

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



Form 990

Return of Organization Exempt From Income Tax

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

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

2015

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

P

For the 2015 calendar year, or tax year beginning 2015, and ending C Name of organization D Employer identification number Check if applicable IRELAND WATER UTILITIES. INC Address change Doing business as 35-1136371 Name change Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Initial return O. BOX 83 (812) 482-2015 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated IRELAND **G** Gross receipts \$ 706,192. Amended return ΙN 47545 Name and address of principal officer H(a) Is this a group return for subordinates? Application pending H(b) Are all subordinates included? If 'No,' attach a list (see instructions) IN 47546 ANDREW HULSMAN 1581 W ST RD 56 JASPER Tax-exempt status 501(c)(3) X 501(c) (4947(a)(1) or 527 (insert no) Website: ► H(c) Group exemption number ▶ Form of organization X Corporation Association Other > 1967 M State of legal domicile IN Part I **Summary** Briefly describe the organization's mission or most significant activities TO PROVIDE DRINKABLE WATER TO THE ORGANIZATION MEMBERSHIP TO PROVIDE FIRE PROTECTION FOR THE SURROUNDING AREA Activities & Governance If the organization discontinued its operations or disposed of more than 25% of its net assets Check this box ▶ Number of voting members of the governing body (Part VI, line 1a)..... 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 9 Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . 5 Total number of volunteers (estimate if necessary) 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 0. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) . . 8 1,008. 1,302. 9 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 6,769 6,971 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e), 278,447 317,738. Total revenue – add lines 8 through 11 (must equal Part VIII-column (A), line 12) 286,224 326,011 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 100 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 50,129 56,044 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). . . . 17 116,408 140,387. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 166,637 196,431. 19 119,587. 129,580. **Beginning of Current Year** End of Year Total assets (Part X, line 16) . . 2,536,234. 2,717,960 21 3,760. 4,628. Net assets or fund balances. Subtract line 21 from line 20 2,532,474 2,713,332 Part II Signature Block Under penalties of perjury, I declare that I have examined this feturn, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of prepager (other than officer) is based on all information of which preparer has any knowledge. Sign ENNETH L. Here Schnaus Print/Type preparer's name Check Paid DAVID A BROMM CPA 05/03/16 self-employed P00801811 Preparer Firm's name DAVID A. BROMM CPA Use Only Firm's address 114 W 4TH ST 27-4269931 JASPER 47546 (812) 482-4363

Form 990 (20/15)

Form	990 (2015)	IRELAND WATE	ER UTILITIES,	INC		35-1	136371	Page 2
Par	t III Stat	ement of Progra	m Service Accor	mplishments	· -			
	Chèc	k if Schedule O conta	ins a response or note	to any line in this Part	10			
1	Briefly descr	ibe the organization's	mission					
	TO PROV	IDE DRINKABLE	WATER TO THE	ORGANIZATION	MEMBERSHIP			
				E SURROUNDING				-
								
						_ 		
2	Did the orga	nization undertake an	y significant program s	services during the year	which were not listed of	on the prior		
	Form 990 or	990-EZ?					· Yes	X No
	If 'Yes,' desc	ribe these new servic	es on Schedule O.					
3	Did the orga	nization cease conduc	cting, or make significa	ant changes in how it co	inducts, any program s	ervices?	. Yes	X No
	If 'Yes,' desc	ribe these changes or	n Schedule O.					
4	Describe the	organization's progra	m service accomplish	ments for each of its thi	ree largest program ser	vices, as measur	ed by expense	es
	and revenue	(c)(3) and 501(c)(4) or , if any, for each prog	ganizations are requir ram service reported	ed to report the amount	of grants and allocatio	ns to others, the t	total expenses	•
		, a, , aaa p.ag.						
	(Code) /Evnances	\$	including grants of	Ġ	\ /Payanua	ċ	
76	N/A) (Expenses	Υ	including grants of	¥) (ixevenue	Ÿ	
	N/A							- - - -
				- 				
								
							-	-
						- 	- 	
						-		
								
							-	
						- 		- -
						-		
					-			
	- /C-d-:	\ /5	<u> </u>		<u> </u>	\ (D	^	
41	o (Code:) (Expenses	>	including grants of	\$) (Revenue	\$)
						- 		
						_ 		
		-		. – – – – – – – –				
				. – – – – – – – –				-
						_ 		
		- 		·				
				·				
4	c (Code) (Expenses	\$	including grants of	\$) (Revenue	\$)
					_			
		-						
		-		_				
								
				. .				
								
								
								
4	d Other progra	am services. (Describe	e in Schedule O)					
	(Expenses	\$	including gra	ants of \$) (Reven	nue \$)
4	e Total progra	ım service expenses	>					

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

Form 990 (2015) IRELAND WATER UTILITIES, INC

Part IV | Checklist of Required Schedules (continued)

	·		Yes	No
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?	20ь		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		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? <i>If 'Yes,' complete Schedule J </i>	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No. 'go to line 25a	24a		Х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	I Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
t	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
•	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If Yes, 'complete Schedule M	30		Х
31		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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	o If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

	Check if Schedule O contains a response or note to any line in this Part V	<u>· · · </u>	<u>· · · </u>	<u>. </u>
1 9	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
			.	
	· · · · · · · · · · · · · · · · · · ·		.	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	x	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Χ
b	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
b	If 'Yes,' enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	1		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
C	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
t	If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were			
_	not tax deductible?	6ь		
′	Organizations that may receive deductible contributions under section 170(c).		j	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		Х
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	_]		
	Form 828Ž?	7 c		X
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7.		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 e		$\frac{\lambda}{X}$
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
•	as required?	7 g		
	ı İf the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	l		
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter	l		
	Initiation fees and capital contributions included on Part VIII, line 12		İ	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		- 1	
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	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		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	1	1	
	Section 501(c)(29) qualified nonprofit health insurance issuers.	.		
a	I Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note. See the instructions for additional information the organization must report on Schedule O	- 1		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
t t	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		

35-1136371

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 9 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 9 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents Did the organization become aware during the year of a significant diversion of the organization's assets? . . . 5 Χ 6 Х 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 a Х **b** Each committee with authority to act on behalf of the governing body? 8 b Χ Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code, Yes No 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12 a Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c 13 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a 15 b Х If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a Х b if 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?........... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (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) Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records: IRELAND WATER UTILITIES INC HWY 56 IRELAND 14545 (812) 482-2015

Form 990 (2015)	IRELAND	WATER	UTILITIES,	INC

35-1136371

Page 7

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

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

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

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

<u></u>	1	1				ica ai	.,, .	current officer, direc	Stor, or trustee		
(A) Name and Title		thar	one l	box, u an o	t che	ck more persor and a e)	e	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other	
	per week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) ANDY HULSMAN	1.00										
DIRECTOR		Х						1,260.	0.	0.	
(2) ERIC KNIES DIRECTOR	_1.00	х						840.	0.	0.	
KEN_SCHNAUS	1.00	х					i	980.	0.	0.	
	1.00	х						910.	0.	0.	
(5) STAN SCHNAUS DIRECTOR	1.00	х						910.	0.	0.	
(6) EARL_HULSMANDIRECTOR	1.00	х						980.	0.	0.	
(7) MATT_BUELTELDIRECTOR	1.00	х						840.	0.	0.	
(8) JERRY SANDER HIGHEST COMPENSATED EMPLOYEE	25.00					Х		27,983.	0.	0.	
(9) TOM ERNY DIRECTOR	1.00	х						770.	0.	0.	
(10) MARTHA KEUSCH KEY EMPLOYEE	40.00				Х			14,146.	0.	0.	
(11) GENE HOPF DIRECTOR	1.00	х						980.	0.	0.	
(12)								330.		<u> </u>	
(13)	 		-								
(14)				-							

Page 8

Part VII (Section A. Officers, Directors, 11)	(B)	Tey	<u> </u>	(C		c 3,	and	i riighest con	ipensated Linp	loyees	(continuea)
(A) Name and title	Average hours per	box	, unle:	Posi heck ss pe	ition more rson i	than o s both or/trust	an :	(D) Reportable compensation from	(E) Reportable compensation from	Est amour	(F) Imated nt of other
	week (list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	comp fro orgai and	ensation in the nization related nizations
(16)					l						·
(17)											
(18)											
(19)									-		
(20)											
(21)											
(22)											
(23)											·
(24)											
(25)											
1 b Sub-total							>	50,599.	0.		0.
d Total (add lines 1b and 1c)							•	50,599.	0.		0.
2 Total number of individuals (including but not limite from the organization ►	d to those	listed	d abo	ove)	who	rece	eive	d more than \$100,0	000 of reportable cor	npensati	
											Yes No
3 Did the organization list any former officer, directo on line 1a? If 'Yes,' complete Schedule J for such it										. 3	X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater such individual	than \$150	,0007	ነ If ገ	res'	com	plete	Sci	hedule J for		. 4	X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'	compensa	tion fi	rom	any	unre	elated	d org	ganization or individ	iual	. 5	X
Section B. Independent Contractors 1 Complete this table for your five highest compensations.											
compensation from the organization Report comp	ensation fo	or the	cale	enda	r ye	ar en	dıng	with or within the	organization's tax ye		
(A) Name and business add	ress							Description of		Comper	
	···- <u></u>										
2 Total number of independent contractors (including	g but not lii	mited	to tl	hose	list	ed at	ove	e) who received mo	re than		
\$100,000 of compensation from the organization											

				UTILI	TIES, INC	-		35-1136371	Page
Pan	VI	Statement of Rev Check if Schedule O c		recoone	e or note to any lin	o in this Bort VIII			Г
	•	emesk ir esmedale e e	Ontains a	respons	e or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts		Federated campaigns .		1 a					
Gra		Membership dues		1 b	1,302.				
ts,		Fundraising events		1 c					
Gif		Related organizations		1 d					
å Ë	е	Government grants (contribution	ons)	1 e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, gr similar amounts not included a	ants, and	1f					
do	g	Noncash contributions include	d in lines 1	a-1f \$					
Co	h	Total. Add lines 1a-1f .			.	1,302.			
Program Service Revenue	_			\perp	Business Code				
eve	2 a								
ЭE	b	` 							
ervi	ن ام	, _ -							
א א	9	'				-			
grar	f	All other program service	revenue	 _			· · · · · · · · · · · · · · · · · · ·		
Pro		Total. Add lines 2a-2f .						 	
	3	Investment income (incluother similar amounts) .	iding divid	dends, inf	terest and	6,971.	6,971.	0.	0.
	4	Income from investment	of tax-ex	empt bon	d proceeds 🔄	V/ J / I	0/2/1.		
	5	Royalties							
			(ı) R		(II) Personal				
		Gross rents	1	,605.					
		Less: rental expenses							
		Rental income or (loss)		,605.					
	d	Net rental income or (los				1,605.	1,605.	<u> </u>	0,
	7 a	Gross amount from sales of assets other than inventory	(ı) Seci	unties	(ii) Other				
	b	Less cost or other basis and sales expenses							
		Gain or (loss)		·					
	C	Net gain or (loss)							
Other Revenue	8 a	Gross income from funda (not including. \$ of contributions reported	-						
æ		See Part IV, line 18		а					
<u> </u>	t	Less direct expenses .		b					1
ಕ	c	Net income or (loss) fron	n fundrais	sing even	ts ▶				
	9 a	Gross income from gami See Part IV, line 19	ng activit	ies a		1			
	t	Less. direct expenses .		b					
	٥	Net income or (loss) from	n gamıng	activities					
	10 a	Gross sales of inventory	, less retu	ıms					

and allowances **b** Less cost of goods sold c Net income or (loss) from sales of inventory ▶ 310,641 310,641 **Business Code** 11 a d All other revenue 5,492. 5,492 0. 0. e Total. Add lines 11a-11d . . . 5,492

326,011

324,709

BAA

12 Total revenue. See instructions

TEEA0109 10/12/15 Form 990 (2015)

0.

Form 990 (2015) IRELAND WATER UTILITIES,

Part IX Statement of Functional Expenses

	TIX Statement of Functional Expens		 		
Sec	tion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a res	nplete all columns All of ponse or note to any line	<i>her organizations must</i> e in this Part IX....	complete column (A)	
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 2	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	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	9,030.			
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	43,312.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,702.			
11	Fees for services (non-employees)				
	Management				
	b Legal	12,530.			
	Accounting	3,500.			
	d Lobbying				
	e Professional fundraising services See Part IV, line 17 .			 	
	Other (If line 11g amount exceeds 10% of line 25, column	*			
_	(A) amount, list line 11g expenses on Schedule O)			ļ	
	Advertising and promotion				
13	Office expenses	2,832.			
14	Information technology				
15	Royalties	20.000			
16	Occupancy	30,992.			
17 18	Payments of travel or entertainment	5,461.			
10	expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		 		
20	Interest		· · ·		
21	· · · · · · · · · · · · · · · · · · ·	24 155			
22 23	Depreciation, depletion, and amortization Insurance	34,155. 7,524.			
	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	7,324.			
	· '	195.			· · · · · · · · · · · · · · · · · · ·
	TRAINING	7,324			
	POSTAGE DUES & SUBSCRIPTIONS	4.092.			
	d WATER SAMPLES	4,092.	_		
	e All other expenses	27,325.	· · · · · · · · · · · · · · · · · · ·		
	Total functional expenses. Add lines 1 through 24e.	196,431.			
	·	100/101.			····
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here				
	SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			<u></u>
_			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	343,278.	1	449,968.
	2	Savings and temporary cash investments	406,261.	2	413,017.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	51,071.	4	65,149.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
ţ	7	Notes and loans receivable, net	_	7	
Assets	8	Inventories for sale or use	- · · · · · · · · · · · · · · ·	8	
Ř	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D			
ĺ	b	Less accumulated depreciation	1,727,624.	10 c	1,781,826.
	11	Investments – publicly traded securities	17,2,7021.	11	1,701,020.
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	· · · · · · · · · · · · · · · · · · ·
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	8,000.	15	8,000.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,536,234.	16	2,717,960.
	17	Accounts payable and accrued expenses	3,760.	17	4,628.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	3,760.	26	4,628.
Ses		Organizations that follow SFAS 117 (ASC 958), check here ► and complete lines 27 through 29, and lines 33 and 34.			
ă	27	Unrestricted net assets	-	27	
Bal	28	Temporarily restricted net assets		28	
Ы	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34.			
Ş	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund	1,556,752.	31	1,608,030.
As	32	Retained earnings, endowment, accumulated income, or other funds	975,722.	32	1,105,302.
et	33	Total net assets or fund balances	2,532,474.	33	2,713,332.
Z	34	Total liabilities and net assets/fund balances	2,536,234.	34	
				107	<u>2,717,960.</u>

BAA

Form 990 (2015)

Form	990 (2015) IRELAND WATER UTILITIES, INC 35-	1136371		Pa	ge 12
Part	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	3	26,0)11.
2	Total expenses (must equal Part IX, column (A), line 25)	2		96,4	
3	Revenue less expenses Subtract line 2 from line 1	3		29,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		32 , 4	
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,6	62 , 0	54.
Part	TXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	х	
	· · · · · · · · · · · · · · · · · · ·				
	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				
b	Were the organization's financial statements audited by an independent accountant?		2 b		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate				
	basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi	t,			
	review, or compilation of its financial statements and selection of an independent accountant?		2 c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			ļ	
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a	i	Х
	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au		Ja		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		
BAA	or additio, explaint why in deficial describe any steps taken to undergo such addits	• • • • •		990 (2	2015
			roim	33U (2	2U (5)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	IRELAND WATER UTILITIES, INC		35-1136371
Par			
	Complete if the organization answered 'Yes' on Form 990, Part IV, line	6.	
	(a) Donor advised funds	(b) Fur	nds 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 dor are the organization's property, subject to the organization's exclusive legal control?	nor advised funds	· · · · · Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpormissible private benefit?	surpose conferring	· · Yes No
Par	Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line	7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply)		
	Preservation of land for public use (e.g., recreation or education)	ion of a historically in	mportant land area
		on of a certified hist	oric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	he form of a conserv	vation easement on the
	last day of the tax year		
			ld at the End of the Tax Year
	a Total number of conservation easements	2 a	
١	b Total acreage restricted by conservation easements	2 b	
(Number of conservation easements on a certified historic structure included in (a)	2 с	75
	d Number of conservation easements included in (c) acquired after 8/17/06, and not on a histor	ic	
	structure listed in the National Register	<u>2</u> d	
3	Number of conservation easements modified, transferred, released, extinguished, or terminat tax year •	ed by the organization	on during the
4	Number of states where property subject to conservation easement is located ►		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, han	dling of violations,	
	and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforce	ing conservation ea	sements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing of	conservation easeme	ents during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of secand section 170(h)(4)(B)(ii)?	ction 170(h)(4)(B)(i)	· · · · · · Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and include, if applicable, the text of the footnote to the organization's financial statements that deconservation easements	scribes the organiza	tion's accounting for
Pa	Organizations Maintaining Collections of Art, Historical Treasures Complete if the organization answered 'Yes' on Form 990, Part IV, line	s, or Other Simi 8.	lar Assets.
1	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reven art, historical treasures, or other similar assets held for public exhibition, education, or research in Part XIII, the text of the footnote to its financial statements that describes these items	ue statement and bach in furtherance of p	alance sheet works of public service, provide,
	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue shistorical treasures, or other similar assets held for public exhibition, education, or research in following amounts relating to these items	statement and balan furtherance of publi	ce sheet works of art, ic service, provide the
	(i) Revenue included on 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 treasures, or other similar assets for amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	r financial gain, prov	ride the following
	a Revenue included on Form 990, Part VIII, line 1		▶\$
	b Assets included in Form 990, Part X		·

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10,

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		637.		637.
b Buildings		7,200.	3,492.	3,708.
c Leasehold improvements				
d Equipment				
e Other		2,384,191.	606,710.	1,777,481.
Total. Add lines 1a through 1e. (Column (d) must equ	al Form 990, Part X, colu	mn (B), line 10c.)		1,781,826.

BAA

Schedule D (Form 990) 2015

Part VII Investments — Other Securities.	'Vos' on Form 000	Part IV line 11h See Form 900 Part V lin	- 12
(a) Description of security or category (including name of security)	(b) Book value	Part IV, line 11b. See Form 990, Part X, lin (c) Method of valuation Cost or end-of-year market v	
(1) Financial derivatives		(C) Method of Valuation Cost of end-on-year market	value
(2) Closely-held equity interests			
(3) Other			
(A)	-		
(B)			
(C)			
(D)			
(E)			
(F)	-		
(G)	-		
(H)	-		
(1) Total (Column (h) must oqual Form 900, Bart V. column (R) line 12)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12) . ▶ Part VIII Investments — Program Related.	1		
		Part IV, line 11c. See Form 990, Part X, line	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year mark	ket value
(2)			
(3)			
<u>(4)</u> (5)	<u> </u>		
(6)			
(7)			
(8)			<u>-</u> -
(9)			
(10)			
Total (Column (b) must equal Form 990, Part X, column (B) line 13) •	<u> </u>		·
Part IX Other Assets. Complete if the organization answered	'Yes' on Form 990	Part IV, line 11d. See Form 990, Part X, lin	15 م
	escription	(b) Boo	
(1)			
(2)	· · · · · · · · · · · · · · · · · ·		
(3)			
(4) (5)	· · · · · · · · · · · · · · · · · · ·		
(6)			
(7)			
(8)			
(9) (10)			
Total. (Column (b) must equal Form 990, Part X, column (B)	line 15)		
Part X Other Liabilities.	mie 10.)		
Complete if the organization answered 'Yes' on	Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
(a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2) (3)		 	
(4)		 	
(5)	· · ·		
(6)	_		
(7)			
(8)			
(9)			
(10)			
(11)			
Total (Column (b) must equal Form 990, Part X, column (B) line 25). 2. Liability for uncertain tax positions. In Part XIII, provide the text of the form		ancial statements that reports the arganization's liability for and	ain
tax positions under FIN 48 (ASC 740) Check here if the text of the footnote		,	am · · · [

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains (losses) on investments	1
b Donated services and use of facilities	İ
c Recoveries of prior year grants	
d Other (Describe in Part XIII)	
e Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2 e
3 Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3
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 4 a	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	4 c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	
b Prior year adjustments	
b Prior year adjustments	
b Prior year adjustments 2b c Other losses 2c	2 e
b Prior year adjustments 2 b c Other losses 2 c d Other (Describe in Part XIII) 2 d	2 e 3
b Prior year adjustments 2 b c Other losses 2 c d Other (Describe in Part XIII) 2 d e Add lines 2a through 2d	2 e 3
b Prior year adjustments	2 e 3
b Prior year adjustments	2 e 3
b Prior year adjustments	3
b Prior year adjustments	3

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

BAA

Schedule **D** (Form 990) 2015

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

IRELAND WATER UTILITIES, INC

Employer identification number

35-1136371

Pt VI, Line	6 IN	ORDER TO	PURCHASE	WATER Y	OU MUST	BE A MEMBER
Pt VI, Line	7a MEI	MBERS VOTI	E ON THE	GOVERNIN	G BODY	
Pt VI, Line	7b AL	L MAJOR DI	ECISIONS	MUST BE	APPROVED	BY THE MEMBERS
Pt. VI. June	11b TH	E BOARD O	F DIRECTO	RS REVIE	W AND AP	PROVE THIS 990