efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Return of Organization Exempt From Income Tax

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

DLN: 93493193004358 OMB No 1545-0047

Open to Public

foundations) Do not enter social security numbers on this form as it may be made public

Department of the Treasur ▶ Information about Form 990 and its instructions is at www IRS gov/form990 Internal Revenue Service Inspection For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017 Name of organization AMERICAN WATER WORKS ASSOCIATION D Employer identification number ☐ Address change 13-5660277 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated Number and street (or P O $\,$ box if mail is not delivered to street address) 6666 WEST QUINCY AVENUE E Telephone number ☐ Amended return ☐ Application pending (303) 794-7711 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 33,287,431 F Name and address of principal officer H(a) Is this a group return for DAVID LAFRANCE ☐Yes ☑No subordinates? 6666 WEST QUINCY AVENUE H(b) Are all subordinates DENVER, CO 80235 ☐Yes ☐No included? Tax-exempt status 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► AWWA ORG L Year of formation 1881 M State of legal domicile IL Summary 1 Briefly describe the organization's mission or most significant activities PROVIDING SOLUTIONS TO EFFECTIVELY MANAGE WATER, THE WORLD'S MOST IMPORTANT RESOURCE Activities & Governance Check this box 🕨 🗌 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 59 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 189 Total number of volunteers (estimate if necessary) . . 6 5,000 7a 2,365,198 7a Total unrelated business revenue from Part VIII, column (C), line 12 **7**b **b** Net unrelated business taxable income from Form 990-T, line 34 187,642 **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 789,658 835,129 **9** Program service revenue (Part VIII, line 2g) . . . 25,913,592 26,750,858 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 326,110 282,614 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,032,548 4,522,206 31,061,908 32,390,807 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 1,988,626 2,035,849 Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15,440,591 15,626,979 **16a** Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶2,278,218 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 14,238,816 13,268,027 31,668,033 30,930,855 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . -606,125 1,459,952 Assets or d Balances End of Year **Beginning of Current Year** 31,603,759 20 Total assets (Part X, line 16) . 36,343,556 21 Total liabilities (Part X, line 26) . 16.639.675 12.602.999 19,703,881 19,000,760 22 Net assets or fund balances Subtract line 21 from line 20 . Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge <u>2018-0</u>7-<u>0</u>6 Signature of officer

Paid **Preparer** Use Only KEVIN MANN CFO Type or print name and title

Sign Here

Print/Type preparer's name KAREN GRIES Preparer's signature KAREN GRIES Date PTIN Check | If P00078514 self-employed Firm's name CLIFTONLARSONALLEN LLP Firm's EIN ► 41-0746749 Firm's address ► 370 INTERLOCKEN BLVD SUITE 500 Phone no (303) 466-8822 BROOMFIELD, CO 80021 May the IRS discuss this return with the preparer shown above? (see instructions) . ✓ Yes 🗆 No

Form	990 (2017)					Page 2
Par	t IIII Statement	of Program Servic	e Accomplis	hments		
	Check if Sched	dule O contains a respo	nse or note to	any line in this Part III		🗹
1	Briefly describe the o					
DEDI	CATED TO MANAGING	AND TREATING WATER	R, THE WORLD'	S MOST IMPORTANT R	ESOURCE WITH APPROXIMAT	D EDUCATIONAL ASSOCIATION ELY 51,800 MEMBERS, AWWA D ENHANCE OUR QUALITY OF
2	-	, -	nt program ser	vices during the year w	hich were not listed on	
	the prior Form 990 o					. 🗌 Yes 🗹 No
	•	se new services on Sch				
3	Did the organization	cease conducting, or m	ake significant	changes in how it cond	lucts, any program	
						. 🗌 Yes 🗹 No
	If "Yes," describe the	se changes on Schedul	e O			
4	Section 501(c)(3) and		ons are required	to report the amount	e largest program services, as of grants and allocations to ot	
4a	(Code) (Expenses \$	8,718,938	ıncludıng grants of \$	1,953,051) (Revenue \$	12,629,583)
	See Additional Data					_
4b	(Code) (Expenses \$	5,249,327	ıncludıng grants of \$	0) (Revenue \$	6,129,509)
	See Additional Data					
4c	(Code) (Expenses \$	5,620,760	ıncludıng grants of \$) (Revenue \$	9,205,182)
	See Additional Data					
-	(Code) (Expenses \$	4,179,488	ıncludıng grants of \$	82,798) (Revenue \$	1,761,253)
	COMMITTEES - INCLUDE WATER WEEK CAMPAIGN		LEMENTATION OF	INFORMATION PROJECTS	, MEDIA RELATIONS, INQUIRIES, A	AND THE NATIONAL DRINKING
4d	Other program service	ces (Describe in Schedu	ıle O)			_
	(Expenses \$	4,179,488 ıncl	udıng grants of	\$ 82,	798) (Revenue \$	1,761,253)
4e	Total program serv	rice expenses ▶	23,768,5	13		

Checklist of Required Schedules

Section 501(c)(3) organizations.

Page 3

No

Nο

Nο

No

Νo

Nο

Nο

No

Nο

Nο

No

No

Νo

Nο

No

Nο

Form **990** (2017)

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

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

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 💆

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Yes

Yes

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 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? 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?

4 5

Yes

Yes

Yes

Yes

Yes

Yes

Yes

11a

11b

11c

11d

11e

11f

12a

13

14a

14h

15

16

17

18

19

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

or X as applicable

29

No

Part IV Checklist of Required Schedules (co	ntınued)
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25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

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," 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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 🔧

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20a 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 21

Yes

Yes

Yes

22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35h

36

37

Yes

Yes

Yes

Form 990 (2017)

Yes

Νo No

Nο

Νo

Nο

orm	990 (2017)			Page
Par				_
	Check if Schedule O contains a response or note to any line in this Part V	•		Ш
	Fortunation according to the Day 2 of Forms 1000 Fortun O. Amet annulus black in the Day 2 of Forms 1477		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 147 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
2a	(gambling) winnings to prize winners?	1c		
	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
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	Yes	
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 account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ►CA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
·	In rest, to line su of sis, and the organization me rount occor in the first in the first in the first in the single sin single single single single single single single single single	5c		
6a	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?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
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?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Par	t VI	Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	' respo	nse to li	_
Sa	ction	Check if Schedule O contains a response or note to any line in this Part VI	• •	• •	✓
36	CLIOII	A. Governing Body and Management		Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year label 1a 59			
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or r committee, explain in Schedule O			
b	Enter	the number of voting members included in line 1a, above, who are independent 1b 59			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other control of the control of trustee, or key employee?	2	Yes	
3		e organization delegate control over management duties customarily performed by or under the direct supervision cers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did th	e organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did th	e organization become aware during the year of a significant diversion of the organization's assets?	5		No
6		e organization have members or stockholders?	6	Yes	
7a		e organization have members, stockholders, or other persons who had the power to elect or appoint one or more pers of the governing body?	7a	Yes	
b	Are ar	ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7b	103	No
8	Did th	ns other than the governing body?			
а		overning body?	8a	Yes	
b	-	committee with authority to act on behalf of the governing body?	8b	Yes	
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se		B. Policies (This Section B requests information about policies not required by the Internal Revenue		·.)	- 140
				Yes	No
10a	Did th	e organization have local chapters, branches, or affiliates?	10a	Yes	
b		s," did the organization have written policies and procedures governing the activities of such chapters, affiliates, ranches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has th	ne organization provided a complete copy of this Form 990 to all members of its governing body before filing the	11a	Yes	
b	Descr	ibe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did th	e organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b		officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	12b	Yes	
С		e organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Jule O how this was done	12c	Yes	
13	Did th	e organization have a written whistleblower policy?	13	Yes	
14	Did th	e organization have a written document retention and destruction policy?	14		No
15		e process for determining compensation of the following persons include a review and approval by independent ns, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The o	rganization's CEO, Executive Director, or top management official	15a	Yes	
b	Other	officers or key employees of the organization	15b	Yes	
	If "Ye	s" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	taxab	le organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a le entity during the year?	16a		No
Ь	ın joir	s," did the organization follow a written policy or procedure requiring the organization to evaluate its participation it venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt swith respect to such arrangements?	16b		
		C. Disclosure	<u>'</u>		
17	List th	ne States with which a copy of this Form 990 is required to be filed AK , AR , CA , CT , FL , CO , ME , MA , MI , NC , ND , OH , OK , OR , PA , WA , WI , VA		, LN , HI	NM,
18	Sectio availa	on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) ble for public inspection. Indicate how you made these available. Check all that apply	,		
		own website 🔲 Another's website 🗹 Upon request 🔲 Other (explain in Schedule O)			
19	Descri policy	ibe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest , and financial statements available to the public during the tax year			
20		the name, address, and telephone number of the person who possesses the organization's books and records ORGANIZATION 6666 WEST QUINCY AVENUE DENVER, CO 80235 (303) 794-7711			

orm 990 (2	rm 990 (2017) Page 7										
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	his	Part V	Ι.			<u> </u>
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees	, an	d H	lighe	st C	Compensated En	nployees	
ear	e this table for all persons require										-
of compensa	of the organization's current off tion Enter -0- in columns (D), (E), and (F) if no	compe	nsatı	on v	vas į	paid			-	
	of the organization's current key		•								
vho received organization	organization's five current high d reportable compensation (Box and any related organizations	5 of Form W-2	and/or E	Зох 7	of F	orm	1099	-MIS	SC) of more than \$1	00,000 from the	
of reportable	of the organization's former office compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	-				
List all operation	of the organization's former dire , more than \$10,000 of reportab	ectors or trust le compensation	ees that n from t	t rece the or	gan	l, ın ızatı	the ca	paci any	ty as a former direc v related organization	tor or trustee of the ons	9
	in the following order individua d employees, and former such p		ectors, i	ınstıtı	utior	nal t	rustee	s, of	ficers, key employe	es, highest	
☐ Check t	his box if neither the organizatio	n nor any relate	ed orgar	nizatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	
	(A) Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	related organizations
See Additiona	al Data Table										

PENNSYLVANIA CONVENTION CENTER AUTHORITY

compensation from the organization ▶ 25

1101 ARCH STREET PHILADELHIA, PA 19107

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Page **8**

		, , .												
(A) Name and Title	(B) Average hours per week (list any hours	than o	one b	ox, t an of	ot che unles fficer	neck mess pers er and a tee)	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (V	N-	amount o compens from t	Estimated mount of other compensation from the		
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensat employee	Former	2/1099-MISC)	2/1099-MISC))	organizati relati organiza	ed		
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See Additional Data Table							\dagger			\top				
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1b Sub-Total	<u> </u>		!	<u></u>	<u>.</u>	<u> </u>	Ш			\top				
c Total from continuation sheets to Pa			•	•		•		1.676.500		#		227.607		
d Total (add lines 1b and 1c)		d to thos		ed a	bov	e) who	o rec	1,676,590 eived more than \$1		0		297,683		
					_						Yes	No		
3 Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i>			:ee, k	ey e	mple •	oyee,	or hi	ghest compensated	employee on	3		No		
For any individual listed on line 1a, is organization and related organization individual									ı the	4	Yes			
5 Did any person listed on line 1a receive services rendered to the organization										5	1,52	No		
Section B. Independent Contract					_									
Complete this table for your five high- from the organization. Report comper	est compensate nsation for the (:d indep calendar	ender r year	nt co enc	ontra Jing	actors with c	that r wit	received more than thin the organization	ı \$100,000 of com n's tax year	npen	sation			
Name a	(A) and business addre	ess						Desc	(B) cription of services		(C Compen			
INNERWORKINGS INC								PRINTING S	ERVICES			712,480		
7503 SOLUTION CENTER CHICAGO, IL 60677														
FREEMAN PO BOX 650036								CONVENTIO	ON MANAGEMENT			577,715		
DALLAS, TX 75265 QUADGRAPHICS INC								PRINTING S	 SERVICES			521,127		
PO BOX 644840									EIVERE			,		
PITTSBURGH, PA 15264 DAVIS GRAHAM & STUBBS								LEGAL SERV	/ICES			373,773		
1550 SEVENTEENTH ST SUITE 500 DENVER, CO 80202														
PENNSYLVANIA CONVENTION CENTER AUTHORITY								CONVENTIC	ON SPACE AND	\dashv		304 492		

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

304,492

CONVENTION SPACE AND

SERVICES

Form 9 Part		(2017) Statement of	Pavanua									Page 9
Paru	V			a respo	onse or note to any	line in t	this Part VII	т				\square
		Check if Schedul	e o contains	и гезре	or note to uny	((A) revenue	Rel e> fu	(B) ated or kempt nction	(C) Unrela busine reven	ted ess	(D) Revenue excluded from tax under sections
	18	a Federated campaig	ns	1a				re	venue			512-514
Grants Imounts	١,	b Membership dues		1b								
3ra nou	١,	c Fundraising events		1c								
S, (d Related organizatio		1d								
Giff		e Government grants (co		1e	482,766							
ıs,	١,	f All other contributions,	, gıfts, grants,		<u> </u>							
er S		and similar amounts n above	ot included	1f	352,363							
Contributions, Gifts, Grants and Other Similar Amounts	,	g Noncash contribution	ons included									
on the	1.	ın lines 1a-1f \$	_									
<u>ہ ت</u>	_L	n Total. Add lines 1a-1	.f	• •	<u>· · · ▶</u>		835,129					
ᇐ					Business							
75.	_	MEMBERSHIP DUES				900099 561499	· ·	29,583 55,130	12,629 8,555			
υ ΩŽ		OCONFERENCES & SEMINE ADVERTISING & SUBSC				511120	·	30,251	1,373		2,357,1	98
3	_	SPONSORSHIP REVENUE				511120		03,236		,236		
ઝુ	е	EDUCATIONAL PROGRA	M FEES			900099	6	50,053	650	,053		
Program Service Revenue	f	All other program se	rvice revenue	<u> </u>			2	82,605	282	,605		
₽		Total.Add lines 2a-2f			2 6,7	750,858						
		Investment income (ii			nterest, and other	1						
		•			•	`	282,61	4				282,614
		Income from investme Royalties				<u>`</u>	1,020,76	0				1,020,760
		Noyanies I I I	(ı) Rea		(II) Personal	╁						
	6a	Gross rents										
	ь	Less rental expenses				+						
	•	Rental income or (loss)										
	d	Net rental income o	r (loss)			1						
			(ı) Securi	ties	(II) Other							
	7a	Gross amount from sales of										
		assets other than inventory										
	b	Less cost or				1						
		other basis and sales expenses				4						
		Gain or (loss) Net gain or (loss)				-						
		Gross income from f			<u> </u>	╁──						
a n		(not including \$		of								
Other Revenue		contributions reporte See Part IV, line 18			}							
Re	b	Less direct expense	s	b								
Jer.		Net income or (loss)		_	ents							
5	Уa	Gross income from g See Part IV, line 19		ies								
				а								
		Less direct expense		Ь								
		: Net income or (loss) Gross sales of invent		activit	ies >	7						
		returns and allowand										
	L	Less cost of goods s		a b		⊣						
		Net income or (loss)			,		2,399,25	8	2,399,258			
		Miscellaneous		IIIVEIII	Business Code							
	11	aTRAVEL REVENUE			90009	9	526,77	6	0			526,776
	b	CAREER CENTER			90009	9	355,19	0	355,190			
					90009		160 22	7	160 227			
	c	CONSULTING INCOM	/IE		90009	1	168,33	<u> </u>	168,337			
	c	I All other revenue .					51,88	5	43,885		8,000	
		Total. Add lines 11a			•	1	· · ·		•			
	12	? Total revenue. See	Instructions				1,102,18		27 260 22-		2 265 425	1 000 15-
					•		32,390,80	<u> </u>	27,360,330		2,365,198	1,830,150

Form 990 (2017)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	inizations must comp	lete column (A)	_
Check if Schedule O contains a response or note to any	line in this Part IX			<u> </u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,653,170	1,653,170		
2 Grants and other assistance to domestic individuals See Part IV, line 22	72,023	72,023		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	310,656	310,656		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,149,514	498,150	651,364	
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	10,499,562	7,015,884	2,657,297	826,381
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,581,304	970,272	498,262	112,770
9 Other employee benefits	1,569,358	961,628	496,920	110,810
10 Payroll taxes	827,241	501,276	269,937	56,028
11 Fees for services (non-employees)				
a Management				
b Legal	297,825	285,364		12,461
c Accounting	115,252	110,095		5,157
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,258,875	2,156,944		101,931
12 Advertising and promotion	1,197,200	780,602		416,598
13 Office expenses	1,815,611	1,619,418	169	196,024
14 Information technology			-	
15 Royalties				
16 Occupancy	2,128,409	1,992,585		135,824
17 Travel	1,140,830	929,373	183,666	27,791

2,445,351

905,413

277,774

227,023

201,021

110,807

146,636

30,930,855

2,433,399

788,197

244,965

197,075

115,672

107,507

24,258

23,768,513

4,391

122,118

4,884,124

7,561

117,216

32,809

29,948

85,349

3,300

260

2,278,218

Form **990** (2017)

18 Payments of travel or entertainment expenses for any federal, state, or local public officials .

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

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ If following SOP 98-2 (ASC 958-720)

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization .

21 Payments to affiliates . . .

expenses on Schedule O) a RECRUITING/TRAINING

c MARKET RESEARCH

e All other expenses

b COMPLIMENTARY PUBLICATI

20 Interest .

23 Insurance .

d

1

30

31

32

33

34

Net

1,258,965

Page **11**

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

	Beginning of year		End of year
Cash-non-interest-bearing	502,695	1	1,
Savings and temporary cash investments	12,311,172	2	6,

6.752.283 2 3 Pledges and grants receivable, net . . . 3 1.038.118 4 1,359,773 Accounts receivable, net . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 5

II of Schedule L 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) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets Notes and loans receivable, net . Inventories for sale or use . 803.270 8

1.893.103 1,037,409 517.086 9 680.655 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 21,310,423 10a basis Complete Part VI of Schedule D 14,227,550 7,082,873 7.159.500 10c b Less accumulated depreciation 10b

11 Investments—publicly traded securities . 11 13.916.000 12 12 Investments—other securities See Part IV, line 11 . 13 13 Investments—program-related See Part IV, line 11 14 14 Intangible assets 95.715 15 15 Other assets See Part IV, line 11 . 36,343,556 16 **Total assets.**Add lines 1 through 15 (must equal line 34) . . . 16

300.844 11.146.000 91.854 31,603,759 17 Accounts payable and accrued expenses 2,682,950 17 2,615,852 18 18 Grants payable . . . 19 9,775,155 19 9,987,147 Deferred revenue . . .

Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees,

Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . 22 23 23 Secured mortgages and notes payable to unrelated third parties . . .

24 24 Unsecured notes and loans payable to unrelated third parties . Other liabilities (including federal income tax, payables to related third parties, 4.181.570 25 25 and other liabilities not included on lines 17-24)

Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 . 16,639,675 26 12,602,999

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and complete lines 27 through 29, and lines 33 and 34. 17.845.012 27 17.088.919

27 Unrestricted net assets 28 461,288 28 Temporarily restricted net assets

Fund Balances 514,260 1.397.581 1.397.581 29 29 Permanently restricted net assets

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34. Assets or

30

31 32

33

34

19,000,760

31.603.759

Form **990** (2017)

19,703,881

36.343.556

Capital stock or trust principal, or current funds

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Page **12**

✓

No

No

No

Form **990** (2017)

Yes

Yes

Yes

2a

2b

2c

3a

3b

ŀ	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	
5	Net unrealized gains (losses) on investments	5	
5	Donated services and use of facilities	6	
,	Investment expenses	7	

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

If the organization changed its method of accounting from a prior year or checked "Other," explain in

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both ✓ Separate basis

Audit Act and OMB Circular A-133?

Form 990 (2017)

Schedule O

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	

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	-2,160,280
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	19,000,760
Par	XII Financial Statements and Reporting		

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

Additional Data

Software ID:

Software Version:

EIN: 13-5660277

Name: AMERICAN WATER WORKS ASSOCIATION

Form 990 (2017)

Form 990, Part III, Line 4a:

SUPPORT TO MEMBERS TO STRENGTHEN THE WATER COMMUNITY THE ASSOCIATION HAD 51,790 MEMBERS AT 12/31/17

MEMBER SECTION SERVICES - PLANS/COORDINATES EFFORTS TO STIMULATEENROLLMENT OF MEMBERS IN THE ASSOCIATION AND TO PROVIDE INFORMATION AND

Form 990, Part III, Line 4b: PUBLICATIONS AND SUBSCRIPTIONS INCLUDES PUBLICATION AND SALE OF BOOKS, MANUALS, HANDBOOKS, REPORTS, ETC. FOR USE BY THE PUBLIC AND WATER

INDUSTRY

CONFERENCES, MEMBERSHIP CONFERENCES AND ONLINE EDUCATIONAL PROGRAMS WHERE ALL PHASES OF WATER TREATMENT AND DISTRIBUTION OPERATIONS ARE DISCUSSED TO ASSIST WATER UTILITIES TO PROVIDE BETTER PUBLIC SERVICES SIX (6) CONFERENCES WERE HELD SERVING APPROXIMATELY 14,500 ATTENDEES

Form 990, Part III, Line 4c:

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation

	any hours		a dır	ecto	or/tr	ustee))	organization	organizations	from the
	for related organizations below dotted line)		Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
BRENDA LENNOX PRESIDENT ELECT	1 00	×		×				0	0	0
DAVID E RAGER BOARD MEMBER	1 00	x						0	0	0
JEANNE M BENNETT-BAILEY PRESIDENT	1 00	x		х				0	0	0
AUREL M ARNDT	1 00									

0

0

BOARD MEMBER					
JEANNE M BENNETT-BAILEY PRESIDENT	1 00	x	x		
AUREL M ARNDT TREASURER	1 00	×	x		
GRAHAM GAGNON	1 00				

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and Independent Contractors

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BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

ALAN FORREST

BOARD MEMBER

STEVE CONRAD

BOARD MEMBER

SUE MOSBURG

BOARD MEMBER

DAVID PERSINGER

..........

JAMES L WATTERSON

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation and a director/trustee) any hours organizations from the organization

,	for related	and	a dir	ecto		rustee)		organization	organizations	from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
PHIL HOLDERNESS BOARD MEMBER	1 00	x						0	0	0
GARY GECK BOARD MEMBER	1 00	х						0	0	0
RAY BARAL JR BOARD MEMBER	1 00	х						0	0	0
ANA MARIA GONZALEZ BOARD MEMBER	1 00	x						0	0	0
PETER JOHNS	1 00	×					Г	0	0	0

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BOARD MEMBER
ANA MARIA GONZALEZ
BOARD MEMBER
PETER JOHNS
BOARD MEMBER

DARYL K HIROMOTO

BOARD MEMBER

BOARD MEMBER

DUANE GILLES

BOARD MEMBER

D GERARD YATES

BOARD MEMBER

BOARD MEMBER

JON MARTENS

THERESA OGRADY

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours from the

organization

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organizations

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	£				•			1 11 2 11 200	(14, 2/1000	avannuantion and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
MIKE ORTH BOARD MEMBER	1 00	Х						0	0	0	
BRAD MONTGOMERY BOARD MEMBER	1 00	х						0	0	0	
CARLOS GARCIA SALAZAR BOARD MEMBER	1 00	х						0	0	0	
MARK M COLEMAN BOARD MEMBER	1 00	X						0	0	0	
PETE MOULTON BOARD MEMBER	1 00	X						0	0	0	

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CURTIS SKOUBY

BOARD MEMBER

GREG LUKASIK

BRUCE DVORAK

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

MICHAEL HOOKER

STEPHEN R BLANKENSHIP

....... BOARD MEMBER

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

	any nours	and	a dir	ecto	-	ustee))	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
DAVID G POLCARI BOARD MEMBER	1 00	x						0	0	0	
BRIAN TRIPP BOARD MEMBER	1 00	x						0	0	0	
TIMOTHY PAUSTIAN BOARD MEMBER	1 00	х						0	0	0	
LORRIE BROWN BOARD MEMBER	1 00	x						0	0	0	
RAY MILLER	1 00	×						0	0	0	

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BOARD FILTIBLE
LORRIE BROWN
BOARD MEMBER
RAY MILLER
BOARD MEMBER

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KARI DUNCAN

BOARD MEMBER

LIESEL M GROSS

BOARD MEMBER

BOARD MEMBER

YANICK FORTIER

BOARD MEMBER

BOARD MEMBER

KEVIN BERGSCHNEIDER

ELPIDIO GONAZALEZ

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation

	any hours		a dır	recto	or/tr	ustee))	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
FRED YANDLE BOARD MEMBER	1 00	х						0	0	0	
MITCH KANNENBERG BOARD MEMBER	1 00	х						0	0	0	
BEN BRIDGES BOARD MEMBER	1 00	х						0	0	0	
BILL SMITH BOARD MEMBER	1 00	Х						0	0	0	

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BEN BRIDGES
BOARD MEMBER
BILL SMITH
BOARD MEMBER
BEATE WRIGHT

......

BOARD MEMBER

MATT STANLEY

BOARD MEMBER

BOARD MEMBER

NANCY QUIRK

BOARD MEMBER

LINDSEY OLSON

BOARD MEMBER

BOARD MEMBER

MARSHALL THOMPSON

PAUL WOBMA

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation from the

	any hours for related	1		recto		rustee)	· 1	organization	organizations	from the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
SALLY MILLS-WRIGHT BOARD MEMBER	1 00	x						0	0	0	
RANDY MOORE BOARD MEMBER	1 00	х						0	0	0	
JOE JACANGELO BOARD MEMBER	1 00	x						0	0	0	
JEFF ZDROJEWSKI BOARD MEMBER	1 00	x						0	0	0	
MELISSA ESSEX ELLIOTT	1 00										

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JEFF ZDROJEWSKI
BOARD MEMBER
MELISSA ESSEX ELLIOTT
BOARD MEMBER

.......

DAVID WILKES

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

CHUCK MURRAY

BOARD MEMBER

GENE C KOONTZ

IMMEDIATE PAST PRESIDENT

CHI HO SHAM

KURT VAUSE

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	ally flours	anu	a uii	ecti		ustee,	'	Organization	organizations	moniture	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
JAMES HANNAM BOARD MEMBER	1 00	x						0	0	0	
THOMAS S WOLF BOARD MEMBER	1 00	х						0	0	0	
STEVE DENNIS BOARD MEMBER	1 00	x						0	0	0	
JOHN C MOORE BOARD MEMBER	1 00	x						0	0	0	
JACQUELINE W TORBERT	1 00										

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JOHN C MOORE
BOARD MEMBER
JACQUELINE W TORBERT
BOARD MEMBER

KEN OTA

BOARD MEMBER

TERRY MCGHEE

SCOTT PAXMAN

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

JON EATON

DANIEL SALAS LIMON

........ BOARD MEMBER

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average compensation hours per than one box, unless compensation amount of other person is both an officer from the week (list from related compensation any hours and a director/trustee) organization organizations from the

	any nours	and	a dir	ecto	or/tr	ustee)	'	organization	organizations	from the
	for related organizations below dotted line)		Institutional Trustee		key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
LOGAN MCINNIS BOARD MEMBER	1 00	×						0	0	0
CLIFF SHRIVE BOARD MEMBER	1 00	х						0	0	0
CLAYTON EDWARDS BOARD MEMBER	1 00	X						0	0	0
DAVID SCHOLLER	1 00	×						0	0	0

BOARD MEMBER DAN LIMACHER

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BOARD MEMBER

UMA S VEMPATI

BOARD MEMBER

PETE SAMSON

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

DAVID LAFRANCE

CHIEF EXECUTIVE OFFICER

DR EMILIO M COLON

DR JAMES P MALLEY

and Independent Contractors

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49,853

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation

and Independent Contractors

DIRECTOR PUBLISHING

CHEIF INFORMATION OFFICER

SR TERRITORY SALES MGR

DIRECTOR - FEDERAL RELATIONS

......

JOSEPH THIELEN

NANCY MORTVEDT

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours	and	a dır	ecto	or/tr	ustee)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
PAULA MACILWAINE DEPUTY CEO	40 00			×				236,021	0	47,708
GEORGE TRACY MEHAN EXECUTIVE DIRECTOR	40 00			x				221,088	0	40,790
KEVIN MANN CHIEF FINANCIAL OFFICER	40 00			×				181,504	0	42,049
SUSAN FRANCESCHI CHIEF MEMBERSHIP OFFICER	40 00					х		157,507	0	26,131
GABOR ZSOLT STUBERER	40 00									

13,440

24,357

38,654

14,701

0

146,275

129,405

124,958

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CHIEF FINANCIAL OFFICER					202,00	l
SUSAN FRANCESCHI	40 00			, , , , , , , , , , , , , , , , , , ,	157 507	
CHIEF MEMBERSHIP OFFICER				Х	157,507	1
GABOR ZSOLT SILBERER	40 00					
				Х	149,334	1

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efil	e GR/	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9:	3493193004358
SC	H ED m 99	ULE A		Public (Charity Staturganization is a sect	ion 501(c)(3)	organization o	ort	OMB No 1545-0047 2017
	ŕ		▶ Inf	ormation abou	► Attach to Form It Schedule A (Form	990 or Form 99	0-EZ.	uctions is at	Open to Public
Interna	ıl Reven	the Treasury		or mation abou		ov/form990.	, and its mistru		Inspection
		he organiza ATER WORKS .						Employer identific	ation number
Pa	rt I	Reason	for Public	Charity State	us (All organization	s must comple	te this part) 9	13-5660277	
					it is (For lines 1 thro			dee mstructions.	
1	П	A church, c	onvention of	churches, or as	sociation of churches	described in sec t	tion 170(b)(1)	(A)(i).	
2	\Box	A school de	scribed in se	ction 170(b)(1)(A)(ii). (Attach Scl	nedule E (Form 9	90 or 990-EZ))		
3		A hospital o	or a cooperat	ive hospital serv	vice organization desc	rıbed ın section	170(b)(1)(A)(iii).	
4			esearch orga and state _	nızatıon operat	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		(b)(1)(A)	(iv). (Comple	ete Part II)	t of a college or unive				ped in section 170
6		A federal, s	tate, or local	government or	governmental unit de	escribed in sectio	on 170(b)(1)(A	\)(v).	
7				mally receives (vi). (Complete	a substantial part of it Part II)	s support from a	governmental u	init or from the genera	al public described in
8		A communi	ty trust desc	ribed in section	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a
10	✓	from activit	ies related to income and	its exempt fun unrelated busin	(1) more than 331/39 ctions—subject to cer ess taxable income (19 mplete Part III)	taın exceptions, a	and (2) no more	than 331/3% of its su	pport from gross
11		An organiza	ition organize	ed and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported:	organizations of	l exclusively for the be described in section 5 the type of supporting	i09(a)(1) or se d	ction 509(a)(2). See section 509(a	e purposes of one or)(3). Check the box
а		Type I. A so	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or c appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A manageme	supporting on t of the sup	rganızatıon sup portıng organıza	ervised or controlled i				
С		Type III f	unctionally		and C. supporting organizatio ons) You must com				ted with, its
d		Type III n functionally	on-function integrated	ally integrated The organization	d. A supporting organ n generally must satis t IV, Sections A and	ization operated fy a distribution i	ın connection wi requirement and	th its supported orgar	
e		Check this	box if the org	anızatıon receiv	ved a written determir	nation from the II		pe I, Type II, Type II	functionally
f	Enter			on-functionally lorganizations	integrated supporting	organization			
g				_	ipported organization((s)			
		Name of supp organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? (v) Amount of monetary support other sup (see instructions)			
						Yes	No		
.									
Tota		wante Dade	Linu A-L NI-	ice, see the Ir		Cat No 11285		 Schedule A (Form 9	

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part									
III. If the organization fails to qualify under the tests listed below, please complete Part III.)									
Section A. Public Support						_			
Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
Gifts, grants, contributions, and									

1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from						
	line 4						
_ \$	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b) 2014	(c)2015	(d)2016	(e) 2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	- ·						
11	Total support. Add lines 7 through						

	line 4						
S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, e	tc (see instructio	ns)			12	
13	First five years. If the Form 990 is for	the organization	's fırst, second, th	ırd, fourth, or fıfth	n tax year as a sec	tion 501(c)(3) or	ganızatıon,
	check this box and stop here					🕨	
S	ection C. Computation of Public			_	•	•	
14	Public support percentage for 2017 (line		14				

ightharpoonupand stop here. The organization qualifies as a publicly supported organization

15 Public support percentage for 2016 Schedule A, Part II, line 14 16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14

is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ organization b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017

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P	Support Schedule to							D
	(Complete only if you the organization fails t						y unaei	Part II. If
Se	ection A. Public Support	o quanty ander t	ine tests listed i	selow, piedse co	impiece i die iii)	<u> </u>		
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 20	17	(f) Total
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(6) 2013	(u) 2016	(e) 20		(I) Total
1	Gifts, grants, contributions, and membership fees received (Do not	83,891	126,399	786,699	789,658	g	35,129	2,621,776
	include any "unusual grants ")	05,051	120,399	700,033	769,030		33,129	2,021,770
2								
	merchandise sold or services							
	performed, or facilities furnished in	27,583,506	28,336,783	29,241,857	28,847,198	29,8	21,781	143,831,125
	any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or	408,953	598,989	411,334	519,375	5	26,776	2,465,427
	business under section 513	,	,	,	,	_		_, ,
4	Tax revenues levied for the							
•	organization's benefit and either							
	paid to or expended on its behalf							
_	Th							
5	The value of services or facilities furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5	28,076,350	29,062,171	30,439,890	30,156,231	31,1	83,686	148,918,328
7a	Amounts included on lines 1, 2, and							C
	3 received from disqualified persons Amounts included on lines 2 and 3	+						
D	received from other than							
	disqualified persons that exceed the							C
	greater of \$5,000 or 1% of the							
_	amount on line 13 for the year							
8	Add lines 7a and 7b Public support. (Subtract line 7c	+						
•	from line 6)							148,918,328
Se	ection B. Total Support			•			•	
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 20	17	(f) Total
	(or fiscal year beginning in) ▶	• •	· · ·		• •			
9		28,076,350	29,062,171	30,439,890	30,156,231	31,1	83,686	148,918,328
10a	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties	1,013,697	1,035,995	1,167,439	1,287,102	1,3	03,374	5,807,607
	and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from							
	businesses acquired after June 30,	331,483	385,304	300,480	210,532	2	24,959	1,452,758
	1975							
С	Add lines 10a and 10b	1,345,180	1,421,299	1,467,919	1,497,634	1,5	28,333	7,260,365
11	Net income from unrelated							
	business activities not included in line 10b, whether or not the							
	business is regularly carried on							
12						_		
	or loss from the sale of capital	344,806	375,713	438,998	487,599	5	75,412	2,222,528
13	assets (Explain in Part VI) Total support. (Add lines 9, 10c,							
	11, and 12)	29,766,336	30,859,183	32,346,807	32,141,464		87,431	158,401,221
14	First five years. If the Form 990 is f	or the organization	's fırst, second, th	ıırd, fourth, or fıfth	tax year as a sec	ction 501(:)(3) org	anızatıon,
	check this box and stop here							ightharpoons
_Se	ection C. Computation of Public	Support Perce	ntage					
15	Public support percentage for 2017 (li	ne 8, column (f) d	ivided by line 13,	column (f))		15		94 010 %
16	Public support percentage from 2016	Schedule A, Part II	II, line 15			16		94 020 %
Se	ection D. Computation of Invest	tment Income	Percentage			- 1		
17	Investment income percentage for 20			line 13, column (f))	17		4 580 %
18	Investment income percentage from 2	2016 Schedule A,	Part III, line 17			18		4 680 %
	331/3% support tests—2017. If the			on line 14, and line	e 15 is more than		and line	
	more than 33 1/3%, check this box and							▶ ☑

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is

not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

ightharpoons

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes

5b

5c

7

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1	İ	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)			
	in section 309(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	İ	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination	3b		

b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination						
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?						
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use						
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you						
	checked 12a or 12b in Part I, answer (b) and (c) below						
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported						

				3.			
С	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use						
		3с					
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below						
							b
_	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or		$\overline{}$				
	supervised by or in connection with its supported organizations	4b					
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections						
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support						
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes						
	to the foleigh supported organization has used exclusively for section 17 o(c)(2)(b) purposes						
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and						

			, ,	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing		
	organization's supported organizations? If "Yes," provide detail in Part VI.	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a		
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

the organization had excess business holdings)

8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"		
	complete Part I of Schedule L (Form 990 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		i

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defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
                                                                                                                              9a
```

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

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9b
Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
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Pa	rt IV Supporting Organizations (continued)			-9
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
5	ection C. Type II Supporting Organizations			
	cetion c. Type 11 Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
s	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

3	Administrative expenses paid to accomplish exempt purposes of supported organizations	<u> </u>
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI) See instructions	
7	Total annual distributions. Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

8	Distributions to attentive supported organizations to wh details in Part VI) See instructions	sive (provide		
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			

ich the organization is respons	sive (provide	
(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
	(i)	(1) Underdistributions

9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			_
d From 2015			

e From 2016. f Total of lines 3a through e

d Excess from 2016. . . . e Excess from 2017.

instructions)

g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount

c Remainder Subtract lines 4a and 4b from 4		
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
7 Excess distributions carryover to 2018. Add lines 3 ₁ and 4c		

lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
7 Excess distributions carryover to 2018. Add lines 3 ₁ and 4c		
8 Breakdown of line 7		
a Excess from 2013		
b Excess from 2014		
c Excess from 2015		

Schedule A (Form 990 or 990-EZ) (2017)



SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

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

DLN: 93493193004358

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Inspection

	Section 501(c) (other than section 5 Section 527 organizations Complet	e Part LA only	I-A and C below	Do not complete Part 1-B	
		n Form 990, Part IV, Line 4, or Form 9	90-EZ, Part VI, Im	ne 47 (Lobbying Activities	s), then
•	Section 501(c)(3) organizations that	have filed Form 5768 (election under s	ection 501(h)) Co	mplete Part II-A Do not co	omplete Part II-B
		t have NOT filed Form 5768 (election un			
	e organization answered "Yes" or xy Tax) (see separate instruction:	n Form 990, Part IV, Line 5 (Proxy Tax	i) (see separate ii	nstructions) or Form 990	-EZ, Part V, line 35c
	Section 501(c)(4), (5), or (6) organiz				
	me of the organization ERICAN WATER WORKS ASSOCIATION			Employer ider	ntification number
AMI	ERICAN WATER WORKS ASSOCIATION			13-5660277	
Par	t I-A Complete if the organ	nization is exempt under sectio	n 501(c) or is	a section 527 organi	zation.
1	Provide a description of the organ "political campaign activities")	ization's direct and indirect political can	npaign activities in	Part IV (see instructions i	for definition of
2	Political campaign activity expend	itures (see instructions)		>	\$
3	Volunteer hours for political camp	aign activities (see instructions)			
Par	t I-B Complete if the organ	nization is exempt under sectio	n 501(c)(3).		
1	Enter the amount of any excise ta	ex incurred by the organization under se	ction 4955	>	\$
2	Enter the amount of any excise ta	ix incurred by organization managers ur	nder section 4955	>	\$
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for t	hıs year?		🗌 Yes 🔲 No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
		nization is exempt under sectio			
1	·	ed by the filing organization for section	•		\$
2	Enter the amount of the filing org function activities	anızatıon's funds contributed to other o	rganizations for se	ection 527 exempt	\$
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and or	Form 1120-POL,	line 17b ►	\$
4	Did the filing organization file For	m 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly delivere ee (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organization's funds olitical organization, such a	Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
1					
5					
5					
or P	aperwork Reduction Act Notice, see t	l the instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule C (Form 990 or 990-EZ) 2017

122,945

250,000

18,700

185,108

250,000

24,406

201,008

250,000

37,324

221,171

250,000

33,702 Schedule C (Form 990 or 990-EZ) 2017

6,000,000

730,232

1,000,000

1,500,000

Lobbying ceiling amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2017

Return Reference

activity

(b)

Amount

(a)

No

Yes

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year С Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

SCHEDULE D

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.

DLN: 93493193004358 OMB No 1545-0047

Open to Public

Department of the Treasury

(Form 990)

► Attach to Form 990.

Na	al Revenue Service Information about Schedule D (Forme of the organization ERICAN WATER WORKS ASSOCIATION				ntification number
. 4111				13-5660277	
Pa	Organizations Maintaining Donor Advisor Complete if the organization answered "Ye			or Accounts.	
_		(a) Donor a	dvised funds	(b)Funds	and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex		assets held in donor a	dvised funds are t	the Yes No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?				
Pa	rt III Conservation Easements. Complete if th	ne organization ans	wered "Yes" on For	m 990, Part IV,	
1	Purpose(s) of conservation easements held by the organ	-			
	\square Preservation of land for public use (e g , recreation	n or education)	Preservation of ar	historically impo	ortant land area
	Protection of natural habitat	. [Preservation of a	certified historic s	structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation	contribution in the fo		tion t the End of the Year
а	Total number of conservation easements			2a	the End of the Year
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic	c structure included i	n (a)	2c	
d	Number of conservation easements included in (c) acquistructure listed in the National Register	red after 8/17/06, ar	d not on a historic	2d	
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguis	hed, or terminated by	the organization	during the
4	Number of states where property subject to conservation	n easement is located	i ▶		
5	Does the organization have a written policy regarding that and enforcement of the conservation easements it holds		, inspection, handling	of violations,	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of viol	ations, and enforcing c	onservation easei	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violations	, and enforcing consei	vation easements	s during the year
8	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)^{2}$	above satisfy the red	uirements of section 1	.70(h)(4)(B)(ı)	☐ Yes ☐ No
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organ			
Par	t IIII Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historical s" on Form 990, Pa	Treasures, or Oth art IV, line 8.	ner Similar As	sets.
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, edu	cation, or research in		
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publically following amounts relating to these items				
((i) Revenue included on Form 990, Part VIII, line 1			> \$	
(ii)Assets included in Form 990, Part X			▶ \$	
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS			ancıal gaın, provic	de the
а	Revenue included on Form 990, Part VIII, line 1			▶ \$	
b	Assets included in Form 990, Part X			▶ \$	
or	Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Cat No.	52283D Sche	edule D (Form 990) 20

	dule D (Form 990) 2017							Page 2
Par	t IIII Organizations Maintaining Col	ections of Art,	Historical Tre	asures, or Other	Similar Asset	(contin	ued)	
3	Using the organization's acquisition, accession items (check all that apply)	n, and other records	, check any of th	e following that are	a significant use o	its colle	ction	
а	Public exhibition		d □ ι	oan or exchange pro	grams			
b	Scholarly research		e 🗌 (Other				
C	Preservation for future generations							
4	Provide a description of the organization's coll Part XIII	ections and explain	how they furthe	r the organization's e	exempt purpose in			
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to				milar	Yes	□ N	0
Pa	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		rm 990, Part I	V, line 9, or report	ed an amount o	n Form	990,	Part
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?	an or other intermed	diary for contribu	itions or other assets	_	Yes	□ N•	0
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table		Amou	nt		_
c	Beginning balance	and complete the h	onowing table	1c				_
d	Additions during the year			1d				_
e	Distributions during the year			1e				_
f	Ending balance			1f				_
2 a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for escrow of	or custodial account l	ıabılıty?	Yes	□ N	_
b	If "Yes," explain the arrangement in Part XIII				XIII			
Pa	rt V Endowment Funds. Complete if					11 ()5		
1a	Beginning of year balance	(a)Current year 1,880,144	(b) Prior year 1,860,4		(d) Three years ba		ur year 1.8	s back 347,139
	Contributions	35,092	32,3		<u> </u>	_		40,453
	Net investment earnings, gains, and losses	29,100	27,4		, , , , , , , , , , , , , , , , , , ,			28,321
	Grants or scholarships	54,381	40,0	77,48	9 67,4	47		62,000
	Other expenditures for facilities and programs	· · ·	<u> </u>		,	+		<u> </u>
f	Administrative expenses				2	32		
g	End of year balance	1,889,955	1,880,1	44 1,860,41	5 1,854,6	31	1,8	353,913
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, colum	n (a)) held as	•			
а	Board designated or quasi-endowment ▶	2 590 %						
Ь	Permanent endowment ► 73 950 %							
С	Temporarily restricted endowment ► 23 4	60 %						
	The percentages on lines 2a, 2b, and 2c should	ld equal 100%						
3а	Are there endowment funds not in the posses	sion of the organiza	tion that are hel	d and administered fo	or the	г	Yes	- N-
	organization by (i) unrelated organizations					3a(i)	res	No No
	(ii) related organizations					3a(ii)	$\overline{}$	No
b	If "Yes" on 3a(II), are the related organization	s listed as required	on Schedule R?			3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds					
Pa	rt VI Land, Buildings, and Equipmer							
	Complete if the organization answ Description of property (a) Cost or oth		rm 990, Part I' t or other basıs (otl			(d) Boo		
	Description of property (a) Cost or oth (investme		corouner basis (Ott	(c) Accumulaced	чергестация	(4) 500	ik value	=
12	Land		252	,423				252,423
	Buildings		10,934		5,432,074			,502,161
	Leasehold improvements		•	,423	331,293			147,130
	Equipment		9,645		8,464,183		1	,181,159
		1	•	1				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) .

7,082,873

Part VII	orm 990) 2017 Investments—Other Securities. Complete if th	he organızatıon ansv	vered "Yes" on Forr	Page n 990, Part IV, line 11b.
	See Form 990, Part X, line 12. (a) Description of security or category	(b) Book value		Method of valuation
1) Financial	(including name of security) derivatives		Cost or e	nd-of-year market value
•	eld equity interests			
	H MATURITY GREATER THAN 1 YEAR	11,146,000		F
C)				
D)				
E)				
F)				
G)				
H)				
otal. (Column Part VIII	(b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related.	11,146,000		
	Complete if the organization answered 'Yes' on I (a) Description of investment			
	(a) Description or investment	(b) Book value		Method of valuation nd-of-year market value
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
	(b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX	Other Assets. Complete if the organization answered (a) Description		rt IV, line 11d See Fi	orm 990, Part X, line 15 (b) Book value
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
	nn (b) must equal Form 990, Part X, col (B) line 15)			•
	Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.	answered 'Yes' on Fo	rm 990, Part IV, lıı	ne 11e or 11f.
1) Federal in	(a) Description of liability	(b) B	ook value	
1) Federal ın	come taxes			
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
	(b) must equal Form 990, Part X, col (B) line 25)	•		
	r uncertain tax positions In Part XIII, provide the text os liability for uncertain tax positions under FIN 48 (ASC 1			

Part XI

2

3

4

b

c

Part XII

5

1

2

c

d

3

b

5

Part XIII

See Additional Data Table

Schedule D (Form 990) 2017

Page 4

893,831

32,390,807

32,390,807

31,827,479

896,624

30,930,855

30.930.855

Schedule D (Form 990) 2017

С	Recoveries of prior year grants	
d	Other (Describe in Part XIII)	
_	Add lines 3n through 3d	

а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII)	
6	Add lines 2a through 2d	_

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Other (Describe in Part XIII)

Add lines **4a** and **4b**

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Supplemental Information

Add lines 2a through 2d . .

Return Reference

Subtract line 2e from line 1

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

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

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2c 2d

2a

2b

2a 2b

2c

2d

4a 4b

Explanation

896.624 2e 4a 4b

-2.793

Reconciliation of Expenses per Audited Financial Statem	ents	With Ex	penses	per Returi	n.	
venue Add lines $f 3$ and $f 4c.$ (This must equal Form 990, Part I, line $f 12$)		<u></u>		5		
s 4a and 4b				4c		
Describe in Part XIII)...............	4b					
ent expenses not included on Form 990, Part VIII, line 7b	4a					
s included on Form 990, Part VIII, line 12, but not on line 1						
					1	

3

2e

3

4c

5

896,624

Page 5		Schedule D (Form 990) 2017			
	ormation (continued)	Part XIII Supplemental Info			
	Explanation	Return Reference			

Schedule D (Form 990) 2017

Additional Data

Software ID: Software Version:

EIN: 13-5660277

Name: AMERICAN WATER WORKS ASSOCIATION

Supplemental Information Return Reference

Explanation

PART V, LINE 4

CORROSION CONTROL. TREATMENT AND DISTRIBUTION OF DOMESTIC AND INDUSTRIAL WATER SUPPLIES.

THE ORGANIZATION HAS DONOR RESTRICTED ENDOWMENT FUNDS ESTABLISHED FOR THE PURPOSES OF PROV IDING INCOME TO AWARDS AND SCHOLARSHIPS THE ASSOCIATION RECEIVES CONTRIBUTIONS IN SUPPORT OF THE FOLLOWING AWARDS (1) ABEL WOLMAN FELLOWSHIP - FELLOWSHIPS HONOR THE MEMORY OF ABE L WOLMAN BY PROVIDING SUPPORT TO PROMISING DOCTORAL STUDENTS IN THE U.S., CANADA AND MEXIC O PURSUING ADVANCED TRAINING AND RESEARCH IN THE FIELD OF WATER SUPPLY AND TREATMENT (2) LARSON AQUATIC RESEARCH SUPPORT - SCHOLARSHIPS HONOR THE MEMORY OF DR THURSTON LARSON BY PROVIDING SUPPORT FOR DOCTORAL AND MASTERS STUDENTS INTERESTED IN CAREERS IN THE FIELDS OF

AOUATIC CHEMISTRY, AND/OR ENVIRONMENTAL CHEMISTRY

supplemental information							
Return Reference	Explanation						
PART X, LINE 2	THE ASSOCIATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) IT HAS BEEN DETERMINED THAT THE ASSOCIATION IS NOT A P RIVATE FOUNDATION AS DEFINED IN SECTION 509(A) OF THE IRC THE ASSOCIATION ENGAGES IN CERT AIN ACTIVITIES THAT PRODUCE UNRELATED BUSINESS INCOME AS DEFINED BY FEDERAL INCOME TAX REG ULATIONS THE ASSOCIATION IS NO LONGER SUBJECT TO FEDERAL OR STATE INCOME TAX EXAMINATIONS BY TAXING AUTHORITIES FOR RETURNS PRIOR TO 2014						

Supplemental Information

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD NET AGAINST REVENUE 896,624

-

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD NET AGAINST REVENUE 896,624

efile GRAPHIC print	- DO NOT F	PROCESS	As Filed Data	-	DL	N: 93493193004358
SCHEDULE F (Form 990)		ement of	Activities (Outside the Un	ited States	OMB No 1545-0047
(1 31111 333)	► Compl	lete if the organi		Yes" to Form 990, Part IV, I to Form 990.	ine 14b, 15, or 16.	2017
Department of the Treasury Internal Revenue Service	► Informa	tion about Sche	dule F (Form 990)	and its instructions is at wi	vw.irs.gov/form990.	Open to Public Inspection
Name of the organization					Employer id	lentification number
AMERICAN WATER WORKS	S ASSOCIATIO	PN			13-5660277	
	nformation Part IV, line		s Outside the l	Jnited States. Comple	ete if the organization	answered "Yes" to
other assistance, t to award the grant	he grantees' s or assistand Describe in	eligibility for tl ce?	ne grants or assi	substantiate the amoun stance, and the selection dures for monitoring the	criteria used	✓ Yes □ No other assistance
3 Activites per Region	(The followin	ng Part I, line 3	table can be dupli	cated if additional space is	needed)	
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) program service, describ specific type of service(s) in region	
(1) See Add'l Data						
(2)						
(3)						
(4)						
(5)						
3a Sub-total b Total from continuate Part I	on sheets to		0 0			689,864 0
c Totals (add lines 3a For Paperwork Reduction			0 (No 50082W Sch e	689,864

1 (a) Name of

(b) IRS code

(c) Region

(i) Method of

(h) Description

organization	section and EIN (if applicable)	grant	cash grant	cash disbursement	of non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
(1) See Add'l Data							
(2)							
(3)							
(4)							

(f) Manner of

(g) Amount

(e) Amount of

IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(d) Purpose of

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as taxexempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

()					
(4)					
(5)				Schedule I	F (Form 990) 2017
(6)					
(7)					

(5)				Schedule	F (Form 990) 2017
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					

		1		
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(45)		†		

(10)				
(11)				
(12)				
(13)				
(14)				
(15)				

(13)				
(14)				
(15)				
(16)				

(4) (5) (6) (7)

(8) (9) (10) (11) (12)

(13) (14) (15) (16) (17) (18) Page **3**

Schedule F (Form 990) 2017

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.									
Part III can be duplicated if additional space is needed.									
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)		
(1)									
(2)									
(3)									

Sche	dule F (Form 990) 2017		Page 4
Pai	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	□Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	□Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	☐Yes	✓ No
	Schedul	e F (Form 9	990) 2017

Schedule F (F	nedule F (Form 990) 2017 Page 5							
	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).							
Return Reference	Explanation							
PART I, LIN 2	MEMBER SECTION ALLOTMENTS THE ASSOCIATION'S BOARD OF DIRECTORS APPROVES ANNUAL ALLOTMENTS EACH YEAR PAYABLE TO ITS MEMBER SECTIONS THIS ALLOTMENT PROVIDES OPERATIONAL SUPPORT TO THE MEMBER SECTIONS FOR THE CALENDAR YEAR							

Additional Data

SOUTH ASIA

Software ID: Software Version:

EIN: 13-5660277

Name: AMERICAN WATER WORKS ASSOCIATION

CONSULTING AND

CONFERENCES/TRAVEL

272,354

Form 990 Schedule F Par	Form 990 Schedule F Part I - Activities Outside The United States											
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region							
NORTH AMERICA			GRANTS	OPERATING SUPPORT	310,656							

PROGRAM SERVICES

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) FAST ASIA AND THE PACIFIC PROGRAM SERVICES CONFERENCE/TRAVEL 9.759 EUROPE PROGRAM SERVICES CONFERENCE/TRAVEL 22,652

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) PROGRAM SERVICES CONFERENCE/TRAVEL 42.478 SOUTH AMERICA NORTH AMERICA PROGRAM SERVICES CONFERENCE/TRAVEL 29,950

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program reaion services, grants to service(s) in region region recipients located in the region) SUB-SAHARAN AFRICA IPROGRAM SERVICES CONFERENCE/TRAVEL 2.015

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (q) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) INORTH OPERATING 149,398 CHECK IAMERICA SUPPORT INORTH OPERATING 58.987 CHECK IAMERICA SUPPORT

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description . l(b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of I (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) INORTH OPERATING 37,026 CHECK **IAMERICA** ISUPPORT INORTH OPERATING 30.657 CHECK IAMERICA ISUPPORT

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of I (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) INORTH OPERATING 19,588 WIRE **IAMERICA** ISUPPORT INORTH OPERATING 15,000 WIRE IAMERICA ISUPPORT

efile GRAPHIC print - D	O NOT PROCESS	As Filed Data -					DLI	N: 934931930	04358
Schedule I (Form 990) Department of the Treasury	Cc ▶ Infor		0	MB No 1545-004 2017 Open to Public Inspection					
Internal Revenue Service Name of the organization						Employ	er identifica	ition number	
AMERICAN WATER WORKS AS:						13-566	50277		
	mation on Grants		: bla	Alexander and allowed the	6- u. blob				
the selection criteria use Describe in Part IV the o	ed to award the grants organization's procedu	or assistance? res for monitoring the u	se of grant funds in the U	nited States	for the grants or assistand		art IV line	Yes	□ No
			ditional space is needed	T	T T T T T T T T T T T T T T T T T T T	011101111 990, F	art IV, mie	T T T T T T T T T T T T T T T T T T T	
(a) Name and address of organization or government	(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) Descrip noncash ass		(h) Purpose of or assistance	f grant
(1) See Addıtıonal Data									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
	, , , , _	-	s listed in the line 1 table				>		38
For Paperwork Reduction Act No				Cat No 50055			Sche	edule I (Form 990) 2017

Page **2**

Schedule I (Form 990) 2017

(7)

(5)

Schedule I (Form 990) 2017

(6)

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV

Return Reference Explanation

(1)ORGANIZATIONS (A) MEMBER SECTION ALLOTMENTS THE ASSOCIATION'S BOARD OF DIRECTORS APPROVES ANNUAL ALLOTMENTS EACH YEAR PAYABLE TO ITS MEMBER SECTIONS THIS ALLOTMENT PROVIDES OPERATIONAL SUPPORT TO THE MEMBER SECTIONS FOR THE CALENDAR YEAR (B) CONTRIBUTIONS PAYABLE WATER FOR PEOPLE. AWWA MAINTAINS A PROGRAM WHEREBY A VOLUNTARY CONTRIBUTION IS MADE TO WATER FOR PEOPLE IN SUPPORT OF THEIR ORGANIZATIONAL ACTIVITIES (2) INDIVIDUALS FUNDS ARE DISTRIBUTED AS AWARDS AND SCHOLARSHIPS TO RECIPIENTS SCHOLARSHIP FUNDS SUPPORT EDUCATION FEES IN REGARDS TO THE WOLMAN AWARDS - MID-WAY THROUGH THE YEAR OF SUPPORT, AWWA REQUESTS FROM THE STUDENT A LETTER STATING

THE PROGRESS TOWARDS THEIR DEGREE TO INCLUDE AN ABSTRACT OF RESEARCH, AND ALSO A LETTER FROM THEIR ADVISOR WITH SIMILAR INFORMATION

PART I, LINE 2

Additional Data

AMERICAN WATER WORKS

ASSOCIATION ALASKA

SECTION PO BOX 244141 ANCHORAGE, AK 99524

Software ID: **Software Version:**

92-0104130

EIN: 13-5660277

501(C)(3)

Name: AMERICAN WATER WORKS ASSOCIATION

OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(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				
WATER FOR PEOPLE 100 E TENNESSEE AVE DENVER, CO 80209	84-1166148	501(C)(3)	26,500				OPERATING SUPPORT				

15,000

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 23-7026150 501(C)(3) 33.949 AMERICAN WATER WORKS OPERATING SUPPORT ASSOCIATION ALABAMA-MISSISSIPPIP SECTION 29,513 23-7026151 501(C)(3) OPERATING SUPPORT

PO BOX 4651 JACKSON, MS 39296 AMERICAN WATER WORKS ASSOCIATION ARIZONA SECTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

5100 W INA RD TUCSON, AZ 85743

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 94-6114828 501(C)(3) 225.040 AMERICAN WATER WORKS OPERATING SUPPORT ASSOCIATION CALIFORNIA-NEVADA SECTION

10435 ASHFORD ST RANCHO CUCAMONGA, CA 91730 AMERICAN WATER WORKS 52-1182688 501(C)(3) 27,877 ASSOCIATION CHESAPEAKE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

TILGHMAN, MD 21671

OPERATING SUPPORT SECTION PO BOX 279

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 06-6100180 501(C)(3) 20.287 AMERICAN WATER WORKS OPERATING SUPPORT ASSOCIATION CONNECTICUT SECTION

SECTION

SECTION

AMERICAN WATER WORKS 23-7027079 501(C)(3) 86,219

OPERATING SUPPORT 86,219

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1300 9TH ST ST CLOUD, FL 34769

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 58-1815129 501(C)(3) 41.255 AMERICAN WATER WORKS OPERATING SUPPORT ASSOCIATION GEORGIA SECTION 199 PRESERVATION DR JACKSON, GA 30233

OPERATING SUPPORT

15,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

AMERICAN WATER WORKS

ASSOCIATION HAWAII

SECTION PO BOX 22614 HONOLULU, HI 96823 99-0165772

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 23-7026152 501(C)(3) 65.246 AMERICAN WATER WORKS OPERATING SUPPORT ASSOCIATION ILLINOIS SECTION

SECTION
545 S RANDALL RD
545 CHARLES, IL 60174

AMERICAN WATER WORKS
ASSOCIATION INDIANA
SECTION

OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2680 EAST MAIN ST PLAINFIELD, IN 46168

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance AMERICAN WATER WORKS 23-7026154 501(C)(3) 19.658 OPERATING SUPPORT

AMEDICAN WATER WORKS	22 7026120	E01(C)(2)	10.205		ODEDATING CURRORT
ASSOCIATION INTERMOUNTAIN SECTION 8215 S 1300 W WEST JORDAN, UT 84088			,		

AMERICAN WATER WORKS 23-/026138 501(C)(3)| 18,385 TOPERATING SUPPORT ASSOCIATION IOWA SECTION 2201 GEORGE FLAGG PKWY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DES MOINES, IA 50321

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 23-7026155 501(C)(3) 15.000 AMERICAN WATER WORKS OPERATING SUPPORT ASSOCIATION KANSAS SECTION

PO BOX 3046
SALINA, KS 67402

AMERICAN WATER WORKS
ASSOCIATION KENTUCKYTENNESSEE SECTION

OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3801 SPRINGHURST BLVD LOUISVILLE, KY 40241

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 38-6073280 501(C)(3) 49.469 AMERICAN WATER WORKS OPERATING SUPPORT ASSOCIATION MICHIGAN SECTION PO BOX 30516

OPERATING SUPPORT

29,997

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

LANSING, MI 48909

AMERICAN WATER WORKS
ASSOCIATION MINNESOTA
SECTION

11373 HILLCREST DR GRANT, MN 55110 23-7026161

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 23-7026157 501(C)(3) 23.936 AMERICAN WATER WORKS OPERATING SUPPORT ASSOCIATION MISSOURI SECTION

1201 NE BUTTONWOOD AVE LEES SUMMIT, MO 64086

AMERICAN WATER WORKS ASSOCIATION MONTANA SECTION

OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 582

SEELEY LAKE, MT 59868

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 23-7026159 501(C)(3) 15.000 AMERICAN WATER WORKS OPERATING SUPPORT ASSOCIATION NEBRASKA SECTION

PO BOX 144 ASHLAND, NE 68003 60,943 AMERICAN WATER WORKS 04-1666330 501(C)(3) ASSOCIATION NEW ENGLAND SECTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

HOLLISTON, MA 01746

OPERATING SUPPORT 125 HOPPING BROOK RD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 22-6049378 501(C)(3) 39.034 AMERICAN WATER WORKS OPERATING SUPPORT ASSOCIATION NEW JERSEY SECTION 38 E RIDGEWOOD AVE RIDGEWOOD, NJ 07450 AMERICAN WATER WORKS 11-6026214 501(C)(3) 61,318 OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ASSOCIATION NEW YORK

SECTION 614 7TH NORTH ST LIVERPOOL, NY 13088

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 56-6045934 501(C)(3) 43.977 AMERICAN WATER WORKS OPERATING SUPPORT ASSOCIATION NORTH CAROLINA SECTION 3725 NATIONAL DR STE 217 RALEIGH, NC 27612 15,000 AMERICAN WATER WORKS 44-0420756 501(C)(3) OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ASSOCIATION NORTH DAKOTA

SECTION 918 E DIVIDE AVE BISMARK, ND 58501

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 23-7026162 501(C)(3) 68,997 OPERATING SUPPORT AMERICAN WATER WORKS

17 S HIGH ST SUITE 200 COLUMBUS, OH 43215					
AMERICAN WATER WORKS ASSOCIATION PACIFIC NORTHWEST SECTION	23-7026163	501(C)(3)	85,191		OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 872467 VANCOUVER, WA 98687

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 23-7026164 501(C)(3) 57.432 AMERICAN WATER WORKS OPERATING SUPPORT ASSOCIATION PENNSYLVANIA SECTION

1309 BRIDGE ST
NEW CUMBERLAND, PA 17070

AMERICAN WATER WORKS
ASSOCIATION PUERTO RICO
SECTION

OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 9648 CAGUAS, PR 00726

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 23-7026165 501(C)(3) 68,141 OPERATING SUPPORT AMERICAN WATER WORKS ASSOCIATION ROCKY MOUNTAIN SECTION

264 CENTENNIAL, CO 80112					
AMERICAN WATER WORKS ASSOCIATION SOUTH CAROLINA SECTION	23-7052846	501(C)(3)	28,964		OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

121 EXECUTIVE CENTER DR COLUMBIA, SC 29210

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 23-7026166 501(C)(3) 15.000 AMERICAN WATER WORKS OPERATING SUPPORT ASSOCIATION SOUTH DAKOTA SECTION

23343 479TH AVE EGAN, SD 57024

AMERICAN WATER WORKS ASSOCIATION SOUTHWEST SECTION

OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

315 BOURQUE ST KAPLAN, LA 70548

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 75-1388778 501(C)(3) 104.318 OPERATING SUPPORT AMERICAN WATER WORKS ASSOCIATION TEXAS SECTION

PO BOX 80510 AUSTIN, TX 78708					
AMERICAN WATER WORKS ASSOCIATION VIRGINIA SECTION	23-7026168	501(C)(3)	47,020		OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 11992 LYNCHBURG, VA 24506

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 31-0988950 501(C)(3) 15.000 AMERICAN WATER WORKS OPERATING SUPPORT ASSOCIATION WEST VIRGINIA SECTION

OPERATING SUPPORT

1600 PENNSYLVANIA AVE
CHARLESTON, WV 25302

AMERICAN WATER WORKS 23-7026169 501(C)(3) 28,273
ASSOCIATION WISCONSIN SECTION PO BOX 635

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

OAK CREEK, WI 53154

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9319	3004	358
Sch	nedule J	С	ompensati	ion Information	OM	IB No	1545-0	0047
•	m 990)	► Complete if the or	Compensa ganization answ ► Attach	rustees, Key Employees, and Hig ated Employees rered "Yes" on Form 990, Part IV, to Form 990.	, line 23.		17	
•	tment of the Treasury al Revenue Service	▶ Information a		(Form 990) and its instructions gov/form990.	is at		to Pul ectio	
Nar	ne of the organiz				Employer identificat			
AME	ERICAN WATER WOR	RKS ASSOCIATION			13-5660277			
Pa	rt I Questi	ons Regarding Compensa	ation					
							Yes	No
1a				the following to or for a person liste y relevant information regarding the				
	First-class	s or charter travel		Housing allowance or residence for	personal use			
		companions	님	Payments for business use of perso				
		nification and gross-up paymen	ts 📙	Health or social club dues or initiation				
	□ Discretion	nary spending account	Ц	Personal services (e g , maid, chauf	Teur, cner)			
b		xes in line 1a are checked, did t all of the expenses described ab		ollow a written policy regarding paym iplete Part III to explain	nent or reimbursement	1 b		
2				or allowing expenses incurred by all	. 1-3	2		
	airectors, truste	ees, officers, including the CEO/	Executive Director	r, regarding the items checked in line	e Ta,			
3	organization's C	EO/Executive Director Check a	Ill that apply Dor	d to establish the compensation of th not check any boxes for methods CEO/Executive Director, but explain i				
	☑ Compens	ation committee		Written employment contract				
		ent compensation consultant	✓	Compensation survey or study				
	✓ Form 990	of other organizations	\checkmark	Approval by the board or compensa	tion committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-cor	ntrol payment?			4a		No
b		r receive payment from, a supp		ified retirement plan?		4b		No
С	•	r receive payment from, an equ	•	· ·		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons ar	nd provide the app	olicable amounts for each item in Part	III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9				
5				the organization pay or accrue any				
	compensation c	ontingent on the revenues of						
а	The organization	n?				5a		No
b	Any related orga					5b		No
	-	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section ontingent on the net earnings of the net earnings of the control of the contr		the organization pay or accrue any				
а	The organization					6 a		No
b	Any related orga					6b		No
_	-	6a or 6b, describe in Part III	4 1	No	ı.			
7	payments not d	escribed in lines 5 and 6? If "Ye	es," describe in Pa		a	7	Yes	
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," do	escribe	8		No
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follo	ow the rebuttable	presumption procedure described in	Regulations section	9		
For F	Panerwork Redu	uction Act Notice, see the In	structions for Fo	orm 990. Cat No 5	50053T Schedule J	(Forn	990)	2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

(A) Name and Title		(B) Breakdown	n of W-2 and/or 1099-MISC	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
DAVID LAFRANCE CHIEF EXECUTIVE OFFICER	(i)	286,808	25,000	18,690	24,300	25,553	380,351	0
	(ii)	0	0	0	0	0	0	0
PAULA MACILWAINE DEPUTY CEO	(i)	220,231	14,500	1,290	21,956	25,752	283,729	0
	(ii)	0	0	0	0	0	0	0
GEORGE TRACY MEHAN EXECUTIVE DIRECTOR	(i)	208,878	10,000	2,210	20,470	20,320	261,878	0
ALCOTTE BIRLETON	(ii)	0	0	0	0	0	0	0
KEVIN MANN HIEF FINANCIAL OFFICER	(i)	170,814	10,000	690	17,000	25,049	223,553	0
THE TIWINGINE OFFICER	(ii)	0	0	0	0	0	0	0
SUSAN FRANCESCHI HIEF MEMBERSHIP	(i)	149,402	7,000	1,105	14,564	11,567	183,638	0
DEETCED	(ii)	0	0	0	0	0	0	0
6 GABOR ZSOLT SILBERER DIRECTOR PUBLISHING	(i)	146,080	2,800	454	13,440	0	162,774	0
	(ii)	0	0	0	0	0	0	0
JOSEPH THIELEN	(i)	136,104	3,500	6,671	13,033	11,324	170,632	0
OFFICER	(ii)	0	0	0	0	0	0	0
NANCY MORTVEDT	(i)	127,288	1,800	317	12,406	26,248	168,059	0
R TERRITORY SALES MGR	(ii)	0	0	0	0	0	0	0
	(11)			<u> </u>		<u> </u>		<u> </u>

Schedule J (Form 990) 2017	Page 3								
Part IIII Supplemental Inform	Part III Supplemental Information								
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information								
Return Reference	Explanation								
PART I, LINE 7	THE EXECUTIVE COMMITTEE DETERMINES PERFORMANCE BONUSES OF CERTAIN EXECUTIVES WITHIN THE ORGANIZATION								

Schedule J (Form 990) 2017

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(Form 990 or EZ) Department of the T	990-	Complete to pro Form 990 o	$\frac{2017}{201}$				
Internal Revenue Se Name of the org			<u> </u>	v/form990.	Employer identi	fication number	
AMERICAN WATER	WORKS /	ASSOCIATION			13-5660277		
990 Schedule	e O, Sı	ipplemental Information	n				
Return Reference				Explanation			
FORM 990, PART VI, SECTION A, LINE 1	ESIDE OUND NG CAOF THE N FOR TO CHARD THE B GENE (2) ELI RD CO INCOF HER COLUTION ALTER LDING E EXE TION, IN THE EACH ON SIN A RECE E CAN	NT, TREASURER, SIX VICE- ATION BOARD OF TRUSTER PACITY, AND SUCH OTHER E BOARD OF DIRECTORS, IN MATTERS WHICH IN THE EXT REGULAR MEETING OI HE BOARD IN RESPECT TO GE IN THE NUMBER OF DIR OARD OF DIRECTORS IN RI RAL NOT FOR PROFIT COR ECTING, APPOINTING OR R MMITTEE, OR ANY DIRECT RORATION, (4) ADDPTING, CORPORATION, (5) AUTHOR ALL OF THE PROPERTY ANI ON OF THE ASSOCIATION (IBUTION OF THE ASSETS O ON OF THE BOARD OF DIRI IRED OR REPEALED BY THE IS A RECOMMENDATION OR CUTIVE COMMITTEE FOR S WITHOUT REPORTING SUCE E CASE OF ELECTIONS FOR MEMBER OF THE BOARD S DERATION ON A PRINTED B, IDIDATE RECEIVING MORE VES A MAJORITY, THE TWO	PRESIDENTS, COURS, THE CHIEF EXECT NONVOTING MEMITHE EXECUTIVE COEFUNDER PROBLEM TOF THE BOARD, EXCEPTION OF MEMITHE EXECUTIVE COEFUNDER PORATION ACT (1) EMOVING ANY MEMITHE ACTION BY THE ACTION BY	IE PRESIDENT, PRESIDENT-E NCIL CHAIRS, THE CHAIR OF CUTIVE OFFICER SERVING AS BERS AS THE BOARD SHALL I MMITTEE SHALL EXERCISE T IE EXECUTIVE COMMITTEE M EPT THAT THE EXECUTIVE CO MBERS OR TAKE ANY ACTION MBERS OR TAKE ANY ACTION MBERS OR TAKE ANY ACTION THE EXECUTIVE COMMITT FOLLOWING, WITHIN THE ME AMENDING, ALTERING, OR R MER OF THE EXECUTIVE COIN THE ASSOCIATION, (3) AMEN R OR ADOPTING A PLAN OF C CASE, EXCHANGE OR MORTG ASSOCIATION, (6) AUTHORIZIN CEEDINGS THEREFORE, (7) A IN, (8) AMENDING, ALTERING ITS TERMS PROVIDES THAT MITTEE, OR (9) MODIFYING, DI NCIL OF THE ASSOCIATION, V E BOARD OF DIRECTORS, OR COMMITTEE TO THE BOARD V MECT, DIRECTORS-AT-LARGE CATING HIS OR HER CHOICE OF THE NAMES OF ALL CANDID VOTES IS AUTOMATICALLY EI SEIVING THE TWO GREATEST ING PROCESS REPEATED, W RECEIVED	THE WATER RESI S SECRETARY IN DIRECT BETWEE HE FULL POWER UST BE ACTED UI DIMITTEE SHALL ANING OF THE IL EPEALING THESE MITTEE, ANY OT NDING THE ARTIC ONSOLIDATION V AGE OF ALL OR SI NG THE VOLUNTA DOPTING A PLAN OR REPEALING A IT SHALL NOT BE SAPPROVING OR WHICH IS PRESEN WHICH REQUIRE WITH REASONS TI E, AND VICE PRESE FOR THE POSITIC ATES FOR THE PI LECTED IF NO CA VOTE TOTALS W	EARCH F A NONVOTI N MEETINGS S OF THE B PON BEFORE NOT ACT SULT IN A THORITY OF LINOIS E BYLAWS, THER BOA ELES OF VITH ANOT SUBSTANTI IRY DISS I FOR THE NY RES AMENDED WITHHO ITED TO TH S BOARD AC HEREFORE SIDENTS, ON IN C OSITION ANDIDATE ILL BECOM	

Return Explanation
Reference

FORM 990, JEANNE BENNETT-BAILEY AND DAVID LAFRANCE - BUSINESS RELATIONSHIP AS DIRECTORS OF AWWA'S IN PART VI, ACTIVE WHOLLY-OWNED SUBSIDIARY, AWWA ASSOCIATION SERVICES, INC SECTION A.

990 Schedule O, Supplemental Information

LINE 2

Return Explanation

FORM 990, PART VI, SECTION A, LINE 6

Return Explanation
Reference

FORM 990,	MEMBERS APPOINT THE SECTION DIRECTOR OF THEIR RESPECTIVE SECTION SECTION DIRECTORS ARE VOTING
PART VI,	MEMBERS OF THE BOARD OF DIRECTORS
SECTION A,	
LINE 7A	

Return Explanation

FORM 990, THE FORM 990 IS PREPARED BY A THIRD PARTY PREPARER AND IS REVIEWED BY THE AUDIT COMMITTEE BOARD MEMBERS ARE NOTIFIED AT THE ASSOCIATION'S ANNUAL JUNE BOARD MEETING THAT THE FORM 9 SECTION B, 90 IS AVAILABLE FOR REVIEW ON-LINE BEFORE BEING FILED WITH THE IRS

Return Explanation Reference

990 Schedule O, Supplemental Information

FORM 990, PART VI, RACTS OR TRANSACTIONS ARE DISCLOSED PRIOR TO ANY MEETING WHERE ACTION IS REQUIRED THESE DISCLOSURES ARE REFLECTED IN THE MEETING MINUTES OFFICERS/DIRECTORS WITH CONFLICTS ARE NOT ALLOWED TO PARTICIPATE IN OR DISCUSS THE MATTER AND ARE NOT ALLOWED TO VOTE CONFLICTS ARE DEALT WITH AT THE BOARD AND MANAGEMENT I EVEL

Return

Reference	
FORM 990, PART VI, SECTION B, LINE 15	A COMPENSATION COMMITTEE REVIEW IS CONDUCTED ANNUALLY BY THE COMPENSATION COMMITTEE FOR TH E PAYMENT OF SALARY INCREASES AND BONUSES FOR THE CEO AND CFO THE DECISIONS OF THE COMPEN SATION COMMITTEE ARE APPROVED BY THE EXECUTIVE COMMITTEE IN DETERMINING THE CEO'S AND CFO 'S SALARY AND BONUS FOR 2017, THE COMPENSATION COMMITTEE WAS PROVIDED WITH COMPARABLE MARK ET DATA AND BENCHMARKING INFORMATION IN ADDITION, THE CEO'S PERFORMANCE WAS REVIEWED BY T HE COMPENSATION COMMITTEE IN RELATION TO PREDETERMINED PERFORMANCE GOALS AND OBJECTIVES, P RIOR TO AWARDING THE BONUS THE EXECUTIVE COMMITTEE RATIFIED THE DECISIONS OF THE COMPENSATION COMMITTEE THE CEO DETERMINES THE ANNUAL BONUSES FOR ALL OTHER KEY EMPLOYEES AND REVIEWS THOSE WITH THE POETS (THE 3 AWWA PRESIDENTIAL OFFICERS AND THE AWWA TREASURER)

Explanation

Return Explanation
Reference

FORM 990, AWWA'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAIUABLE TO THE PUBLIC ON AWWA'S WEBSITE AND UPON REQUEST FOR A VALID BUSINESS PURPOSE LINE 19

Explanation Return Reference

FORM 990. CHANGE IN MINIMUM PENSION LIABILITY -2.160.280 PART XI,

LINE 9

Return Explanation
Reference

FORM 990,	THE ORGANIZATION'S AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF IT
PART XI,	S FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE ORGANIZATION'S OVER
LINE 2C	SIGHT PROCESS DID NOT CHANGE DURING THE YEAR

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -										DLN: 93493	193004	358
SCHEDULE R (Form 990)		Related Complete if the organ	ization ar	swered "Yes ▶ Attach to	s" on Form Form 990.	990, Parl	IV, line 33	, 34, 35b,	36, or			OMB No 20 Open to	17	
Department of the Treasury Internal Revenue Service	, ·			. (,					=			ction	
Name of the organization AMERICAN WATER WORKS ASSOCIA	TION								Emp	loyer identif	icatior	number		
									13-5	660277				
Part I Identification	of Disregarded En	tities Complete if	he organ	ızatıon answ	ered "Yes	" on Form	990, Part	IV, line 3	3.					
Name, address, and	(a) EIN (if applicable) of disreg	arded entity		(b) Primary a			c) nicile (state n country)	(d) Total inc	ome	(e) End-of-year as	ssets	(f Direct co ent	ntrolling	
Part II Identification of related tax-exen	of Related Tax-Exe npt organizations dur		s Comple	ete if the org	anızatıon	answered	"Yes" on F	orm 990,	Part I\	/, line 34 be	cause	ıt had one or	more	
Name, address, an	(a) d EIN of related organization	า	Prima	(b) ary activity	Legal dom	c) nicile (state n country)	(d) Exempt Cod			(e) harity status in 501(c)(3))	Dii	(f) rect controlling entity	Section (13) cor enti	512(b) ntrolled
For Paperwork Reduction Ac	t Notice, see the Inst	ructions for Form 9	90.		Ca	t No 5013	 B5Y				Sch	edule R (Form	990) 20	117

(a) Name, address, and E related organizatio	EIN of on	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomii income(re unrelate excluded tax und sections 514)	nant elated, t ed, from der 512-	(f) Share of total income	(g) Share of e end-of-year assets	(I) Disprop alloca		e Code amoun 20 Sched		(j Gener mana partr	al or ging	(k) Percent owners
					1	,			Yes	No			Yes	No	
		_	+					1			+				
V Identification of Related Or	ganizations Taxable as a (Corporation	or Trus	t Complete	of the ord	ganıza	ation ans	wered "Yes	" on F	orm 9	990, Pa	art IV,	line :	34	
V Identification of Related Org because it had one or more rel (a) Name, address, and EIN of related organization	ganizations Taxable as a (ated organizations treated as (b) Primary activity	s a corporation	or Trus on or trus (c) egal micile or foreign untry)	st during th	e if the orgone tax year (d) controlling entity	Type o	(e)	wered "Yes (f) Share of total Income	Share	(g) of end- year ssets		(h) Percent	tage	Se (13	ction 3) cor enti
because it had one or more rel (a) Name, address, and EIN of	ated organizations treated as	s a corporation	on or tru: (c) egal micile or foreign	st during th	(d) controlling	Type o	(e) of entity o, S corp,	(f) Share of total	Share	(g) of end- year		(h) Percent	tage ship	Se (13	ction 3) cor
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Name, address, and EIN of related organization A ASSOCIATION SERVICES INC ST QUINCY AVENUE CO 80235	ated organizations treated a: (b) Primary activity	s a corporation	on or trust (c) egal micile or foreign untry)	St during th	(d) controlling	Type o (C corp, or to	(e) of entity o, S corp,	(f) Share of total	Share	(g) of end- year		(h) Percent owners	tage ship	Se (13	ction 3) cor enti 'es
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because it had one or more rel (a) Name, address, and EIN of related organization A ASSOCIATION SERVICES INC ST QUINCY AVENUE CO 80235	ated organizations treated a: (b) Primary activity	s a corporation	on or trust (c) egal micile or foreign untry)	St during th	(d) controlling	Type o (C corp, or ti	(e) of entity o, S corp,	(f) Share of total	Share	(g) of end- year		(h) Percent owners	tage ship	Se (13	ctio 3) c er ' es

Pā	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1 b		No
С	Gift, grant, or capital contribution from related organization(s)	1c		No
d		1d		No
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g		1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1 i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
	Sharing of paid employees with related organization(s)	10		No
p	Reimbursement paid to related organization(s) for expenses	1 p		No
q		1 q		No
	Other transfer of cash or property to related organization(s)	1 .		No

m	n Performance of services or membership or fundraising solicitations by related organization(s)	+'''	140						
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No						
0	Sharing of paid employees with related organization(s)	10	No						
р	Reimbursement paid to related organization(s) for expenses	1p	No						
q	Reimbursement paid by related organization(s) for expenses	1q	No						
r	Other transfer of cash or property to related organization(s)	1r	No						
s	Other transfer of cash or property from related organization(s)	1s	No						
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds								
	(a) (b) (c) (d)								
	Name of related organization Transaction Amount involved Method of determining amount involved type (a-s)								

Schedule R (Form 990) 2017

Page **3**

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	section 501(c)(3) organizations?		Are all partners Share of		(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
	Schedule R (Form 990) 2017												0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017