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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No 1545-0047

2016

Open to Public Inspection

Α	For th	e 2016 calen	dar year, or ta	<u> </u>				6, and	endin	g				
В	Check r	applicable	C Name of organ	nization IR	ELAND WA	TER UTI	LITIES,	INC			D Emplo	yer identifi	cation number	
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	H	nended return	IRELAND				11	4/	545	lives to ac-		receipts \$	720,50	
	L Ap	plication pending	F Name and add	tress of princip	al officer						a group retur		⊢ — '	es X No
			ANDREW HULSM			6 JASPE	R :	IN 47	546	H(D) Are all	subordinates attach a list	s included? (see instruc	tions)	es No
ī	Tax-	exempt status	501(c)(3)	X 501(c) (12) (insert no)	4947(a)(1)	Of	527],		,	,	
J	Wel	bsite: ► N/	A							H(c) Group	exemption n	umber 🕨		
K.	Form	of organization	X Corporation	Trust	Association	Other >		L Year o	f formati	on 196	7 M	State of lega	al domicile	[N
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٧.		Contributions	and grants (Da	-+ \ /	16)								Current	
Φ	8		and grants (Pa		•						<u> </u>	302.		1,285.
Revenue	9 Program service revenue (Part VIII, line 2g)										0.57.1			
ě	1				mn (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							971.		6,061.
•	11										317,			7,481.
	12		e – add lines 8								326,	011.	3]	4,827.
	13		milar amounts			•								
	14 Benefits paid to or for members (Part IX, column (A), line 4)									•				
rA.										56,	044.	6	52,302.	
Expenses	16 a	Professional	fundraising fee:	s (Part IX, d	column (A), line	e 11e)								
Je.		16 a Professional fundraising fees (Part IX, column (A), line 11e)												
X	1 "		•		• • •	_								
	17		ses (Part IX, col						٦	٠ 📗	140,			<u> 35,637.</u>
	18	Total expens	es Add lines 13 s expenses Su	3-17 (must	equal Part∦X,	column (A)	ine 25)	. نه ٠ (كي	.√.	·	196,	431.	1 9	97,939.
	19	Revenue less	expenses Su	btract line 1				$\exists \ddot{a}$	<u></u>		129,	580.	13	L6,888.
8	3				الر	3	0.0.201	ستا	- 11	Beginn	ing of Curre	ent Year	End of	Year
e de la	20	Total assets	(Part X, line 16))	剑	YAM. J≅	0 8 201	0	. .		2,717,	960.	2,87	74,507.
Not Assets	21	Total liabilitie	s (Part X, line 2	26)		<u> </u>		<u>) õ</u>	₹ (628.		6,408.
Ž	22	Net assets of	r fund balances	Subtract I	ıne 21 from lin	6.20 S. (S) E	ARMI.I	17	. }		2,713,	332	2 8 4	58,099.
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Ma	ay ine	ino aiscuss tr	is return with th	ie preparer	snown above	: (see instru	ictions)						X Yes	l No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2016)

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orm 990 (2016)	IRELAND WATER UTILITIES, INC		35-1136371	Page 2
	ement of Program Service Accomplishments			
Check	cif Schedule O contains a response or note to any line in the	nis Part III	<u></u>	· · · · <u>· </u>
1 Briefly descri	be the organization's mission			
TO PROVI	DE DRINKABLE WATER TO THE ORGANIZA	TION MEMBERSHIP		
TO PROVI	DE FIRE PROTECTION FOR THE SURROUN			
2 Did the organ	nization undertake any significant program services during	the year which were not listed on the p	orior	
Form 990 or	990-EZ?	, .	Yes	X No
If 'Yes,' desc	ribe these new services on Schedule O			LI
3 Did the organ	nization cease conducting, or make significant changes in h	now it conducts, any program services	?	X No
if 'Yes,' desc	ribe these changes on Schedule O			ليا
4 Describe the	organization's program service accomplishments for each	of its three largest program services, a	as measured by expense	es
Section 501(organization's program service accomplishments for each c)(3) and $501(c)(4)$ organizations are required to report the	amount of grants and allocations to of	thers, the total expense:	S,
and revenue,	if any, for each program service reported			
				
4 a (Code) (Expenses \$ including gr	ants of \$) (R	Revenue \$)
N/A			~~~~~~	
4 b (Code) (Expenses \$ including gr	ants of S) (F	Revenue \$	
			· · · · · · · · · · · · · · · · · · ·	
			~	
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4 c (Code) (Expenses \$ including gi	rants of \$) (F	Revenue \$	
	,			
			 	
4 d Other progra	am services (Describe in Schedule O)			
		\ (D=1=1)		
(Expenses	\$ including grants of \$) (Revenue \$		
• e lotal broofa	an service expenses ►			

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (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_	ļ 	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for 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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		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			
	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	111		Х
12	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
1;	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes' complete Schedule E	13	<u> </u>	X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	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	146		×
19	5 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
10	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
1	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
1	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
1 ¹	complete Schedule G, Part III	19		Х
-		_		

Page 4 Form 990 (2016) IRELAND WATER UTILITIES, 35-1136371 Checklist of Required Schedules (continued) Yes No Χ 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H 20a b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, 22 Х 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 Χ 23 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 Χ 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 24d 25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I........ 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Ye's,' complete 25b 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 Χ 26 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 Χ 27 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) Χ a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV . . 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b X 28c Χ

Χ Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I. X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete X 32 Χ 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, Χ 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Χ 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Х 38 BAA Form 990 (2016)

Form 990 (2016) IRELAND WATER UTILITIES, INC 35-1136.	371	F	age 5
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			$\cdot \perp$
•		Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0	}	1
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	1	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	X	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
ments, filed for the calendar year ending with or within the year covered by this return 2 a	ᆗ "	X	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	21	1 ^	├
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		 	
	``\ \`	1	
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	48	3	X
b If "Yes," enter the name of the foreign country		1	1
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	. ـ ا	_	×
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			 ↑
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5		 ^
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	· 3	+	┼──
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 .	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	61	b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			1
services provided to the payor?	7		X
b 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	7	_	X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	· -	-	+
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	- 7		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			+ x
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	· -	+-	+
as required?	7	g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7	h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	· · —	`	+
organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9	а	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9	b	<u> </u>
10 Section 501(c)(7) organizations. Enter			-
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		-	
11 Section 501(c)(12) organizations. Enter	ļ	ļ	
a Gross income from members or shareholders	3.	-	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	,	1	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		a	
b if 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12 b		+	+-
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			1
a 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		 	+-
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand	\dashv	-	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14	a	X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O			+-

Form	990 (2016) IRELAND WATER UTILITIES, INC 35-1136371		P	age 6
Part	VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in		d for	
	Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI	· · ·	<u></u>	X
Sect	ion A. Governing Body and Management	— т	V. 1	
4	Catacatha assembas of sectors manufaces of the assertion hads at the and of the tasses.		Yes	No_
	Enter the number of voting members of the governing body at the end of the tax year			
	•	1		
	Enter the number of voting members included in line 1a, above, who are independent 1 b 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		_X_
3	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		X
	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		X
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
7 a	Did the organization have members or stockholders?	6 7 a	X	
	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7 b	Х	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		v	
	The governing body?	8 a	X	
	Each committee with authority to act on behalf of the governing body?	8 b		
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10 a		X
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?	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		_X_
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	L	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15 b		Х
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed >			. – – .
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection, indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O)	availal	ble	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the lax year	e to		
20	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 IN 14545 (8	12)	482-	2015

Form 990 (2016)	TRELAND	WATER	UTILITIES.	TNO

35-1136371

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee											
	Ţ			(C)							
(A) Name and Title	(B) Average hours per	than	one both		inless fficer a truste	e)	n	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	week	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) ANDY HULSMAN	1_1.00										
DIRECTOR	<u> </u>	Х					<u> </u>	1,740.	0.	0.	
(2) ERIC KNIES DIRECTOR	1.00	X						820.	0.	0.	
(3) KEN SCHNAUS DIRECTOR	1.00	Х						1,270.	0.	0.	
(4) RANDY MEHRINGER DIRECTOR	1.00	х						870.	0.	0.	
(5) STAN SCHNAUS DIRECTOR	1.00	х						1,345.	0.	0.	
(6) EARL HULSMAN DIRECTOR	1.00	х						870.	0.	0.	
(7) MATT BUELTEL DIRECTOR	1.00	x						1,270.	0.	0.	
(8) JERRY SANDER HIGHEST COMPENSATED EMPLOYEE	25.00					х		31,038.	0.	0.	
	1.00	Х						670.	0.	0.	
(10) MARTHA KEUSCH KEY EMPLOYEE	40.00				Х			14,777.	0.	0.	
(11) GENE HOPF DIRECTOR	_1.00	X						870.	0.	0.	
(12)					Ĭ						
(13)	 -		† -		\mid					-	
(14)	 	_	<u> </u>	-	 	-	\vdash			ļ 	
	ــــــــــــــــــــــــــــــــــــــ	Щ.	1	Щ.	<u> </u>	<u> </u>	<u> </u>		L	L	

(A) Name and title	(B) Average hours per week	(do	not ch	Posi neck i	tion more rson i	than on s both a or/truste	e n e)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	(list any hours for related organiza - tions below dotted line)	individual trustee 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
(15)										
(16)										
(17)										
(18)					-					
(19)					-		1			
(20)										
(21)		-			-					
(22)										
(23)										
(24)										
(25)										
1 b Sub-total	on A					'	-	55,540.		0.
d Total (add lines 1b and 1c)							ive	55,540. d more than \$100	0. ,000 of reportable co	0. ompensation
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it	ndıvıdual	• • •		•		• • •	•			Yes No
4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater such individual	than \$150	,000?	' <i>If "</i> Y	es,	' cor	nplete	Sc	hedule J for		. 4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' Section B. Independent Contractors	compensa complete	tion fi Sched	om . dule	any <i>J fo</i>	unr r su	elated ch per	org sor	ganization or indiv	ıdual · · · · · · · · · · · · · · · ·	5 X
Complete this table for your five highest compensation from the organization. Report compensation from the organization.	ited indep	ender	nt co	ntra	ctor	s that	rec	eived more than \$	5100,000 of	
(A) Name and business addi		J. 1.10	00.0	-	<u> </u>		21112	(E Description	3)	(C) Compensation
				_						
Total number of independent contractors (including	hut not !	mited	to t	hos	م ادم	ed ab		who room and	ore than	
\$100,000 of compensation from the organization	>							, who received m	vic tilati	F 000 (05:0)
U RN		TEEA	8010	11/	15/16					Form 990 (2016)

. 414		Statement of Revenue Check if Schedule O contains a	respon	se or note to any line	e in this Part VIII			[
	,		•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1aF	ederated campaigns	1 a					
Contributions, Gifts, Grants and Other Similar Amounts	b N	Membership dues	1 b	1,285.		{		
	c F	Fundraising events	1 c					
	d F	Related organizations	1 d					
, <u>E</u>	e (Government grants (contributions)	1 e					
oution ther Si	f A	All other contributions, gifts, grants, and similar amounts not included above	1 f		į			
	g l	Noncash contributions included in lines 1a	1-1f \$		ļ			
<u> </u>	h 1	Total. Add lines 1a-1f			1,285.			
9				Business Code				
Program Service Revenue	2 a							
뿏	b							
Š	C							
3	ď		4					ļ
ᇤ	е							<u> </u>
ਲੈ		All other program service revenue						
_ሴ]	gʻ	Total. Add lines 2a-2f	· · ·					
	•	Investment income (including divident similar amounts)			6,061.	6,061.	0.	0
		Income from investment of tax-ex		}-				ļ
	5	Royalties						
	•	(I) F		(II) Personal		İ		
			<u>, 508</u>		1	1		
		Less rental expenses						
			<u>,508</u>					
i	a	Net rental income or (loss)		(ii) Other	2,508.	2,508.	<u> </u>	
		Gross amount from sales of assets other than inventory		(ii) Other				
		Less cost or other basis and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)		. <u> </u>				
Other Revenue		Gross income from fundraising even (not including. \$	rents					
Ş		of contributions reported on line 1	c)					1
ď	l	See Part IV, line 18		a				1
Ę	b	Less direct expenses		b				}
₹	C	Net income or (loss) from fundral	sing eve	ents · · · · · · ►				<u> </u>
	9 a	Gross income from gaming active See Part IV, line 19	ies	a				
	b	Less direct expenses		b		ĺ		
	С	Net income or (loss) from gaming	activiti	es				
	10 a	Gross sales of inventory, less ret and allowances		a 712,919.				
	ь	Less cost of goods sold		b 405,679.])		
	i	Net income or (loss) from sales of		10070,5.	307,240.	_307,240.	0.	
		Miscellaneous Revenue		Business Code	30,7230.	20,12301		
	11 a							
	b							
	c							
	d	All other revenue			-2,267.	-2,267.	0	. 0
	e	Total. Add lines 11a-11d			-2,267.			 ×
	12	Total revenue. See instructions			314,827.	313,542.	0	. 0

	t IX Statement of Functional Expens				
Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All ot	her organizations must	complete column (A)	
	. Check if Schedule O contains a resp				
	ot include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	9,675.			
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	48,686.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,941.			
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	3,500.			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17 .				
f	Investment management fees				
_	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
_	Advertising and promotion				
13	Office expenses	1,073.			
14	Information technology				
15	Royalties				
16	Occupancy	37,125.			
• •	Travel	5,601.			
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	33,982.			
23	Insurance	8,289.			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
á	REPAIR AND MAINTENANCE	30,595.			
_	POSTAGE	7.879.			
	DUES & SUBSCRIPTIONS	4,593.			
	WATER SAMPLES	3,000.			
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	197,939.			

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Balance Sheet

Part X

(B) (A) Beginning of year End of year 1 449,968 1 748,507. 2 Savings and temporary cash investments 2 413,017 149,636. 3 3 4 4 65,149 60,487. 5 Loans and other receivables from current and former officers, directors, 5 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 7 8 Prepaid expenses and deferred charges 9 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 560,060 10 b 644,183. 781 10 c 915,877 11 Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 14 14 Other assets See Part IV, line 11 15 15 8,000 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 2,717,960 2,874,507 17 17 4,628 6,408 18 18 19 19 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 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 25 <u>6,408</u> Total liabilities. Add lines 17 through 25........... 628 26 4. Organizations that follow SFAS 117 (ASC 958), check here ► and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets...... 27 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 1,608,030 1,645,910. 32 32 Retained earnings, endowment, accumulated income, or other funds 1,105,302 1,222,189. 33 33 2,713,332 2,868,099. 34 960 34 2.717. 2,874,507. BAA Form 990 (2016)

OHN 990 (2016) TRELAND WATER UTILITIES, INC	<u> 35-</u>	11303/		ra	ge 12
Part XI Reconciliation of Net Assets					
Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	. <u></u>		
1 Total revenue (must equal Part VIII, column (A), line 12)		1	3	14,8	27.
2 Total expenses (must equal Part IX, column (A), line 25)		2		97,9	
3 Revenue less expenses Subtract line 2 from line 1		3	1	16,8	88.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4	·-	13,3	
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			
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
column (B))	• • • •	10	2,8	<u>30,2</u>	20.
Part XII Financial Statements and Reporting					
Check if Schedule O contains a response or note to any line in this Part XII			<u></u>	<u> </u>	$\cdot \square$
		,		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					
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?			. 2 a	Χ	Ĺ
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both	ed on a				
Separate basis Consolidated basis Both consolidated and separate basis			1		1
b Were the organization's financial statements audited by an independent accountant?			. 2 b		_X_
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both	ate				
X Separate basis Consolidated basis Both consolidated and separate basis					1
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant?	the aud	ıt, 	. 2c	Х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O					
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	Single 		. 3a		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the re-	quired a	udit			
or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u></u>	. 3b	L	
BAA			Form	990 (2016)

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.

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Open to Public

Inspection

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

Part III Organizations Maintai	ning Collection	ns of Art, Histo	rical Treasures, or	Other Similar Asse	ts (co	ntınue	<u>∍ď)</u>
 Using the organization's acquisition items (check all that apply) 	, accession, and oth	ner records, check a	any of the following that a	re a significant use of its	collectio	n	
a Public exhibition		d Loan o	r exchange programs				
b Scholarly research		e Other					
c Preservation for future general	ions	_					
4 Provide a description of the organiz Part XIII		•	_				
5 During the year, did the organization to be sold to raise funds rather than	n solicit or receive of to be maintained a	donations of art, his	torical treasures, or other zation's collection?	similar assets	Yes		No
Part IV Escrow and Custodial line 9, or reported an ar	nount on Form	990, Part X, line	e organization answ 21	ered Yes on Form	990, P	ап і	,
1 a Is the organization an agent, truste on Form 990, Part X?				ts not included	Yes		No
b If 'Yes,' explain the arrangement in	Par XIII and comp	lete the following tal	DIE		Amount		
c Beginning balance					Mount		
d Additions during the year							
e Distributions during the year							
f Ending balance				1f			
2 a Did the organization include an am				<u> </u>	Yes		No
b If 'Yes,' explain the arrangement in						[]
Part V Endowment Funds. C	omplete if the o	rganization ansv	wered 'Yes' on Form	990, Part IV, line 10	5		
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Fo	ur years	back
1 a Beginning of year balance					<u> </u>		
b Contributions					 		
c Net investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses					<u> </u>		
g End of year balance							
2 Provide the estimated percentage	of the current year	end balance (line 1g	, column (a)) held as				
a Board designated or quasi-endowr	ment -	8					
b Permanent endowment	90						
c Temporarily restricted endowment	•	8					
The percentages on lines 2a, 2b, a	and 2c should equal	100%	•				
3 a Are there endowment funds not in	the possession of t	he organization that	are held and administere	ed for the	Г	Yes	No
organization by					12-(1)	res	No
(i) unrelated organizations					3a(i)		
(ii) related organizations							
b If 'Yes' on line 3a(ii), are the relate	-	•		• • • • • • • • • • • • • • • • • • • •	. 3b		<u> </u>
4 Describe in Part XIII the intended		ation's endowment f	unds				
Part VI Land, Buildings, and		L'Vas' en Farm	000 Bort IV line 11s	Soo Form DOA Br		no 10	
Complete if the organiz			,				
Description of property		ost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) E	300k va	ilue
1a Land	 		100,672.			100	<u>,672.</u>
b Buildings			7,200.	3,677.		3	<u>,523.</u>
c Leasehold improvements							
d Equipment			8,149.	2,898.		- 5	, 251.
e Other	<u></u>		2,444,039.	637,608.	1		,431.
Total. Add lines 1a through 1e (Column	n (d) must equal For	m 990. Part X. colu			<u>_</u>		877

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Part VII		- Other Securities.			
				Part IV, line 11b. See Form 990,	
		gory (including name of secunty)	(b) Book value	(c) Method of valuation Cost or end-	of-year market value
(1) Financial derivatives					
	-held equity interest	s			
(3) Other			<u></u>		
(A)					
(B) (C)					
(D)			 		
(E)					
(F)					
(G)					
(H)					
(1)					
Total (Colum	nn (b) must equal Form 9	90, Part X, column (B) line 12) ▶	<u> </u>	<u> </u>	····, ····-
Part VIII Investments — Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c See Form 990, Part X, line 13					
	(a) Description of		(b) Book value	(c) Method of valuation Cost or end	
(1)	(1)				
(2)		······································			
(3)					
(4)					
(5)					
(6)	 				
(7)	 _				
(8)			 		
<u>(9)</u> (10)		 			
	nn (h) must egual Form 9	990, Part X, column (B) line 13) ►		 	·
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15					
	Complete if the			Part IV, line 11d See Form 990	, Part X, line 15 (b) Book value
(1)		(a) De	escription		(b) Book value
(2)				 	
(3)					
(4)					
(5)					
<u>(6)</u> (7)					
(8)					
(9)					
(10)					
			line 15)		•
Part X	Other Liabiliti	ies.	Form 000 Dort IV line 1	10 or 11f Coo Form 000 Dort V line ()r
		ption of liability	(b) Book value	1e or 11f. See Form 990, Part X, line 2	20
(1) Fede	eral income taxes		(4)		
(2)					
(3)					
(4)		 			
(5)					
(7)					
(8)				 	
(9)					
(10)					
(11)					
		990, Part X, column (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					

Part XIII Supplemental Information.

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

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

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Schedule D (Form 990) 2016

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2016

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

IRELAND WATER UTILITIES, INC

Employer identification number

35-1136371

Pt VI, Line 6 IN ORDER TO PURCHASE WATER YOU MUST BE A MEMBER

Pt VI, Line 7a MEMBERS VOTE ON THE GOVERNING BODY

Pt VI, Line 7b ALL MAJOR DECISIONS MUST BE APPROVED BY THE MEMBERS

THE BOARD OF DIRECTORS REVIEW AND APPROVE THIS 990 Pt VI, Line 11b