· Form **990** 

Return of Organization Exempt From Income Tax

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

_				-	110				
<u>A</u>	For the	2017 calend	lar year, or tax year beginning , 2017, and ending	<u> </u>		,			
8	Check if ap	pplicable	C		D Employ	er identific	cation nun	ıber	
	Addre	ess change	AWWA INTERMOUNTAIN SECTION		23-	70261	54		
	Name	e change	AMERICAN WATER WORKS ASSOCIATION	j	E Telepho	ne numbe	r		
	<b>;</b>	l return	8215 SOUTH 1300 WEST		Ω∩1-	-483-	6773		
	$\vdash$		WEST JORDAN, UT 84088		- 001	403	0115		
	122	eturn/terminated		3				~~.	0.67
	X Amen	nded return			G Gross re	<u>-</u> -			067.
	Applic	cation pending	Traine and dates of principal ender	• •	group return		<u> -</u>	Yes	X No
				H(b) Are all If 'No.'	subordinates attach a list	ıncluded? (see ınstru	uctions)	Yes	No
ī	Tax-exe	empt status	X   501(c)(3)   501(c) ( ) ◀ (Insert no.)   4947(a)(1) or   527			(000	<b>-</b> ,		
ī	Websi			H(c) Group	exemption nu	ımber 🕨			
K		organization	Corporation Trust X Association Other ► L Year of formation	n 1960	) Ms	tate of len	al domicile	UT	
_			Conference	1700	<del>,          </del>	tato or rog	or dominant	. 01	
T.C	1 1 0	Summar	y be the organization's mission or most significant activities $$ TO $$ TRAIN $$ $$	ND EDI	וראייני ו	AN TED	TITT	TTV	
			<del></del>	מקק בתו	OCHIE I	WAICK	0111	1111	
છ	<u> M</u>	WNAGERS	ON WATER MATTERS.		<b>_</b>			- <b>-</b> -	
Governance	-								
Ë	_								
ð			If the organization discontinued its operations or disposed of more	than 25%	of its net				
g			ting members of the governing body (Part VI, line 1a)			3			16
တ	,		lependent voting members of the governing body (Part VI, line 1b)	_		4			16
:≗			of individuals employed in calendar year 2017 (Part V, line 2a)			5			0
Activities &	,		of volunteers (estimate if necessary)	71		6			150
¥			d business revenue from Part VIII, column (C), line 12			7a			<u>77.</u>
	<b>b</b> N∈	et unrelated	business taxable income from Form 990-T, fine 34			7b			0.
			RECEIVED	P	rior Year	j_	Curr	ent Ye	ear:
_	8 Cc	ontributions	and grants (Part VIII, line 1h)		309,7	68.		323	,290.
Revenue	_9 Pr	rogram serv	ice revenue (Part VIII, line 2g)		3,0	99.			700.
Ver	10 In	vestment in	come (Part VIII, column (A), lines 3, 4, anti-70) JAN 31 2019			57.			77.
æ	11 0	ther revenue	come (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, anti-d) c (Part VIII, column (A), lines 5, 6d, 8c, 9d, 10c, and 11e)			i i			
			- add lines 8 through 11 (must equal Part VIII Quorin (A) line 12)-	<b> </b>	312,9	24.		324	,067.
			milar amounts paid (Part IX, column (A), lines (S)	1	12,7				,450.
			to or for members (Part IX, column (A), line 4)	<b>/</b>					
			r compensation, employee benefits (Part IX, column (A), lines 5-10)	<del></del>					
ģ	1		•						
S	16a Pr	rofessional f	undraising fees (Part IX, column (A), line 11e)						
Expenses	<b>b</b> To	otal fundrais	ing expenses (Part IX, column (D), line 25) ▶						
ß	17 Ot	ther expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		288,8	16.		281	,000.
	l	•	s Add lines 13-17 (must equal Part IX, column (A), line 25)		301,5				,450.
		•	expenses. Subtract line 18 from line 12		11,4				,617.
- 0		evenue less	expenses, outstact line to from line 12	Dagingu	g of Curren		End	of Ye	
t Assets or	OO T.	-1-11- /	Dark V. June 16)	Beginnin					
38 et al	20 To		Part X, line 16)		109,1				<u>, 823.</u>
¥ 2	<b>21</b> To	otai liabilitie:	s (Part X, line 26)	-	20,4				<u>, 511.</u>
Š	22 Ne	et assets or	fund balances. Subtract line 21 from line 20		88,6	95.		<u>115</u>	<u>,312.</u>
Pa	rtill	Signatur	e Block						
Und	er penalties	of penury, I deci	are that I have examined this return, including accompanying schedules and statements, and to the best or rer (other than officer) is passed on all information of which preparer has any knowledge	f my knowled	ige and belief,	it is true,	correct, and	t	
com	plete Decla	aration of prepa	rer (other than officer) is based on all information of which preparer has any knowledge				<u> </u>		
			mattelles -		1-2	5-1	9		
Sig	n	Signatu	re of officer	Da	te				
He	re re	DDT	AN MCCLEARY	Ттозо	surer				
110	10		print name and title	11.Ca.	Surer				
					O	I , IP	TIN		
					-	ַן "ר			
Pa			Non-Paid Preparer		self-employ	ed			
	eparer	Firm's name							
Us	e Only	Firm's addre	ess •		Firm's EIN	<b>-</b>			
					Phone no				
Ma	v the IRS	S discuss the	s return with the preparer shown above? (see instructions)				Ye	s	No

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

TEEA0113L 08/08/17

Form 990 (2017)

## Form 990 (2017) AWWA INTERMOUNTAIN SECTION | Rantive | Checklist of Required Schedules

		-		
		<u> </u>	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I .	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	ermens.	X September 1
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
ı	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 ь		Х
•	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
•	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part IX	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	:	Х
ı	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
1	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
		Ear-	000	(2017)

#### Partily Checklist of Required Schedules (continued)

No Yes X 20a 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? 20h Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II. Х 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, Х 22 column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Х 24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and Х complete Schedule K If 'No, 'go to line 25a 24a 24b 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 to defease 24c any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I Х 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b Х Schedule L, Part I 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons if 'Yes,' complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member Х of any of these persons? If 'Yes,' complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): X a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete X 28b Schedule L. Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV Х 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule MX 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1 Х X 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b if 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is 37 treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 X Note. All Form 990 filers are required to complete Schedule O 38

Par	Check if Schedule O contains a response or note to any line in this Part V			П
	Check in Contession Contession of Association in Contession Contes		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
ь	of at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
-	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	olf 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule O</i>	3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
b	If 'Yes,' enter the name of the foreign country	]	· .	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
C	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a	х	
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	Х	
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?	7 a		X
ь	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
d	If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g	·	
	lf the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b	]		
11	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 ) .			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		<u> </u>
ь	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		<b> </b> _
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		ļ
	Note. See the instructions for additional information the organization must report on Schedule O			
	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  13b	]		
	Enter the amount of reserves on hand	<del> </del>		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		^
	of Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b	990 (	2017
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Part VI | Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 16 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 16 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents Δ since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 6 Did the organization have members or stockholders? 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х **7** a members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7 b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 8 a a The governing body? X 8 b **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 Х organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10 a b if 'Yes,' did'the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b operations are consistent with the organization's exempt purposes? Х 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O X 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х 12b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Х 12 c Schedule O how this was done 13 13 Did the organization have a written whistleblower policy? X 14 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15 a a The organization's CEO, Executive Director, or top management official X 15 b **b** Other officers or key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16 a taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Other (explain in Schedule O) Own website Another's website Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to See Schedule O the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records 20 WEST JORDAN UT 84088 801-580-9692 AWWA ALANE BOYD 8215 SOUTH 1300 WEST

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

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

#### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

|X| Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

	T -			(C)	<u></u>					
(A) Name and Title	(B) Average hours per	than is					on	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) BRYAN PHINNEY	6									•
SECT. CHAIR	0	X						0.	0.	0.
(2) JASON LUETTINGER	6									
CHAIR ELECT	0	X						0.	0.	0.
(3) YING-YING MACAULEY	4									
VICE CHAIR	0	X				$oxed{oxed}$		0.	0.	0.
(4) MONICA HOYT	4									
FIRST TRUSTEE	0	X						0.	0.	0.
(5) STACIE OLSON	6									
SECOND TRUSTEE	0	X		<u></u>				0.	0.	0.
(6) DELMAS JOHNSON	4					-				
PAST CHAIR	0	X	$ldsymbol{le}}}}}}}$	<u> </u>				0.	0.	0.
7 TODD MARTI	5									
Secretary	0	X		_				0.	0.	0.
(8) LOUIE FUELL	4	ļ						1		
Treasurer	0	X			_			0.	0.	0.
(9) GARARD YATES	6							_	_	_
SECTN DIRECTOR	0		X			<u> </u>		0.	0.	0.
(10) OPEN	2	1						_	_	
SERVICES	0	<u> </u>	X		<u> </u>			0.	0.	0.
(11) ALAN DOMONOSKE	2					1		_	_	_
EDUCATION	0		X		<u> </u>	<b></b>		0.	0.	0.
(12) DAREK KIMBALL	2	1						_	_	
CONFERENCE	0		X		ļ	1	_	0.	0.	0.
(13) SCOTT PAXMAN	2				1	1		_		_
P & P	0	ļ	X	L	<u> </u>		_	0.	0.	0.
(14)										
		<u> </u>			<u> </u>					

Part VII   Section A. Officers, Directors, Tr	ustees, (B)	ney	Er	npı	_ <del>-</del> -	es,	an	la rignest Col	npensated Em	pioyees (continued		
(A) Name and title	Average hours per week	box	, unle	Pos heck ss pe	sition more erson directi	than is both or/trus	n an tee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	Estimated amount of other compensation from the organization and related organizations		
	(list any	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/10 <del>99-M</del> ISC)			
(15)		-										
(16)												
(17)		-										
(18)												
(19)		,										
(20)		1										
(21)												
(22)										-		
(23)												
(24)												
(25)		-										
1 b Sub-total						<b>.</b>	<b>•</b>	0.	0.	0.		
c Total from continuation sheets to Part VII, Sectio d Total (add lines 1b and 1c).	n A						<b>-</b>	0.	0.	0.		
2 Total number of individuals (including but not limit from the organization   0	ed to thos	e list	ed a	abov	e) w	/ho re	ecei					
morn the organization 0										Yes No		
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such			кеу	emp	loye	e, or	hıg	hest compensated	employee	3 X		
4 For any individual listed on line 1a, is the sum of i the organization and related organizations greater such individual	eportable than \$150	com 0,000	pen:	satio	on a	nd ot comp	her olete	compensation from Schedule J for	m	4 X		
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes	compens	ation e Sci	fror hedu	n ar <i>ıle</i> J	ny ui I for	nrelat such	ted per	organization or inc rson	lividual	5 X		
Section B. Independent Contractors									#100 000 f			
Complete this table for your five highest compensation from the organization. Report compensation.	ated indep ensation i	ende for th	ent c	ontr	acto dar y	rs th	at rend	T	ſ			
(A) Name and business addr	ess				_			Description of	f services	(C) Compensation		
DESERT ROSE ENVIRONMENTAL 3258 BIG SPRUCE	WAY PAR	K CI	TY,	UT	84	098		MANAGERIAL SE	RVICES			
2 Total number of independent contractors (includin	a but not	limito	d +^	the	ce l	ctad	aho	we) who recoved	more than			
\$100,000 of compensation from the organization		minte	.u 10		3C II	JIEU	auc	who received	nore than			
BAA		TEEAC	)108L	. 08/	08/17					Form <b>990</b> (2017)		

Par	t VII	Statement of Rev Check if Schedule O c		respo	onse or note to any	line in this Part VIII			. [
				· · · · · ·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
8 8	1 a	Federated campaigns		1 a				<del></del>	· · · · · · · · · · ·
ra Tu	b	Membership dues		1 b	20,713.				
ا ا	l c	: Fundraising events		1 c	273,065.		į		
iifts ar A	d	Related organizations		1 d					
S, E	e	Government grants (contributio	ns)	1 e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, gr similar amounts not included a	rants, and bove	1 f	29,512.				
FO	g	Noncash contributions included	l in lines 1a	-1f \$					
S E	h	Total. Add lines 1a-1f			<b>•</b>	323,290.			
lue					Business Code				
Program Service Revenue	2 a	NEWSLETTER & WEB AL	DVERT.		611430	700.	700.		
æ	b	)							
ję.	C	:							
Sea	d	 							
Ë	e	·							
뼔	f	All other program service	e revenue	: [					
ď	g	Total. Add lines 2a-2f			<b>&gt;</b>	700.			
	3	Investment income (inclu	iding divi	dends,	interest and				
	İ	other similar amounts)				77.		77.	
	4	Income from investment	of tax-ex	empt l	bond proceeds				
	5	Royalties			•				
		_	(i) Re	eal	(ii) Personal				
		Gross rents							
	l	Less rental expenses							
	ı	Rental income or (loss)						<del> </del>	ļ
	d	Net rental income or (los	·	-,	<b>▶</b>				
	7 a	Gross amount from sales of	(i) Secu	rities	(ii) Other	'			
		assets other than inventory							Į
	b	Less: cost or other basis							
		and sales expenses							
	ı	Gain or (loss)	· · · · · ·		<u> </u>				ļ
	l	Net gain or (loss)							
Other Revenue	8 a	Gross income from fundr							
ě		of contributions reported	on line i				İ		
<u> </u>	١.	See Part IV, line 18			a				
ŧ	1	Less direct expenses			b		-		<del></del>
0		: Net income or (loss) fron i Gross income from gami See Part IV, line 19		_					
		Less direct expenses			a				
		: Net income or (loss) fron	n anmina	actuu	tios •		<del></del>  -		·
		, ,	-		lies			<del></del>	
	10 a	Gross sales of inventory, and allowances	, less retu		a				
	١,	Less cost of goods sold			h		1		
	1	: Net income or (loss) fron	n sales o	finver	ntory >	-		<del></del>	-
	<u>-</u> د	Miscellaneous Revenu		1 111461	Business Code			<u></u>	
	11 a				200,11033 9040	<del></del>			
	li a							<del></del>	
	ם ה	<i>,</i>		<b>-</b>		<del></del>			
	2	: I All other revenue							<del> </del>
	d	Total. Add lines 11a-11d		l	<b>•</b>			<del></del>	
	1	Total revenue. See instru			•	324,067.	700.	77.	- 0
	114	I DIGI I EVEITUE. DEE IIISIII	ucu0115			344,00/.	700.1	11.	

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a re	sponse or note to any I	ine in this Part IX		
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,800.	9,800.		
2	Grants and other assistance to domestic individuals See Part IV, line 22	6,650.	6,650.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management	126,940.	91,940.	35,000.	
Ŀ	Legal		,		
c	: Accounting .				
c	Lobbying				
e	Professional fundraising services See Part IV, line 17				
g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion	163.	163.		
	Office expenses	14,031.	11,603.	2,428.	
	Information technology	15,900.	15,900.	2,420.	
	Royalties.	13,900.	13,300.		
	Occupancy				
	Travel	11,916.	4,402.	7,514.	· · · · · · · · · · · · · · · · · · ·
	Payments of travel or entertainment expenses for any federal, state, or local public officials	11, 910.	7,702.	7,314.	
19	Conferences, conventions, and meetings	77,567.	77,567.		
20	Interest				
21	Payments to affiliates .				
22	Depreciation, depletion, and amortization				
23 24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)			:	
ā	EQUIPMENT RENTAL & MAINT.	9,770.	9,770.		
	Printing and Publications	8,691.	8,691.		
•	MISCELLANEOUS	6,613.	6,613.		
c	. = = <b>= = = =</b> = = = = = = = = <del>-</del> <del>-</del> <del>-</del> <del>-</del> <del>-</del> <del>-</del> <del>-</del> - <del>-</del>	2,745.	2,745.		
•	All other expenses .	6,664.	6,664.		
25	Total functional expenses. Add lines 1 through 24e.	297,450.	252,508.	44,942.	0.
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)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 1 32,457. Cash - non-interest-bearing 27,821 2 71,808 75,367. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 1,704 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 7,840 9 24,999 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 a 10 c 10b b Less: accumulated depreciation 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 13 13 Investments - program-related See Part IV, line 11 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 109,173 16 132,823 16 20,477Accounts payable and accrued expenses 17 17 511 Grants payable 18 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 25 Total liabilities. Add lines 17 through 25 26 20,478 17,511 Organizations that follow SFAS 117 (ASC 958), check here ► X and complete or Fund Balances lines 27 through 29, and lines 33 and 34. 27 115,312 Unrestricted net assets 88,695 27 Temporarily restricted net assets 28 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 **Net Assets** 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 33 33 Total net assets or fund balances 88,695 115,312. Total liabilities and net assets/fund balances 109,173 34 132,823. 34

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Forr	n 990 (2017) AWWA INTERMOUNTAIN SECTION	23-702615	4	Pa	ige 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	24,0	067.
2	Total expenses (must equal Part IX, column (A), line, 25)	2	2	97,4	450.
3	Revenue less expenses Subtract line 2 from line 1	3		26,6	517.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		88,6	595.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1	15,3	312.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review	wed on a			
	separate basis, consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis			—	
1	Were the organization's financial statements audited by an independent accountant?		2 Ն		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep	arate			
	basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
1	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	he Single	3 a		Х
ļ	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the ror audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired audit	3 b		
BAA				990 (	(2017)
				(	,,

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2017

Open to Public Inspection

Name o	f the	organization	AWWA INTER	MOUNTAIN SECT	ION			Employer identifica	ation number
			AMERICAN W	ATER WORKS AS:	SOCIATION			23-702615	
					anizations must coi				ns.
The o	rga	nization is r	not a private founda	ation because it is: (F	or lines 1 through 12, ch	eck only	one bo	x )	
1		A church,	convention of churc	ches, or association o	f churches described in	section	170(b)(	1)(A)(i).	
2	П	A school d	escribed in <b>sectior</b>	n <b>170(b)(1)(A)(ii).</b> (Atta	ach Schedule E (Form 9	90 or 99	D-EZ) )		
3		A hospital	or a cooperative ho	ospital service organiz	ation described in sect	ion 1 <b>70</b> (	b)(1)(A)	(iii).	
4		A medical	research organizat	ion operated in conjui	nction with a hospital des	scribed i	n <b>sect</b> i	i <b>on 170(b)(1)(A)(iii)</b> . En	ter the hospital's
		name, city	, and state <sup>.</sup>						
5		An organiz section 17	ation operated for to (Cor. (C	the benefit of a colleg mplete Part II.)	e or university owned or	operate	d by a g	overnmental unit descr	ibed in
6		A federal,	state, or local gove	ernment or governmer	ntal unit described in se	ction 17	0(ъ)(1)(	A)(v).	
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)								
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )								
9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or								
	_	university.							
10	X	from activi	ties related to its ex t income and unrela	xempt functions —sub	nan 33-1/3% of its suppo eject to certain exception income (less section 51 Part III )	s. and (2	2) no ma	ore than 33-1/3% of its	support from aross
11	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).								
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . See <b>section 509(a)(3)</b> . Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g								
а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization  You must complete Part IV, Sections A and B.								
b		manageme	supporting organiza ent of the supportin plete Part IV, Section	ig organization vested	ontrolled in connection with the same persons the	ith its su at contro	pported I or mai	organization(s), by have nage the supported orga	ring control or anization(s). <b>You</b>
c		Type III fu	nctionally integrate	ed. A supporting organ	nization operated in coni liete Part IV, Sections A	nection v	vith, and	functionally integrated	with, its supported
d		Type III no functionall	n-functionally inte	grated. A supporting rganization generally	organization operated in must satisfy a distribution A and D, and Part V.	connect	ion with	its supported organiza ind an attentiveness rec	tion(s) that is not quirement (see
е		Check this	box if the organiza	ation received a writte	n determination from the upporting organization	RS tha	it it is a	Type I, Type II, Type II	I functionally
f	Er		ber of supported o						
g	Pr	ovide the fo	llowing information	about the supported	organization(s)				
	i) Na	me of supporte	ed organization	(ii) EIN	(lii) Type of organization (described on lines 1-10 above (see instructions))	(iv) i organizat in your g docur	overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				]		Yes	No		
						1			
<u>(A)</u>									
(B)									
(C)									
(D)									
<del>(-)</del>						<u> </u>			
<u>(E)</u>									
Total									

#### Schedule A (Form 990 or 990-EZ) 2017 AWWA INTERMOUNTAIN SECTION 23-7026154 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total beginning in) Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants.') Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 2 Section B. Total Support Calendar year (or fiscal year (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total beginning in) Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources

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

Net income from unrelated business activities, whether or

through 10

12 Gross receipts from related activities

12 Gross receipts from related activities, etc. (see instructions)

15 Public support percentage from 2016 Schedule A, Part II, line 14

13	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c) organization, check this box and <b>stop here</b>	(3)	►[	_
Sec	ction C. Computation of Public Support Percentage			
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	%	5

**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 and **stop here.** The organization qualifies as a publicly supported organization

**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

•	$\Box$	

%

12

15

Part III Support Schedule for Organizations Described in Section 509(a)(2)

pupport constant for organizations becombed in cooken cooken.
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization
fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include						
•	any 'unusùal grants.') Gross receipts from admissions,	18,117.	38,800.	42,359.	48,539.	50,225.	198,040.
2	merchandise sold or services						_
	performed, or facilities						
	furnished in any activity that is related to the organization's						
	tax-exempt purpose	230,994.	216,829.	223,744.	264,328.	273,765.	1,209,660.
3	Gross receipts from activities	•					
	that are not an unrelated trade or business under section 513						0.
4	Tax revenues levied for the						
	organization's benefit and						
	either paid to or expended on its behalf			!			0.
5	The value of services or						<u></u>
	facilities furnished by a governmental unit to the						
	organization without charge						0.
	Total. Add lines 1 through 5	249,111.	255,629.	266,103.	312,867.	323,990.	1,407,700.
7a	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons	24,869.	0.	0.	0.	0.	24,869.
b	Amounts included on lines 2			3.			
	and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or						
	1% of the amount on line 13 for the year				0	0	_
_	Add lines 7a and 7b	0.	0.	0. 0.	0. 0.	<u>0.</u> 0.	24,869.
8	Public support. (Subtract line	24,869.	0.	<u>U.</u>	U.	<u> </u>	24,669.
٥	7c from line 6)						1,382,831.
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
9	Amounts from line 6	249,111.	255,629.	266,103.	312,867.	323,990.	1,407,700.
1 <b>0</b> a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from		•				
	similar sources	69.	19.	47.	57.	77.	269.
ь	Unrelated business taxable income (less section 511			·			
	taxes) from businesses						
	acquired after June 30, 1975					77	0.
т 11	Add lines 10a and 10b Net income from unrelated business	69.	19.	47.	57.	77.	269.
• •	activities not included in line 10b,						
	whether or not the business is						<u> </u>
12	regularly carried on .  Other income Do not include						0.
	gain or loss from the sale of						
	capital assets (Explain in Part VI.)						0.
13	Total support. (Add lines 9,						
	10c, 11, and 12)	249,180.	255,648.	266,150.	312,924.	324,067.	1,407,969.
14	First five years. If the Form 990 is organization, check this box and	s for the organizati stop here	on's first, second,	third, fourth, or fi	fth tax year as a s	section 501(c)(3)	▶ 🗍
Sec	tion C. Computation of Pu		Percentage		<del></del>	<del></del>	
15	Public support percentage for 201	<del></del>		13, column (f))		15	98.21 %
16	Public support percentage from 2	016 Schedule A, P	Part III, line 15			16	96.89 %
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	9			
17	Investment income percentage fo		<u></u>		n (f))	17	0.02 %
18	Investment income percentage from	•		-		18	0.03 %
	33-1/3% support tests-2017. If the				ine 15 is more tha	n 33-1/3%, and li	ne 17
	is not more than 33-1/3%, check	this box and stop	here. The organization	ation qualifies as	a publicly support	ed organization	► X
b	33-1/3% support tests—2016. If the line 18 is not more than 33-1/3%,	ne organization did	not check a box o	on line 14 or line 1	9a, and line 16 is	more than 33-1/3	3%, and ► □
20	Private foundation. If the organiz						.u.u.u.i
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Supporting Organizations
(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of 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	<b>Organizations</b>
------------	-----	------------	----------------------

	non A. An Supporting Significations	I	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?			1
•	If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation if historic and continuing relationship, explain	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
٦.	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)			
38	and (c) below.	3a		<u>i</u>
Ł	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 <b>Part VI</b> when and how the organization			
	made the determination	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use	3с		
<b>4</b> a	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		
t	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	: Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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		
t	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	: Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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 <b>Part VI.</b>	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)	7		
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		
<b>9</b> a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?  If 'Yes,' provide detail in <b>Part Vi</b>	9a		
t	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 <b>Part VI</b> .	 9b		
ď	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer 10b below	10a		
Ł	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Pa	rt IV	Supporting Organizations (continued)			
11	∐ac t	he organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A per	son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	3	rning body of a supported organization?	11a		
		nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		L
<u> 5e</u>	ction E	3. Type I Supporting Organizations		Yes	No
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		162	140
	or ele <b>Part</b> \int If the	ect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove			
	direct appli	tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, ed to such powers during the tax year	1		
2	that o	nc organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orthogonal organization.	2		, ,
Sec	<u>··</u>	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees			
	of ea	ch of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec		D. All Type III Supporting Organizations			
	-			Yes	No
	D1 44	and the second to each of the comparted excommentations, by the last day of the fifth month of the	_		
1	organ	ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, organ	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
_					
2	organ	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how			
	the o	rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played			
		s regard	3		
Sec	ction E	E. Type III Functionally Integrated Supporting Organizations			
1	Chec	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns).		
		The organization satisfied the Activities Test. Complete line 2 below			
	ь∏т	The organization is the parent of each of its supported organizations			
	с 🗌 т	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see inst	ructio	ns)	
2	Activ	ities Test. Answer (a) and (b) below.		Yes	No
	suppi orgai	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported inizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was considered to those supported organizations, and how the organization determined that these activities constituted			
		tantially all of its activities.	2a		
	the o	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for			
		rganization's position that its supported organization(s) would have engaged in these activities but for the nization's involvement	2b		
3	Pare	nt of Supported Organizations. Answer (a) and (b) below.			!
	a Did the	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? Provide details in Part VI.			
	<b>b</b> Did th	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on Nov. is must c	20, 1970 (explain in Pomplete Sections A th	art VI) <b>See</b> rough E.
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		and your page from the	
	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d	_	
-	Discount claimed for blockage or other factors (explain in detail in Part VI).			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		_
7	Check here if the current year is the organization's first as a non-functionally interference (see instructions)	grated Ty	pe III supporting orgai	nization

Schedule A (Form 990 or 990-EZ) 2017

Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purp	ooses		
2	Amounts paid to perform activity that directly furthers exempt purposin excess of income from activity	ses of supported organiz	ations,	
3	Administrative expenses paid to accomplish exempt purposes of sup	ported organizations		
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 organi in <b>Part VI</b> ) See instructions	zation is responsive (pro	ovide details	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion 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			
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			
а	]			
b	From 2013	1		
С	From 2014			
d	From 2015		ļ	
е	From 2016			
1	Total of lines 3a through e			
g	Applied to underdistributions of prior years			<u> </u>
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
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			
	Applied to 2017 distributable amount			····
	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. For result greater than zero, explain in Part VI See instructions.			
6	Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
d	Excess from 2016			
	Excess from 2017			

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Schedule A (Form 990 or 990-EZ) 2017

23-7026154

Page 8

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

# SCHEDULE I

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.
► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information

1545-0047	117
OMB No	20

**%** ⊠ (h) Purpose of grant or assistance **Employer identification number** ☐ Yes Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 23-7026154 Rartilli Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on (g) Description of noncash assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant 9,800 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) fRC section (if applicable) AMERICAN WATER WORKS ASSOCIATION Enter total number of other organizations listed in the line 1 table Partil General Information on Grants and Assistance the selection criteria used to award the grants or assistance? AWWA INTERMOUNTAIN SECTION (B) 1 1 1 1 (a) Name and address of organization or government 100 E TENNESSEE AVE DENVER, UT 80209 1 1 1 1 1 1 1 1 1 1 111 1 1 1 1 (1) WATER FOR PEOPLE 1 ı Name of the organization 1 ı ١ 1 1 1 1 |Ø| € 6 [ଙ୍ଗ <u>@</u> E <u>(8</u>

Schedule I (Form 990) (2017)

TEEA3901L 08/10/17

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

Schedule I (Form 990) (2017) AWWA INTERMOUNTAIN SECTION

Partills Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

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(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 SCHOLARSHIP AWARDS	4	6, 650.			
2				,	
R					
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,					
Partival Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	ride the informatio	in required in Part 1	, line 2; Part III, o	olumn (b); and any off	ner additional information.

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#### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

2017 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

AWWA INTERMOUNTAIN SECTION AMERICAN WATER WORKS ASSOCIATION Employer identification number

23-7026154

#### Form 990 - Explanation of Amended Return

ORIGINALLY FILED RETURN DID NOT CORRECTLY REPORT ALL CONTRIBUTION ACTIVITY Form 990, Part VI, Line 11b - Form 990 Review Process

COPIES OF THE 990 ARE PASSED OUT TO ALL BOARD MEMBERS, BUT NOT THE FULL MEMBERSHIP. AT THE ANNUAL MEETING THE SECRETARY OR AUDIT COMMITTEE GOES OVER THE AUDIT FINDINGS AND FINANCIAL INFORMATION FOR THE YEAR.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

INFORMATION REGARDING THE FORM 990 IS MADE AVAILABLE UPON REQUEST BY THE PUBLIC.