Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

of the Treasury

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.

	nal Revenu			ing	nstruotione					IIIspec	CIOII
	Check if a		lendar year, or tax year beginn C Name of organization INDIA	IING NA UTILTIY RATE PA	VED TRUST	, and e	nunig	D Employ	er identif	fication number	
_		, .	Doing business as	INA UTILITI KATE FA	TER INUST				, er identi	noution number	
′	Address c	nange	Number and street (or PO box if i	nail is not delivered to stre	et address)	Room/suite		35-66511	20		
	Name cha	inge	55 MONUMENT CIRCLE								
Π,	Initial retu	m	City or town		State	ZIP code		Ī		•	
ᆜ '	initial retu		INDIANAPOLIS		State IN	46204		(317)848-	1873		
	Final return/	terminated	Foreign country name	Foreign province/state/c	· · · · · · · · · · · · · · · · · · ·	Foreign postal	code				
\Box	Amended	return	r oreign country market	r oroign province/state/e	ounty	, orong , poole.	3335	G Gross r	eceints \$		5,665,000
_				 			T				
	Application	n pending	F Name and address of principal offi					is a group retu	rn for subor	rdinates?	Yes X No
			HOOSIER TRUST COMPAN	Y 55 MONUMENT C	CIRCLE, INC	DIANAPOLIS	H(b) Are	all subordin	ates includ	ded?	Yes No
1 1	ax-exemp	t status	501(c)(3) X 501(c) (4) ◄ (insert no)	4947(a)(1)	or 527	If "	No," attach a	list (see	instructions)	
.1 \	Vehsite	. ► N/A					H(c) Gr	oup exemption	n number	•	
				7		1					
		ganization		Association Othi	er 🕨	L Yes	ar of forma	ition 199	7 M:	State of legal dom	icile IN
ŀ	art I		mmary								
•	1	Briefly d	lescribe the organization's mis	sion or most signific	ant activities	s <u>TO f</u>	PROVID	E FUNDS	TO HE	LP COVER L	EGAL AND
ĕ	ł	OTHER	EXPENSES TO ANY AND AL	L WHO ARE AFFEC	CTED DETR	IMENTALLY	BY UT	ILITY RA	TES AN	D PRACTICE	S
Governance		IN INDIA	ANA								
Ve	2	Check tl	his box ▶ if the organiza	tion discontinued its	operations	or disposed	of more	e than 25%	6 of its r	net assets	
တ္ပ	3	Number	of voting members of the gov		•	,			3		5
ಶ	4	Number	of independent voting member	ers of the governing	body (Parts)	// nine(1b)		7	4		5
ēs	5	Total nu	mber of individuals employed	ın calendar vear 201	16 (Part-V-I	ge-2a)	U		5		0
<u> </u>	6	Total nu	mber of volunteers (estimate i	f necessary)	7	·	٠, ا	اد	6		
Activities &	7a	Total un	related business revenue from	Part VIII. column ((10 to 10	N 1 % 20:	7		7a		0
•	b	Net unre	elated business taxable incom	e from Form 990-T	line 34	2.0:	· 10		7b		0
	 	TVCt drift	nated business taxable incom	C 1101111 01111 000-1, 1	7	2	1 - 1 - 1	Prior Year	1,5	Current	<u>_</u>
	8	Contribi	utions and grants (Part VIII, lin	e 1h)	UG	DEN, U	T		78,000		1,462,341
Revenue	9		n service revenue (Part VIII, lir				 		0,000		1,102,011
Ve.	10		ent income (Part VIII, column		'd)			1	94,757		283,648
æ	11		evenue (Part VIII, column (A),		•	١	 	'	0		1,090
	12		enueadd lines 8 through 11 (n				 		72,757	·	1,747,079
	13		and similar amounts paid (Par			C 12)	╁┈┄		73,946		157,323
9	14		paid to or for members (Part	• •	•		 	·· <u>'</u>	0		137,323
2	15		, other compensation, employee			510\			74,879		82,713
Seg	1			•	, ,	5 5-10)			14,019		02,7 13
ě	16a		ional fundraising fees (Part IX		•	0	3,	· · · · · · · · · · · · · · · · · · ·		♥ , ****	35.0
v & ⊈ ∠U∬ Expenses	b 47		ndraising expenses (Part IX, c			0	<u> </u>	· · · · · · · · · · · · · · · · · · ·		Ž., Y.,	
5	17		xpenses (Part IX, column (A),			25)			8,474	<u> </u>	9,603
•	18		penses Add lines 13-17 (mus		mn (A), line	25)			57,299		249,639
	19	Revenu	e less expenses Subtract line	18 from line 12			 		15,458		1,497,440
ts o	20	Total	note (Dept V. line 40)				Beginn	ing of Curre		End of	
Sala Bala	20		sets (Part X, line 16)				<u> </u>	5,3	95,983		6,893,422
Net Assets or Fund Balances	21		bilities (Part X, line 26)	line 04 frame (in a 00			<u></u>		0:05.000		0 000 400
, - <u></u>	22		ets or fund balances Subtract	line 21 from line 20			J	5,3	95,983	L	6,893,422
	irt II.		Inature Block y, I declare that I have examined this re						les en de de		
			ect, and complete. Declaration of pepa							je	
			11111					1		26/7-	· · · · · · · · · · · · · · · · · · ·
Sig		│ ₹	Signature of officer					Date	} *	-01-1	
He	re		Connie Altman			PRE	SIDEN		-		
			Type or print name and title		 -	1 11	OIDLIN				 -
		Prin	t/Type preparer's name	Preparer's sign	ature		Date	Т		PTIN	
Pa	id		An a brakeman a manna	oparar o sign				·	Check	X (
	eparer	SIE	EPHEN K MILLER	STEPHEN F	(MILLER		5/2	25/2017	self-emp		6210
	e Only		n s name					Firm's EIN	>		
J	o Omy		n's address ► 401 W 63RD ST,,	INDIANAPOLIS IN	46260			Phone no		257-2376	
1/10	the IP		s this return with the preparer			·\		, none no	<u> </u>		<u> </u>
ivid	y the IR	o discus	s this return with the preparer	anown above / (see	instructions	·)				Yes	s X No

157,323

Total program service expenses

4e

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

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

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art	IV Checklist of Required Schedules		r	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	r	Yes	No
•	complete Schëdule 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,			
6	Part III	5_		X
0	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-	 	
•	the environment historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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	1	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
0	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, VIII, IX, or X as applicable	يُّ وَمُنْ الْمُ		\$ 277
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		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	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part	X 11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
2a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X			X
	Schedule D, Parts XI and XII	12a	ļ	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Ye			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13		 X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		X
D	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	145	 	^
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		[\ ,
7	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_ <u>X</u> _
7	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)	47		v
Ω	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	 	X

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	x	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21	 ^- -	<u> </u>
22	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		-	<u> </u>
	organization's current and former officers, directors, trustees, key employees, and highest compensated			ĺ
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		_	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25a	24a	l	Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		L
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		├^
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		٠ ، ،	X
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	1.3	Š.	1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	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	<u>.</u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	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		Χ.
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	├	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	 	X
JJ	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	- 55	╁	 ^
04	III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
b			ļ	
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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			

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

VI

		51129	۲	age 3
Par				\Box
	Check if Schedule O contains a response or note to any line in this Part V.			<u> </u>
4.	Fate the search of the Bar 2 of Farm 4000 Fates 0, fact analysis is	NEG 3	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	7		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	4.35	3.73	332
С	gaming (gambling) winnings to prize winners?	1c	,	`
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		My.	٠.
		کا این ا ا	1944).	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	·	1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		٠,	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ì		
	account)?	4a	<u> </u>	X
b	If "Yes," enter the name of the foreign country	1		*
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			\ \ \ .
	(FBAR)	, .	l '	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_	ļ	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_	ļ	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		┼─
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		×
h	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or	l ba		 ^
b	gifts were not tax deductible?	6b	[ŀ
7	Organizations that may receive deductible contributions under section 170(c).	33.7	ļ. —	 ,
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		٠,	
~	and services provided to the payor?	7a	•	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		† 	\vdash
	required to file Form 8282?	7c		X
d	· · · · · · · · · · · · · · · · · · ·	0 🖽	,	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	3. 3	3 ,	13.
	sponsoring organization have excess business holdings at any time during the year?	8	ļ	ļ
9	Sponsoring organizations maintaining donor advised funds.	32.5	14.	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	ļ	↓
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			12.
a	Initiation fees and capital contributions included on Part VIII, line 12 Cross recents included as Form 600. Bot VIII, line 13, for multiple use of slub feetilities.	-	2.7	1. 1.
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter			1,3
''	Gross income from members or shareholders			#3.3
b	Gross income from other sources (Do not net amounts due or paid to other sources		18.43	
~	against amounts due or received from them)		w,***	1.5
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	34	15-7
b	if "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	,	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	- ,, (()	1 říš d	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	+-
	Note. See the instructions for additional information the organization must report on Schedule O	1.54	19.50	1-7-
b	Enter the amount of reserves the organization is required to maintain by the states in which	* * * * * * * * * * * * * * * * * * * *	, , ,	446
	the organization is licensed to issue qualified health plans	J		
С	Enter the amount of reserves on hand	 ****	<u> </u> ` `.	T (1)
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	T	Х
_ b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2016) Part VI

INDIANA UTILTIY RATE PAYER TRUST

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

10a Did the organization have local chapters, branches, or affiliates? 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 Did the organization have a written document retention and destruction policy? 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? 15a X 15b Other officers or key employees of the organization 15a X 15b Did the organization haves in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X 17b 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 follow a written policy because its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard 15b V 16c V 17c V 18c V	Sect	ion A. Governing Body and Management				
If there are material differences in voting rights among members of the governing body of if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Effect the number of voting members included in line 1a, above, who are independent Describe the number of voting members included in line 1a, above, who are independent Describe officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? Describe officer, director, trustees, or key employees to a management company or other person? Describe officer, director, trustees, or key employees to a management company or other person? Describe officer, director, trustees, or key employees to a management company or other person? Describe officer, director, trustees, or key employees to a management company or other person? Describe on emphers of the organization of a significant diversion of the organization's assets? Describe on emphers of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Describe officer, or persons other than the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? If the governing body? Describe officer director, trustee, or key employee isked in Part VIII, Section A, who cannot be reached at the organization share and address? If "Nos." governing the activates of such chagters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? If "Yes" to the organization have a written operations are consistent with the organization's exempt purposes? If the organization have		•	1		Yes	No
the governing body delegated broad authonly to an executive committee or similar committee, explain in Schedule O be Eiter the number of voting members includes in line 1a, above, who are independent any other officer, director, trustee, or key employee? 3 Del the organization delegate control over management dutes customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Del the organization delegate control over management dutes customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 5 Del the organization have members or key employees to a management company or other person? 6 Del the organization have members of the organization diversion of the organization sasets? 7 Del the organization have members of stockholders or other persons who had the power to elect or appoint one or more members of the governing body? 7 Del the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 Del the organization have the proventing body? 8 Det the organization proventing body? 9 Each committee with authority to act on behalf of the governing body? 9 Each committee with authority to act on behalf of the governing body? 10 Each committee with authority to act on behalf of the governing body? 10 Del the organization is maining address? If "Nos." provide the names and addresses an Schedule O 10 Del the organization have local chapters, branches, or affiliates? 10 If "Yes," did the organization have written policyes in a filiates? 11 Del the organization have local chapters, branches, or affiliates? 12 Del the organization have a written operations are consistent with the organizati	1a		1a 5		7.4	* *****
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55 MONUMENT CIRCLE, STE 800, INDIANAPOLIS, IN 46204		~**************************************	(317)816-4288		<b></b> .	
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(13)

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the

- 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

Position (E) Reportable (F) Estimated (do not check more than one (B) (D) (A) box, unless person is both an Reportable Name and Title Average officer and a director/trustee) compensation compensation amount of hours per Individual trustee or director from related other week (list any Former from Highest compensated employee Officer Institutional trustee Key employee hours for the organizations compensation organization (W-2/1099-MISC) related from the organizations (W-2/1099-MISC) organization below dotted and related organizations line) (1) CHRIS WILLIAMS 2 50 **EXECUTIVE COMMITTEE** 0 00 Х 5,450 (2) ANN BECKER 2 50 0 00 **EXECUTIVE COMMITTEE** Х 5,450 (3) JUNE LYLE 2 50 0.00 Х **EXECUTIVE COMMITTEE** 5,450 (4) ROBERT JOHNSON 2 50 **EXECUTIVE COMMITTEE** 0.00 Х 5,450 (5) RICHARD HILL 2 50 **EXECUTIVE COMITTEE** 0.00 5,450 (6) HOOSIER TRUST COMPANY 4 50 TRUSTEE 0.00 55,463 (10)

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、 (A) Name and title		(B) Average hours per	(C) Position (do not check more than box, unless person is both officer and a director/trus				is both	n an	(D) Reportable compensation	(E) Reportable compensation		(F) Estimated amount of	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	) or	other impensation from the reganization and related ganization	n d
(15)											+		
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1b c	Sub-total Total from continuation sheets to Part VII, Se	ection A				l	<u> </u>	<b>&gt;</b>	82,713		0		(
d 2	Total (add lines 1b and 1c)  Total number of individuals (including but not lir reportable compensation from the organization		ted a		e) v	vho	recei	ved	82,713 I more than \$100	<u> </u>	0		
3	Did the organization list any <b>former</b> officer, dire employee on line 1a? <i>If "Yes," complete Sched</i>	ctor, or trustee,		mpl		e, o	or high	hesi	t compensated		3		No X
4	For any individual listed on line 1a, is the sum of the organization and related organizations greated individual									h	4		X
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye	•			-			_		vidual	5		X
Sec	tion B. Independent Contractors										_ <u>_</u> _		<u> </u>
1	Complete this table for your five highest compe compensation from the organization Report co year										s tax		
-	(A) Name and business add	ress							(B) Description of ser	vices		C) ensation	
								$\vdash$	- <del></del>				(
													-
	Total number of independent contractors (include												

Par

t VIII	Statement of Revenue		

Total revenue   Page			Check if Schedule O contains	a response or n	ote to any line ir	n this Part VIII			
13   Foderated campaigns   1a   0   0   0		*, *				(A)	Related or	Unrelated	Revenue
Page							function	revenue	
Page	as as	1a	Federated campaigns	1a	0	, (1) * )			
Page	rant	b	Membership dues	1b	0				
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Page	S E	1 .		iles ia-ii \$		1 462 241			
Second   S		- ''	Total. Add lines Ta-11		Business Code				
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Other similar amounts	4	g				0	, \$2.1 gg. 1.		7 b / 2 / 5 / 3/2
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10   Personal				empt bond proc	eeds -				
Figure		5	Royalties	(ı) Real	(u) Personal		3 1 1 2 3 3 3 5 1 4	9° ( _ ) 2	350 ° 1 ° 1 ' 1 ' 1 ' 1 ' 1 ' 1 ' 1 ' 1 ' 1
December		60	Cross roots	(i) iveal	(II) I elsonal				
C Rental income or (loss)									
The color of th			,	0	0			1.00	
Table   Gross amount from sales of assets other than inventory   4,012,974   0   0		l .	· · ·	<u>_</u>	<b>&gt;</b>	0	· · · · · · · · · · · · · · · · · · ·	lan in	بحدث گرزن، ر
Page 2   P		_			(ii) Other	.,-21	130 125	去面谈 公療。	381. H288
and sales expenses 3,917,921 0 c Gain or (loss) 95,053 0 d Net gain or (loss) 95,053 0  8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18 a 0 b Less direct expenses b 0 0 c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 a 0 b Less direct expenses b 0 0 c Net income or (loss) from gaming activities See Part IV, line 19 a 0 b Less direct expenses b 0 0 c Net income or (loss) from gaming activities 10a Gross cales of inventory, less returns and allowances a 0 b Less cost of goods sold b 0 c Net income or (loss) from sales of inventory  Miscellaneous Revenue Business Code  11a PRIOR YR ADJ 1,090  d All other revenue 0 0 d All other revenue 0 0 e Total. Add lines 11a-11d  ■ 1,090				4,012,974	0				
C Gain or (loss)   95,053   0   95,053		b	Less cost or other basis						
d Net gain or (loss)  8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18 a 0 0 b Less direct expenses b 0 0 of See Part IV, line 19 a 0 0 of See Part IV, line 19 a 0 of See Part IV, line	1		and sales expenses	3,917,921	0				
8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18 a		С	· · · · · · · · · · · · · · · · · · ·	95,053	0				
8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18 a 0 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross cales of inventory, less returns and allowances a 0 b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11a PRIOR YR ADJ b c d All other revenue e Total. Add lines 11a-11d  ■ 0  O  O  O  O  O  O  O  O  O  O  O  O  O		d	Net gain or (loss)	,					<u> </u>
9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross cales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11a PRIOR YR ADJ b C d All other revenue e Total. Add lines 11a–11d  D 0  D 0  D 0  D 0  D 0  D 0  D 0  D	•	_							
9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross cales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11a PRIOR YR ADJ b C d All other revenue e Total. Add lines 11a–11d  D 0  D 0  D 0  D 0  D 0  D 0  D 0  D	Ž	ва		0					
9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross cales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11a PRIOR YR ADJ b C d All other revenue e Total. Add lines 11a–11d  D 0  D 0  D 0  D 0  D 0  D 0  D 0  D	š			U					
9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross cales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11a PRIOR YR ADJ b C d All other revenue e Total. Add lines 11a–11d  D 0  D 0  D 0  D 0  D 0  D 0  D 0  D	ĕ				n	, , , , , , , , , , , , , , , , , , , ,			
9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross cales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11a PRIOR YR ADJ b C d All other revenue e Total. Add lines 11a–11d  D 0  D 0  D 0  D 0  D 0  D 0  D 0  D	je i	ь			0				
9a Gross income from gaming activities See Part IV, line 19 a 0 b Less direct expenses c Net income or (loss) from gaming activities  10a Gross cales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a PRIOR YR ADJ b C d All other revenue e Total. Add lines 11a-11d  ■ 1,090	ō		•	sing events	<b>&gt;</b>	o		priza s et ~ poi pti rekenos - s	agains, house with the
b Less direct expenses c Net income or (loss) from gaming activities  10a Gross cales of inventory, less returns and allowances a 0 b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a PRIOR YR ADJ b c 0 d All other revenue e Total. Add lines 11a-11d  b 0 0		9a		-		an dist	3% qb		
c Net income or (loss) from gaming activities  10a Gross cales of inventory, less returns and allowances  b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a PRIOR YR ADJ b c d All other revenue e Total. Add lines 11a-11d  □ 0  1,090  □ 1,090  □ 1,090  □ 1,090  □ 1,090  □ 1,090  □ 1,090  □ 1,090  □ 1,090			See Part IV, line 19	a	0				
10a Gross cales of inventory, less returns and allowances  b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a PRIOR YR ADJ b c d All other revenue e Total. Add lines 11a-11d  D 1,090		b	Less direct expenses	b	0				Maria Maria
returns and allowances  b Less cost of goods sold  c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a PRIOR YR ADJ  b 0  c 0  d All other revenue  e Total. Add lines 11a–11d  b 1,090				activities	<b>&gt;</b>	0			
b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a PRIOR YR ADJ 1,090  c 0 d All other revenue e Total. Add lines 11a–11d  b 0 1,090		10a							
c         Net income or (loss) from sales of inventory         ▶         0           Miscellaneous Revenue         Business Code         1,090           b         0         0           c         0         0           d         0         0           d         All other revenue         0           e         Total. Add lines 11a-11d         1,090					0				
Miscellaneous Revenue         Business Code           11a PRIOR YR ADJ         1,090           b         0           c         0           d All other revenue         0           e Total. Add lines 11a-11d         1,090				- (	0	and the state of the second	<b>N</b> liki liki		
11a PRIOR YR ADJ       1,090         b       0         c       0         d All other revenue       0         e Total. Add lines 11a-11d       1,090		C		rinventory	Business Code	, , , , , , , , , , , , , , , , , , ,		, , , , * * , , , , , , , , , , , , , ,	
b       0         c       0         d All other revenue       0         e Total. Add lines 11a-11d       ► 1,090		110	<del></del>		pusiness Code			Land Carlot &	
c       0         d All other revenue       0         e Total. Add lines 11a-11d       ► 1,090			I WOLL LIVADA		··				
d All other revenue  e Total. Add lines 11a–11d  ▶ 1,090						<del> </del>	<del></del>		<del></del>
e Total. Add lines 11a–11d ► 1,090									<del></del>
		_		1	<b>&gt;</b>			1.4 1.40 1.40	
		12			<b>&gt;</b>				0

following SOP 98-2 (ASC 958-720)

Form 9	990 (2016) INDIANA UTILTIY RATE PAYER TRUST			35-66	51129	Page 10
Pai	t IX Statement of Functional Expenses	<del></del>				
Secti	on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other o	rganizations must d	complete column (A	)	
	Check if Schedule O contains a response or note					$\Box$
		(A)	(B)	(C)	(D)	<u> </u>
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundrais	sing
			expenses	general expenses	expens	es
1	Grants and other assistance to domestic organizations	457.000	457.000			? 3*;* *
2	domestic governments See Part IV, line 21 Grants and other assistance to domestic	157,323	157,323			<u> </u>
2	individuals See Part IV, line 22	l	•			
3	Grants and other assistance to foreign				. W.W. &	₹1€1 <u>4.</u> 24. 1
•	organizations, foreign governments, and foreign					.,
	individuals See Part IV, lines 15 and 16	l				
4	Benefits paid to or for members	0		4 4 8 8 26 2		
5	Compensation of current officers, directors,			25. 34.38. 38. 37.77. 1. 46.	<u> </u>	
	trustees, and key employees	82,713		82,713		
6	Compensation not included above, to disqualified	,				
	persons (as defined under section 4958(f)(1)) and					
	persons described in section 4958(c)(3)(B)	0				
7	Other salaries and wages	0			-	
8	Pension plan accruals and contributions (include					
	section 401(k) and 403(b) employer contributions)	0				
9	Other employee benefits	0				
10	Payroll taxes	0				
11	Fees for services (non-employees)					
a	Management	0			<u> </u>	
b	Legal	0		2.500		
Ç	Accounting	3,500		3,500	ļ <u></u>	
d	Lobbying Professional fundraising services See Part IV, line 17	0	a light was			
f	Investment management fees	0				
g	Other (If line 11g amount exceeds 10% of line 25, column				<u> </u>	
9	(A) amount, list line 11g expenses on Schedule O)	l				
12	Advertising and promotion	0				
13	Office expenses	0				
14	Information technology	0				
15	Royalties	0	·			
16	Occupancy	0				
17	Travel	0				
18	Payments of travel or entertainment expenses					
	for any federal, state, or local public officials	0				
19	Conferences, conventions, and meetings	0				
20	Interest	0				
21	Payments to affiliates	0			<u> </u>	
22	Depreciation, depletion, and amortization	0	0	0		
23 24	Insurance Other expenses Itemize expenses not expense	1,679	3 3 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	1,679	3 38 87.	\n.
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If					. 7
	line 24e amount exceeds 10% of line 25, column					
	(A) amount, list line 24e expenses on Schedule O)					rà k
а	FEDERATED SUB ACCT FEE	237		237	, ., .,	X & "
b		257		237		
c	TRAVEL, MEETING AND MISC EXP	4,187		4,187		
d		0		,,107		
е	All other expenses	0				
25	Total functional expenses. Add lines 1 through 24e	249,639	157,323	92,316		C
26	Joint costs. Complete this line only if the	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		32,210		
	organization reported in column (B) joint costs	]				
	from a combined educational campaign and					
	fundraising solicitation Check here ► I if					

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X		_	
			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	175,290	2	209,405
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	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		8	
		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		#** }	Call I Maria
Ş.		organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	0	7	0
٩	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or		waste.	
		other basis Complete Part VI of Schedule D 10a 0			
	b	Less accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	5,220,693	11	6,684,017
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investmentsprogram-related See Part IV, line 11	<u></u>	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,395,983	16	6,893,422
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	<del></del>
	20	Tax-exempt bond liabilities		20	
	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,			
Ĭ		trustees, key employees, highest compensated employees, and		<i>i</i> .	arr di di i
iat		disqualified persons Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	<u> </u>
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete			
	ĺ	Part X of Schedule D	o	25	0
	26	Total liabilities. Add lines 17 through 25	0	26	0
				1. 18 A	
Ś		Organizations that follow SFAS 117 (ASC 958), check here and			
ည		complete lines 27 through 29, and lines 33 and 34.		: /25)	
<u>a</u>	27	Unrestricted net assets		27	
Ä	28	Temporarily restricted net assets		28	
or Fund Balances	29	Permanently restricted net assets		29	
ıΤ	}	Organizations that do not follow SFAS 117 (ASC958), check here		\$\frac{1}{2}\cdot \frac{1}{2}\cdot \frac	
		complete lines 30 through 34.		, ,	
ē	30	Capital stock or trust principal, or current funds	5,395,983	-	6,893,422
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	5,395,983		6,893,422
	34	Total liabilities and net assets/fund balances	5,395,983	34	6,893,422

Check if Schedule O contains a response or note to any line in this Part XI  1 Total revenue (must equal Part XII, column (A), line 12) 2 Total expenses (must equal Part XI, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net urrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 1-1 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Reassets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 11 Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O assert the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basi	Part	XI Reconciliation of Net Assets				
2 2 449 639 3 Revenue less expenses Subtract line 2 from line 1 3 1.497,440 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7   Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 10 Net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Ret assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Ret assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 11 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 12 Ret assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 15 Pinancial Statements and Reporting 16 Check if Schedule O contains a response or note to any line in this Part XII		Check if Schedule O contains a response or note to any line in this Part XI				X
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 2 from line 1  Revenue less expenses Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  Donaled services and use of facilities  Tollivestment expenses  Prior period adjustments  Prior period adjustments  Other changes in net assets or fund balances (explain in Schedule O)  Other changes in net assets or fund balances (explain in Schedule O)  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Prior period adjustments  Other changes in net assets or fund balances (explain in Schedule O)  Other changes in net assets or fund balances (explain in Schedule O)  Other changes in net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, page 14)  Prior period adjustments  To have the financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990	1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,747,	,079
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gams (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Prior period adjustments  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Prior period adjustments  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Prior period adjustments  Other changes in net assets or fund balances (explain in Schedule O)  Prior period adjustments  Other changes in net assets or fund balances (explain in Schedule O)  Accounting method used to orepare the Form 990  Accounting method used to prepare the Form 990  Accounting method used to pr	2		2		249,	639
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Reassets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Check if Schedule O contains a response or note to any line in this Part XII 11 Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 or both Separate basis Consolidated basis or both Separate basis. C	3	Revenue less expenses Subtract line 2 from line 1	3		1,497,	440
6 Donated services and use of facilities   7   1   1   1   1   1   1   1   1   1	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5,395,	983
7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 6,893,422  Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.  1 Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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	5	Net unrealized gains (losses) on investments	5			
Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.  Accounting method used to prepare the Form 990 X Cash 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? 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 Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis. Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant? 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 Separate basis Consolidated basis. Both consolidated and separate basis Consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis or both Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis 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?  If "Yes," id the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  In the organization and of th	6	Donated services and use of facilities	6			
Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.  Accounting method used to prepare the Form 990	7	Investment expenses	7			
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.  Accounting method used to prepare the Form 990 X Cash 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? 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 Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant? 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 Separate basis Consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Both consolidated and separate basis  c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  3a 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?  5 If "Yes," did the organization undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  3b	8	Prior period adjustments	8			
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.  1 Accounting method used to prepare the Form 990		Other changes in net assets or fund balances (explain in Schedule O)	9			-1
Check if Schedule O contains a response or note to any line in this Part XII.    Accounting method used to prepare the Form 990   X   Cash   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?   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	10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
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Accounting method used to prepare the Form 990 X Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  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?  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  Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  3a 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?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  3b If the organization audits, explain why in Schedule O and describe any steps taken to undergo such audits	Part	<del></del>			-	<del>,</del>
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	b					
		required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

# SCHEDULEI (Form 990)

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

▶ Attach to Form 990.

Open to Public

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. General Information on Grants and Assistance INDIANA UTILTIY RATE PAYER TRUST Department of the Treasury Internal Revenue Service Name of the organization

er identification number	35-6651129
crupioy	
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the selection criteria used to award the grants or assistance?	eria used to	award the grant	s or assistance?					X Yes No
2 Describe in Part	IV the organ	ization's proced	ures for monitoring t	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	n the United States			
Partil Grants a	ind Other	Assistance to	Domestic Organ	nizations and Dom	estic Government	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form	ganization answered	"Yes" on Form
990, Pan	t IV, line 21	, for any recip	ient that received	more than \$5,000. F	Part II can be duplic	990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ice is needed.	
f (a) Name and address of organization or government	organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SEE ATTACED				157,323				
(2)								
(3)								
(4)					:			
(5)								
(9)								
(1)								
(8)	1			:				

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

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

8

6

(12)

Schedule I (Form 990) (2016)

### **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.

OMB No 1545-0047

Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service

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

Name of the organization	Employer identification number			
INDIANA UTILTIY RATE PAYER TRUST	35-6651129			
5 OCC DAVID O DOUNDING FIRED				
Form 990, Part XI, Line 9 ROUNDING ERROR				
Form 990, Part VI, Section A, Line 3 INVESTMENT AND MOST ADMINISTRATIVE DECISIONS [	DELEGATED			
TO HOOSIER TRUST CO				
Form 990, Part VI, Section A, Line 8B THE ORGANIZATION HAS AN EXECUTIVE COMMITTEE WHOSE				
RESPONSIBILITIES INVOLVE DETERMINING GRANTS				
Form 990, Part VI, Section A, Line 11 A COPY OF FORM 990 IS PROVIDED HOOSIER TRUST CO FOR				
REVIEW AND FILING				
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