 11-07-14 ATION, INC. 23-7026153

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Form 990 (2014)

Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections
512 - 514 (C) Unrelated (B) Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns 83,064. 1b Membership dues Fundraising events 1c Related organizations 1d 1e Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f \$ 83,064 h Total. Add lines 1a-1f Business Code 266,729. 266,729. 2 a ANNUAL CONFERENCE 611710 Program Service 25,176. **b DISTRICT MEETINGS** 611710 25,176. c OTHER 611710 22,709. 22,709. d OPERATOR'S SCHOOL 611710 17,881. 17,881. JOINT UTILITY MANAGEME 611710 5,657. 5,657. f All other program service revenue 338,152. Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,094. 1,094. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less rental expenses Rental income or (loss) d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of 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 aβ13,810. Part IV, line 18 90,845. b Less direct expenses 222,965. 222,965. 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 16,275. 16,275 d All other revenue 16,275. e Total. Add lines 11a-11d 661,550. 338,152. 16,275. 224,059. Total revenue. See instructions.

Form 990 (2014) ASSOCIATION, INC.

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons		-	nplete column (A).	
	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 domestic organizations				
	and domestic governments. See Part IV, line 21	189,097.	189,097.		
2	Grants and other assistance to domestic				<u> </u>
	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	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	48,680.		48,680.	
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	2 702		2 702	
10	Payroll taxes	3,793.		3,793.	
11	Fees for services (non-employees)				
	Management				
	Legal	28,171.		28,171.	
C	Accounting	20,1/1.		20,1/1.	
a	Lobbying Professional fundrausing convices. See Bort IV, line 17				
e f	Professional fundraising services. See Part IV, line 17			· -	
	Investment management fees Other (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	13,228.	13,228.		
13	Office expenses	15,197.	20,2201	15,197.	
14	Information technology			20,2277	
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				
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)				
а	amount, list line 24e expenses on Schedule O.) ANNUAL MEETING	164,141.	164,141.		
b	COMMITTEES	79,813.	79,813.		
C	OFFICER AND DIRECTORS	25,906.	,	25,906.	
d	D. COD TON 1/22007	19,684.	19,684.		
e		105.	105.		
25	Total functional expenses. Add lines 1 through 24e	587,815.	466,068.	121,747.	0.
26	Joint costs. Complete this line only if the organization	-	•	•	
	reported in column (B) joint costs from a combined	İ			
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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		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	13,168.	1	22,846
	2	Savings and temporary cash investments	559,684.	2	641,486
- 1	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	30,441.	4	35,428
	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	er		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributil	ng		
- 1		employers and sponsoring organizations of section 501(c)(9) voluntary	<u> </u>		
۱ س		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	
- 1	10a	Land, buildings, and equipment cost or other			
- 1		basis Complete Part VI of Schedule D 10a			
ł	ь	Less accumulated depreciation 10b		10c	
- 1	11	Investments - publicly traded securities		11	
1	12	Investments - other securities See Part IV, line 11	207,829.	12	208,453
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	· · · · · · · · · · · · · · · · · · ·
	15	Other assets See Part IV, line 11	4,875.	15	5,950
	16	Total assets. Add lines 1 through 15 (must equal line 34)	815,997.	16	914,163
丁	17	Accounts payable and accrued expenses	13,421.	17	33,486
	18	Grants payable		18	•
	19	Deferred revenue	10,975.	19	15,341
- [20	Tax-exempt bond liabilities		20	
ı	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
- 1	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
<u> </u> 2	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	24,396.	26	48,827
		Organizations that follow SFAS 117 (ASC 958), check here	***		
ا پر		complete lines 27 through 29, and lines 33 and 34.			
<u>ë</u>	27	Unrestricted net assets	674,725.	27	748,256
alar	28	Temporarily restricted net assets	106,876.	28	107,080
ĕ	29	Permanently restricted net assets	10,000.	29	10,000
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here			
늧		and complete lines 30 through 34.	_		
ا ئ	30	Capital stock or trust principal, or current funds		30	*
82	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
<u> </u>	32	Retained earnings, endowment, accumulated income, or other funds	-	32	
<u>• I</u>	33	Total net assets or fund balances	791,601.	33	865,336
~					

	990 (2014) ASSOCIATION, INC.	23-70	026153	Pa	ge 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
•				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	661	L,5	50.
2	Total expenses (must equal Part IX, column (A), line 25)	2	587		
3	Revenue less expenses Subtract line 2 from line 1	3			35.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	791	.,6	01.
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	865	5,3	<u> 36.</u>
Pai	t 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 Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule)			l '
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 reviewed	on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				1
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			li
	consolidated basis, or both				- 1
	X Separate basis Consolidated basis Both consolidated and separate basis				۱ ،
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			_ 1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt		-	
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		Щ_
			Form 9	990 ((2014)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990
INDIANA SECTION AMERICAN WATER WORKS

Empl

OMB No 1545-0047

Open to Public

Employer identification number

23-7026153 ASSOCIATION INC. Reason for Public Charity Status (All organizations must complete this part) See instructions Part The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts 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 See section 509(a)(2), (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3), Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above or IRC section Instructions) Instructions) (see instructions))

Schedule A (Form 990 or 990-EZ) 2014

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

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

Sec	ction A. Public Support						-
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and	•					
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-			i i			
	ızatıon's benefit and either paid to					1	
	or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit to					-	
	the organization without charge					}	
4	Total, Add lines 1 through 3						
	The portion of total contributions						
•	by each person (other than a		ļ				1
	governmental unit or publicly			1			
	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						
	ction B. Total Support					•	•
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on					<u> </u>	
10	Other income. Do not include gain	i			İ		
	or loss from the sale of capital		1	1			
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10				<u> </u>		
12	Gross receipts from related activities,	etc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
	organization, check this box and stop						▶□
	ction C. Computation of Publi						
14	Public support percentage for 2014 (I	ine 6, column (f) di	ivided by line 11,	column (f))		14	%
	Public support percentage from 2013	•	•			15	%
16a	a 33 1/3% support test - 2014. If the	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or n	nore, check this	
	stop here. The organization qualifies		-				▶□
ŧ	33 1/3% support test - 2013. If the				d line 15 is 33 1/3%	% or more, check	this box
	and stop here. The organization qual	•					
17	10% -facts-and-circumstances test						
	and if the organization meets the "fac					art VI how the or	ganization
	meets the "facts-and-circumstances"					49	▶□
ı	o 10% -facts-and-circumstances test	_	_				
	more, and if the organization meets the				•		wie
40	organization meets the "facts-and-circ		-				
18	Private foundation. If the organization	ni did not check a	DUX OF THE 13, 10	oa, 100, 17a, 0f 17			ons 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 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

Sec	tion A. Public Support	elow, piease comp	iete rait ii.j				
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and		12/	307-0-1-	(4) 40.0	(9) = (9)	(1)
•	membership fees received (Do not						
	include any "unusual grants ")	3,376.	79,644.	52,814.	81,543.	83,064.	300,441.
2	Gross receipts from admissions,	3,3,3,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	32,011.	01,3131	03,001.	300,111.
2	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	528,142.	449,757.	256,825.	480,709.	577,392.	2292825.
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	531,518.	529,401.	309,639.	562,252.	660,456.	2593266.
	Amounts included on lines 1, 2, and	331,3101	323,1011	303,033.	302,232.	000,450.	23332001
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
8	Public support (Subtract line 7c from line 6)						2593266.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	531,518.	529,401.	309,639.	562,252.	660,456.	2593266.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,987.	1,385.	343.	1,094.	1,130.	6,939.
b	Unrelated business taxable income						<u>-</u> .
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	4,167.					4,167.
c	Add lines 10a and 10b	7,154.	1,385.	343.	1,094.	1,130.	4,167. 11,106.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income Do not include gain or loss from the sale of capital		2,732.				2 722
40	assets (Explain in Part VI.)	538,672.	533,518.	309,982.	563,346.	661,586.	2,732. 2607104.
	Total support. (Add lines 9, 10c, 11, and 12)					· · · · · · · · · · · · · · · · · · ·	
14	First five years. If the Form 990 is for	r the organization s	s iirst, secona, tnir	a, lourul, or lilth ta	x year as a section	1 50 1(c)(3) organiza	ition,
Sec	check this box and stop here ction C. Computation of Publi	ic Support Per	centage			_	
						45	99.47 %
	Public support percentage for 2014 (I		•	olumn (1))		15	00 50
	Public support percentage from 2013 ction D. Computation of Inves					16	98.79 %
	· · · · · · · · · · · · · · · · · · ·			40 1 00		T 1	42 **
	Investment income percentage for 20	•	•	e 13, column (f))		17	.43 %
	Investment income percentage from	•				18	%
19a	a 33 1/3% support tests - 2014. If the more than 33 1/3%, check this box are						7 is not ►X
t	33 1/3% support tests - 2013. If the	organization did n	not check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anızatıon qualifies	as a publicly suppo	orted organization	▶□
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	is box and see ins	tructions	▶□

Schedule A (Form 990 or 990-EZ) 2014 ASSOCIATION, INC.

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Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes." complete Part I of Schedule L (Form 990)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
ſ		Yes	No
	2		-
			.]
	_		
	3b		
	3c		
	4 a		
	4b		1
	4c_		
	 5a		1
	5b		
	5c		
	6	 	
	7		
	8		
i	9a_		
	9b		
	9c		
	10a		
01	10b	2 57	0014

	dule A (Form 990 or 990-EZ) 2014 ASSOCIATION, INC.	23-7026	61 <u>5</u> :	3 Pa	ige 5
Pai	t IV Supporting Organizations _(continued)				
		_		Yes	No
11 '	Has the organization accepted a gift or contribution from any of the following persons?				
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)				
	below, the governing body of a supported organization?	<u></u>	11a		
	A family member of a person described in (a) above?	L.	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		11 <u>c</u>		
Sec	tion B. Type I Supporting Organizations				
		_		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to				
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the				
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or				
	controlled the organization's activities If the organization had more than one supported organization,				
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	-	-		-
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	<u> </u>	1		
2	Did the organization operate for the benefit of any supported organization other than the supported				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in				
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,				
	supervised, or controlled the supporting organization.		2		
Sec	tion C. Type II Supporting Organizations				
		_		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	i			
	or management of the supporting organization was vested in the same persons that controlled or managed	-		-	-
500	the supported organization(s).		1		
Sec	tion D. Type III Supporting Organizations				
	Did the assessment or assessed to each of the assessment of assessment on the last day of the Stitle or all of the			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the				
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the				
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>	•		-
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how				
	the organization maintained a close and continuous working relationship with the supported organization(s)		2		-
3	By reason of the relationship described in (2), did the organization's supported organizations have a				
_	significant voice in the organization's investment policies and in directing the use of the organization's				
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's				
	supported organizations played in this regard.		3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations				_
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructions)			
а	The organization satisfied the Activities Test. Complete line 2 below	•			
b	The organization is the parent of each of its supported organizations. Complete line 3 below				
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity	(see instruc	tions)		
2	Activities Test Answer (a) and (b) below			Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify				
	those supported organizations and explain how these activities directly furthered their exempt purposes,				İ
	how the organization was responsive to those supported organizations, and how the organization determined				
	that these activities constituted substantially all of its activities	_	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more				Ì
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the				İ
	reasons for the organization's position that its supported organization(s) would have engaged in these				i
	activities but for the organization's involvement	\vdash	2b		<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below				i
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or				i
	trustees of each of the supported organizations? Provide details in Part VI	⊢	3a _	L	<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	i_	3b		

Sche	dule A (Form 990 or 990-EZ) 2014 ASSOCIATION, INC.			23-7026153 Page 6
	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 See instru	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E	
Sect	ion A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_ 7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of secunties	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8	<u> </u>	
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		<u> </u>
7	Check here if the current year is the organization's first as a non-functional	lly-ıntegrat	ed Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2014

Schee Par	tule A (Form 990 or 990-EZ) 2014 ASSOCIATION,	INC.	-141	3-/026153 Page 7
_	1 1750 111 1111 1111 1111 1111 1111	ajtoj Supporting Orgal	nizations (continued)	Current Voca
	on D - Distributions	mot nurnosas	-	Current Year
	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp			
2	organizations, in excess of income from activity	r purposes or supported		
	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		
<u>3</u> 4	Amounts paid to acquire exempt use assets	s or supported organizations	·	
	Qualified set-aside amounts (prior IRS approval required)			<u> </u>
<u>5</u> 6	Other distributions (describe in Part VI) See instructions	*****		
7	Total annual distributions. Add lines 1 through 6		-	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	-	
•	(provide details in Part VI) See instructions.	,o organization to respensive		
9	Distributable amount for 2014 from Section C, line 6	· .		
10	Line 8 amount divided by Line 9 amount	-		
		(i)	(ii)	(iii)
_		Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
а				
b				ļ
С				ļ
d				
е_	From 2013			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i_	Carryover from 2009 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D,			
	line 7 \$			
	Applied to underdistributions of pnor years			
	Applied to 2014 distributable amount			 -
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
_	greater than zero, see instructions)			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
_	Instructions).	 		
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c. Breakdown of line 7			
<u>а</u> b				
c				
	Excess from 2013			
	Excess from 2014			· · · · · · · · · · · · · · · · · · ·

Schedule A (Form 990 or 990-EZ) 2014

	tupplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b,	and rartin, inte 12
	Iso complete this part for any additional information (See instructions)	
_		
		·
		
-		
	······································	

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

2014
Open to Public Inspection

OMB No 1545-0047

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	Section 501(c)(4), (5), or (6) organiza	tions Complete Part III			
		SECTION AMERICAN	WATER WORKS	5 E	nployer identification number
	ASSOCIA	TION, INC.			23-7026153
Pa	rt I-A Complete if the org	ganization is exempt under	section 501(c) or	is a section 527	organization.
2	Provide a description of the organic Political expenditures Volunteer hours	zation's direct and indirect political	campaign activities in		\$
Pa	rt I-B Complete if the org	ganization is exempt under	section 501(c)(3)	•	
1	Enter the amount of any excise tax	incurred by the organization under	section 4955		> \$
2	Enter the amount of any excise tax	incurred by organization managers	under section 4955		> \$
3	If the organization incurred a section	on 4955 tax, did it file Form 4720 fo	r this year?		Yes No
4 a	Was a correction made?				Yes No
	If "Yes," describe in Part IV				(/.Vo
		ganization is exempt under			
	Enter the amount directly expende	·	•		> \$
2	Enter the amount of the filing organ	nization's funds contributed to othe	r organizations for sec	tion 527	
_	exempt function activities			,	• \$
3	Total exempt function expenditure	s. Add lines 1 and 2. Enter here and	on Form 1120-POL,		•
	line 17b	4400 DOI 6		•	\$
4	Did the filing organization file Form	•	-6-11		
5	Enter the names, addresses and en	mployer identification number (EIN) ation listed, enter the amount paid f			
	· ·	romptly and directly delivered to a s			•
		additional space is needed, provide			oog.ogu.ou id.ia o. a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization's funds If none, enter	contributions received and
					ii none, enter o
				_	
			-		
		i	I	I	1

Schedule C (Form 990 or 990-EZ) 2014 A	SSOCIATION	, INC.		23-	7026153 Page 2
Part II-A Complete if the organ section 501(h)).	nization is exen	npt under sectior	1 501(c)(3) and file	d Form 5768 (e	lection under
A Check In the filing organization expenses, and share of	of excess lobbying e	expenditures)	Part IV each affiliated (group member's nam	ne, address, EIN,
Limits	on Lobbying Expe	nd "limited control" pro nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influer	nce public opinion (arass roots lobbying)			
b Total lobbying expenditures to influer		,	ľ		
c Total lobbying expenditures (add line	s 1a and 1b)	, ,			
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount Enter t	the amount from the	following table in both	h columns		
If the amount on line 1e, column (a) or (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000,0	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000.				
Over \$1,000,000 but not over \$1,500	,000 \$175,00	0 plus 10% of the exc	ess over \$1,000,000		
Over \$1,500,000 but not over \$17,00	0,000 \$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,	000			
g Grassroots nontaxable amount (enter	r 25% of line 1f)				
h Subtract line 1g from line 1a If zero o	•				
i Subtract line 1f from line 1c. If zero o			ľ		
j If there is an amount other than zero		ine 1, did the organiza	ation file Form 4720		<u></u>
reporting section 4911 tax for this ye	ar?				Yes No
(Some organizations that	t made a section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all o	the five columns b	elow.
	Lobbying Exper	ditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) ⊤otal
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 2014 ASSOCIATION, INC. 23-7026153 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b	<u> </u>
of the lobbying activity	Yes	No	Amo	unt
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a Volunteers?		х		
Production and Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control de Control		X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1)? c Media advertisements?		X		
d Mailings to members, legislators, or the public?		X	_	
e Publications, or published or broadcast statements?		X	_	
f Grants to other organizations for lobbying purposes?		X		
Direct content with legislature their staffs, assument officials and legislature to d. O.		X	-	
	X			,698.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<u> </u>	х		,030.
i Other activities?				,698.
j Total Add lines 1c through 1i		Х		,030.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	-			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5) or sec	tion	
501(c)(6).)(J) JU JU JU	oj, di sec	LIOII	
301(0)(0).			Yes	No
A Marie of the Armstellia all (000) and are all discount and administration of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of th			- 165	140
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(3	tion	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				3 is
answered "Yes."		1		
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ical			
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year		<u>2</u> b		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3_		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	oolitical			
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated grou instructions), and Part II-B, line 1. Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES:	p list); Part II	-A, lines 1 a	nd 2 (see	
THE ORGANIZATION'S WATER UTILITY COUNCIL HOSTED A REC	EPTION	DURIN	G THE	
WEEK OF THEIR ANNUAL CONFERENCE FOR BOARD MEMBERS AN	D STAT	E		
LEGISLATURES TO ATTEND. STATE OFFICIALS RECEIVED COF	FEE MU	GS AS	A GIFT	<u>'</u>
FOR ATTENDING THIS RECEPTION.				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

► Attach to Form 990.

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

INDIANA SECTION AMERICAN WATER WORKS Employee

2014
Open to Public Inspection

Name of the organization

INDIANA SECTION AMERICAN WATER WORKS ASSOCIATION, INC.

Employer identification number 23-7026153

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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 advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	used only
	for charitable purposes and not for the benefit of the donor o		•
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Pa	art IV, line 7
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form o	of a 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
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stri	ucture included in (a)	2c
	Number of conservation easements included in (c) acquired a	• •	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	
	year▶	, 3	and the same of the same
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	- · · · · · · · · · · · · · · · · · · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements du	ring the year
7	Amount of expenses incurred in monitoring, inspecting, and	•	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	, ,	Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense s	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	he organization's accounting for
	conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	ner 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 statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtheran	ice of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items	•	•
	(i) Revenue 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	
-	the following amounts required to be reported under SFAS 1		g, F
а	Revenue included in Form 990, Part VIII, line 1	to the second second	▶ \$
	Assets included in Form 990, Part X		S S

		TION, INC.							<u> 26153</u>	
Par	t III Organizations Maintaining C	collections of Ar	t, Histo	orical Tre	asures, o	r Other	Simila	Assets	(continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the fo	ollowing that	t are a sigr	nificant u	se of its c	ollection it	ems
•	(check all that apply)									
а	Public exhibition	ď	ı 🛄 ı	Loan or excl	hange progra	ams				
b	Scholarly research	•	, 🗀	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how the	ey further th	e organizatio	on's exem	pt purpo:	se in Part	XIII	
5	During the year, did the organization solicit of	or receive donations	of art, his	toncal treas	ures, or othe	er sımılar a	issets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	ızatıon's col	lection?				Yes	No
Par		•	ete if the	organizatio	n answered '	"Yes" to F	orm 990,	Part IV, I	ne 9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for c	ontributions	or other ass	sets not in	cluded		_	
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e		_	
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or cu	stodial acco	unt liabilit	y?		Yes	No No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete	if the organization ar	swered	"Yes" to For	m 990, Part	IV, line 10),		•	
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d) Three y	ears back	(e) Four y	rears back
1a	Beginning of year balance		ļ							
b	Contributions									
С	Net investment earnings, gains, and losses		ļ							
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs							_		
f	Administrative expenses									
g	End of year balance	L								
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g	ı, column (a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
c	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should	uld equal 100%								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	t are held an	id administei	red for the	organiza	ation	_	
	by									res No
	(i) unrelated organizations								3a(i)	_
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organization:	· ·							3b	l
4	Describe in Part XIII the intended uses of the		wment f	unds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere									
	Description of property	(a) Cost or o			or other		cumulate		(d) Book	value
		basis (invest	ment)	basis	(other)	dep	reciation			
1a	Land					<u> </u>		· · ·		
b	Buildings					ļ			•	
С	Leasehold improvements					<u> </u>				
	Equipment									
	Other			L		L				
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990. Part	X. colum	n (B). line 1	0c.)					0.

	TION AMERICAN	WATER WORK		
Schedule D (Form 990) 2014 ASSOCIATION	, INC.		23	-7026153 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation Cost or end	-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) CERTIFICATES OF DEPOSITS	208,453.	END-OF-Y	EAR MARKET	VALUE
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	208,453.			
Part VIII Investments - Program Related.	•	•		
Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	1c. See Form 990, F	Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of v	aluation Cost or end	l-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)		-		
(6)				
(7)				<u> </u>
(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 1	1d See Form 990, F	Part X, line 15.	
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)			_	
(5)				
(6)	<u> </u>			
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990. Part X. col. (B) line	e 15.)			
Part X Other Liabilities.	•			
Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	l1e or 11f See Form	990, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes]	
(2)				
(3)		-]	
(4)			1	
(5)			1	
(6)				
			1	

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

(8) (9) INDIANA SECTION AMERICAN WATER WORKS ASSOCIATION, INC.

Schedule D (Form 990) 2014 ASSOCIATION, INC.		23-7026153	Page 4
Part XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per Re	eturn.	
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	1		
1 'Total revenue, gains, and other support per audited financial statements		1 752	,395.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b	<u> </u>	
c Recovenes of prior year grants	2c]	
d Other (Describe in Part XIII.)	2d]	
e Add lines 2a through 2d	•	2e	0.
3 Subtract line 2e from line 1		з 752	,395.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b <90,845.>	.]	
c Add lines 4a and 4b		- 1	845.>
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			,550.
Part XII Reconciliation of Expenses per Audited Financial Staten	nents With Expenses per I		
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	•		
Total expenses and losses per audited financial statements		1 678	,660.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			,
a Donated services and use of facilities	2a		
b Prior year adjustments	2b	1	
c Other losses	2c	1	
d Other (Describe in Part XIII)	2d 90,845.	1	
e Add lines 2a through 2d	20 30 70 23 1	2e 90	,845.
3 Subtract line 2e from line 1			,815.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		307	, 0 = 3 +
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)	4b	1 1	
c Add lines 4a and 4b	101	4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			,815.
Part XIII Supplemental Information.		307	, 015.
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pai	t IV lines 1b and 2b Part V line 4	1 Part X line 2 Part)	
lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any ad		,, , a.e.,, m.o <u>2,</u> , a.e.,	**,
PART X, LINE 2:			
THE ASSOCIATION IS EXEMPT FROM FEDERAL AND S	TATE INCOME TAXES	UNDER	
SECTION 501(C) (3) OF THE INTERNAL REVENUE C	ODE. REVENUE DERI	VED FROM	
SOURCES NOT DIRECTLY RELATED TO ITS EXEMPT P	URPOSE, REFERRED	TO AS	
			_
"UNRELATED BUSINESS INCOME," SUCH AS THAT DE	RIVED FROM ADVERT	ISING, MAY	BE
TAXABLE.			
MILE ACCOUNTANTON HAC THE ENGINEED MUR ACCOUNT			
THE ASSOCIATION HAS IMPLEMENTED THE ACCOUNTI	NG GUIDANCE FOR U	INCERTAINTY	IN
THEOME MAYER INDED MILLM CUITDANCE MAY DOCT	MIONG WEED TO DE	DEGGGGGGG	
INCOME TAXES. UNDER THAT GUIDANCE, TAX POSI	TIONS NEED TO BE	RECOGNIZED	TN
THE ETHANCIAL CHAMPMENING GIVEN IN IC MODE ITY	DIV MUNN NOM MUN	DOGITHION W	
THE FINANCIAL STATEMENTS WHEN IT IS MORE-LIK	PDI-THAN-NOT THE	PUSITION W.	rnn –
BE CHEMATHED HOOM EVANTHAMION OF MIE WAS ALL	מי מי מידותו מיטוו	GEDWENDED :	2.0
BE SUSTAINED UPON EXAMINATION BY THE TAX AUT	nokities. AS OF	PRLIRWRRK .	, <u> </u>
2015 THE ACCOUNTION HAS NO INCORDUSTN THE TO	OCTUTONO MILAM OTTA	TTDV DOD	
2015, THE ASSOCIATION HAS NO UNCERTAIN TAX P	OSTITUNS THAT QUA		
		Schedule D (Form 9	TOOL 0044

INDIANA SECTION AMERICAN WATER WORKS Schedule D (Form 990) 2014 ASSOCIATION, INC. 23-7026153 Page 5 Part XIII | Supplemental Information (continued) EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ASSOCIATION FILES FEDERAL AND INDIANA INCOME TAX RETURNS. RETURNS FILED IN THESE JURISDICTIONS FOR THE TAX YEARS ENDED ON OR AFTER SEPTEMBER 30, 2013 ARE SUBJECT TO EXAMINATION BY THE RELEVANT TAXING AUTHORITIES. THE 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 -90,845. PART XII, LINE 2D - OTHER ADJUSTMENTS: DIRECT FUNDRAISING EXPENSES 90,845.

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No 1545-0047

11 (11

	TION, INC.	VATT	SR V	VORKS	23-7026	153
Part I Fundraising Activities. required to complete this part	Complete if the organization answer	red "Y	es" to	Form 990, Part IV, III	ne 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, Pab 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 prividuals or entities (fundraisers) pursu	ion of ion of fundra (includ	non-govern govern using of onal fu	overnment grants nment grants events ficers, directors, trus indraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) functr have co or con contribu	ustody 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			
						_
						_
						_
Total			<u> </u>			
List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontribi	utions	or has been notified	it is exempt from re	gistration
		_				

INDIANA SECTION AMERICAN WATER WORKS Schedule G (Form 990 or 990-EZ) 2014 ASSOCIATION, INC. 23-7026153 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col (a) through CONCERTS GOLF OUTING col. (c)) (total number) (event type) (event type) 56,745. 156,537. 100,528. 313,810. 1 Gross receipts 2 Less Contributions 156,537. 56,745. 100,528. 313,810. 3 Gross income (line 1 minus line 2) 200. 4 Cash prizes 200. 5 Noncash prizes 49. 49. 1,966. 23,040. 1,200. 26,206. 6 Rent/facility costs Food and beverages 705. 705. 6,628. 749. 7,377. 8 Entertainment 31,550. 3,154 21,605. 56,309. Other direct expenses 90,846. 10 Direct expense summary Add lines 4 through 9 in column (d) 222,964. Net income summary Subtract line 10 from line 3, column (d) Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col (c)) Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes 6 Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d)

\Box	8 Net gaming income summary Subtract line 7 from line 1, column (d)	•		
	Enter the state(s) in which the organization conducts gaming activities Is the organization licensed to conduct gaming activities in each of these states?		Yes	No.
	If "No," explain	·		
	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? If "Yes," explain	 	Yes	□ No
43208	D2 08-28-14	Schedule G (For	rm 990 or 990)-EZ) 2014

Schedule G (Form 990 or 990-EZ) 2014 ASSOCIATION, INC.	23-7026153 Page 3
11 Does the organization conduct gaming activities with nonmembers?	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 conducted in	
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	
The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	.40
Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the am	nount
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	
a is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	t in the
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and 15c, 16, and 17b, as applicable Also provide any additional information (see instructions)	Part III, lines 9, 9b, 10b, 15b,
to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th	
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Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation	TION, I	.NC.			23-7026153	Page 4
Fait IV-	Supplemental infor	Contin	nued)			<u> </u>		
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SCHEDULE 1

(Form 990)

Department of the Treasury Internal Revenue Service

Parti

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

► Attach to Form 990.

Open to Public OMB No 1545-0047 2014 Inspection

23-7026153

Employer identification number ▶ Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. INDIANA SECTION AMERICAN WATER WORKS ASSOCIATION, INC. General Information on Grants and Assistance Name of the organization

% × ∏ Yes Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States criteria used to award the grants or assistance?

1 (a) Name and address of organization (b) EIN (c) II or government	(b) EIN	(c) IRC section if applicable	RC section (d) Amount of ipplicable cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WATER FOR PEOPLE 100 EAST TENNESSEE AVENUE DENVER, CO 80209	84-1166148 501(C)	501(C)(3)	.0	189,097.			TO PROMOTE SAFE DRINKING WATER AND PUBLIC HEALTH.
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government org	anizations listed in the	line 1 table				

432 101 10-15-14

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2014)

Page 2

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Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014)

ASSOCIATION, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

(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 add	ditional information	
		i			
			:		,
432102 10-15-14					Schedule I (Form 990) (2014)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Name of the organization

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

INDIANA SECTION AMERICAN WATER WORKS Emplo ASSOCIATION, INC.

Employer identification number 23-7026153

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

Schedule O (Form 990 or 990-E		Page 2
	NDIANA SECTION AMERICAN WATER WORKS	Employer identification number 23-7026153
FORM 990, PART V	/I, SECTION B, LINE 11:	
THE SECRETARY/TE	REASURER AND ASSISTANT SECRETARY/TREASURE	R REVIEW AND
APPROVE THE ENTI	RE DOCUMENT PRIOR TO FILING. THEY THEN I	REPORT TO THE
GOVERNING BODY T	THAT THE FORM 990 HAS BEEN SUBMITTED. A C	COPY OF THE FORM 990
IS MADE AVAILABI	LE TO ANY MEMBER OF THE GOVERNING BODY TO	O REVIEW, IF
DESIRED.		
FORM 990, PART V	/I, SECTION B, LINE 12C:	
ENFORCEMENT OF	CONFLICTS POLICY IS DETERMINED ANNUALLY	AS NEEDED. THERE
WERE NO ENFORCEM	MENTS IN THE CURRENT YEAR.	
		
FORM 990, PART V	/I, SECTION C, LINE 19:	
GOVERNING DOCUME	ENTS, DISCLOSURE EXPLANATION, AND A COPY	OF REPORTABLE
DOCUMENTS ARE MA	ADE AVAILABLE FOR REVIEW UPON RECEIPT OR	WRITTEN REQUEST
RECEIVED BY THE	SECRETARY/TREASURER DURING NORMAL BUSIN	ESS HOURS.
FORM 990, PART 2	CIT LINE 2C:	
	THE ASSOCIATION'S FINANCE COMMITTEE OVER	SIGHT
	S HAS NOT CHANGED FROM THE PRIOR YEAR.	

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

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

2014

OMB No 1545-0047

Open to Public Inspection

INDIANA SECTION AMERICAN WATER WORKS ▶ Attach to Form 990. ASSOCIATION, INC.

Employer identification number 23-7026153

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

(a)	(g)	(2)	(G	(0)	€
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
				-	
Part II dentification 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 proparizations during the tax year.	tions Complete if the organization ans	wered "Yes" on Form 990, Part	IV, line 34 because	ıt had one or more re	lated tax-exempt

organizations during the tax year.

(c)
or Exe
foreign country) section
ILLINOIS 501(C)(3)

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

Schedule R (Form 990) 2014

432161 08-14-14 LHA

Schedule R (Form 990) 2014 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

Page 2

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	(k)	General or Percentage managing ownership partner?												
	(1)	neralor naging rtner?	Yes No								 L			_
		Ger) Ye			_	 		_		_		 	-
	(1)	amount in box	K-1 (Form 1065											
		ionate ns?	No											
	Ē	Disproportionate altocations?	Yes											
							 	-	\vdash					-
	(6)	Share of end-of-year	dasata											
		ta l												
	(£)	Share of total income												
		hare												
		σ.			 						_		_	_
		Predominant income (related, unrelated,	14)											
	(e)	ant in unrela	512-											
		domin lated,	ctions											
		Pre Pre	Se											
		Direct controlling entity												
	(p)	t contro entity				ĺ								
		ect c												
		۵							_					
	(2)	Legal domicile (state or	reign untry)											
7			2 8			L		_	<u> </u>		 L			
		lty.												
6	(q)	Primary activity												
2	١	iman		İ										
5		ά									l			
2											Ī	Γ		
200		Z c										l		
ווסמו		and E												
2	(a)	ess, a												
organizations treated as a partitionally carried the tax year.	¯	Name, address, and EIN of related organization												
5		lame, of rel												
		2 -												

Part IV | 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.

			1			,					
<u> </u>	Section 512(b)(13) controlled entity?	No									
	512(conf	Yes									
(h)	Percentage ownership							-			
(6)	Share of end-of-year	433613									
(j)	Share of total income										
(e)	Type of entity (C corp, S corp	(renn io									
(p)	Direct controlling entity										
(0)	Legal domicile (state or foreign	country)		,							
(q)	Primary activity										
(a)	Name, address, and EIN of related organization										

Schedule R (Form 990) 2014

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INDIANA SECTION AMERICAN WATER WORKS Schedule R (Form 990) 2014 ASSOCIATION, INC.

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 No
	s with one or more re	lated organizations listed	n Parts II-IV?	1
	>			1a
b Giff, grant, or capital contribution to related organization(s)				1
c Gift, grant, or capital contribution from related organization(s)				1
 d Loans or loan guarantees to or for related organization(s) 				Td Y
 Loans or loan guarantees by related organization(s) 				1e X
				-
 Dividends from related organization(s) 				¥
g Sale of assets to related organization(s)				1g X
h Purchase of assets from related organization(s)				1h X
i Exchange of assets with related organization(s)				1i X
j Lease of facilities, equipment, or other assets to related organization(s)				i,
k Lease of facilities, equipment, or other assets from related organization(s)				‡ X
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			1 X
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			1m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			т Ж
 Sharing of paid employees with related organization(s) 				1o X
 P Reimbursement paid to related organization(s) for expenses 				t X
q Reimbursement paid by related organization(s) for expenses				1q X
				× .
S Other transfer of cash or property from rel				v sı
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ho must complete th	is line, including covered r	elationships and transaction thresholds.	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	ıvolved
(1) AMERICAN WATER WORKS ASSOCIATION, INC.	L	91,753.	CASH RECEIVED	
(2)				
(6)				
(4)				
(5)				
(9)				
432163 08-14-14			Schedule	Schedule R (Form 990) 2014

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INDIANA SECTION AMERICAN WATER WORKS ASSOCIATION, INC.

Schedule R (Form 990) 2014

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

(k) Percentage ownership				ļ		Schodule B (Form 990) 2014	990) 20 14
(j) neral or naging irtner?							Ē
Gene Gene mane part			 				Ľ
bispopor- locations: (i) (j) (k)						Subdet	SCHEDULE
(h) spropor- tronate ocations?			 		 		
Dispr trot trot trot Tes	3						
(g) Share of end-of-year assets							
(f) Share of total income	:						
(e) Are all Are all 501(c)(3) 0095 Are Sec.		-	 				
er Solar							
(d) Predominant income prelated, unrelated, excluded from tax under-sections 512-514)							
(c) Legal domicile (state or foreign country)							
(b) Primary activity							
(a) Name, address, and EIN of entity							

INDIANA SECTION AMERICAN WATER WORKS ASSOCIATION. INC.

Schedule R	(Form 990) 2014		INC.	at While Working	23-7026153	Page 5
Part VII	(Form 990) 2014 Supplemental Infor	mation				rage 3
<u> </u>	Provide additional informa	ation for responses to ques	tions on Schedule Ri	(see instructions)		
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