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Themal Revenue Service

For Paperwork Reduction Act Notice, see the separate instructions.

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.

2017 Open to Public Inspection

Form **990** (2017)

For the 2014' calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if applicable Indiana Utility Rate Payer Trust Address change 35-6651129 Doing business as Name change Number and street (or P O box if mail is not delivered to street address) 317-848-1873 Initial return 55 Monument Circle Ste 800 Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated IN 46204 Indianapolis 2,818,482 G Gross receipts \$ Amended return Name and address of principal officer H(a) Is this a group return for subordinates? Application pending Hoosier Trust Company 55 Monument Circle Suite 800 H(b) Are all subordinates included? IN 46204 If "No," attach a list (see instructions) Indianapolis 501(c)(3) **X** 501(c) 4947(a)(1) or Tax-exempt_status (insert no) Website > N/A H(c) Group exemption number Corporation X Trust Other > Year of formation 1997 M State of legal domicile Form of organization_ Association Part I 🗀 Summary 1 Briefly describe the organization's mission or most significant activities To provide funds to help cover legal and other expenses to any and all who Governance are affected detrimentally by utility rates and practices in Indiana. 2 Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets 5 3 Number of voting members of the governing body (Part VI, line 1a) ctivities & 5 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 2,725 1,462,341 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 283,648 559,036 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,090 1,747,079 561,761 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 157,323 180,995 13 Grants and similar amounts paid (Part IX, column (A), lines 1=3) 14 Benefits paid to or for members (Part IX, column (A), line 4): 15 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 82,713 16a Professional fundraising fees (Part IX, column (A) line 11e) & 2000 0 第二字:董三十三十三字。 第二字:董三十三字: b Total fundraising expenses (Part IX, column (D), line-25). 9,603 9,966 17 Other expenses (Part IX, column (A), lines, 11a-11d, 11f-24e). 275,385 249,639 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,497,440 286,376 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 6,760,591 ,164,307 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 760 591 164 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 Signature of officer Sign Hoosier Trust Company Trustee Here Type or print name and title Pnnt/Type preparer's name Preparer's signature Check િઓ કિ Paid P00017992 Mark D Scheaffer CPA Mark D Scheaffer CPA Preparer Kelley Hardesty Smith and Co 35-1427175 Firm's EIN ▶ **Use Only** 5240 Elmwood Ave Indianapolis, IN 46203-5915 317-788-1571 Phone no May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

	Indiana Utility		651129	Page 2
	Statement of Program Serv		ort III	
	cribe the organization's mission	s a response or note to any line in this P	art III	
To prov	ride funds to help	cover legal and other elly by utility rates and	expenses to any and all practices in Indiana.	l who
	anization undertake any significant 990 or 990-EZ?	program services during the year which were not		es X No
•	escribe these new services on Sche	edule O		,3 <u>[14]</u> NO
services?		ke significant changes in how it conducts, any pro	_	es 🗓 No
4 Describe the expenses		ccomplishments for each of its three largest prog panizations are required to report the amount of gi		
4a (Code To prov	ride funds to help	80,995 including grants of \$ 100 cover legal and other 600 ly by utility rates and	80,995)(Revenue \$ expenses to any and all practices in Indiana.	l who
			-	
4b (Code) (Expenses \$	including grants of \$) (Revenue \$	
4c (Code) (Expenses \$	including grants of \$) (Revenue \$	
			•	
			•	
			•	
Ad Other press	ram services (Describe in Schedule			
4a Other progr (Expenses			evenue \$)	
	am service expenses ▶	180,995		
44			Form	n 990 (201

Form	990 (2017) Indiana Utility Rate Payer Trust 35-6651129		P	age 3
Pa	Trt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1_1_		X
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>x</u> _
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u>x</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	İ		
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			7.
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			-
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	si É	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	ا ۾ د		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44-		v
_	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	446		v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110		x
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11d		х
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	 	X
e	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	-	
f	the organization's separate of consolidated linancial statements for the tax year include a footificte that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
120	Schedule D, Parts XI and XII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	·	†	
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		1	
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			ŀ
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
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		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			Ī
• •	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	<u></u>	X

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

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

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

If "Yes," complete Schedule G, Part III

Page 4

			Yes	No.
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			_
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22_		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	1		
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled]]		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		3 1 1	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			e 18 882.
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	_30	l	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34_		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	L_	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		ŀ	}
	Part VI	37_	L_	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38_	х	<u></u>

Form 990 (2017) Indiana Utility Rate Payer Trust 35-6651129

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

18 Enter the number reported in Box 3 of Form 1098 Enter -0- if not applicable Enter be number of Forms W-25 concluded in live 1 of Enter -0- if not applicable Differ the number of Forms W-25 concluded in live 1 of Enter -0- if not applicable Under organization comply with backaps withholding rules for reportable payments to vendors and reportable gammen (gambning) withmings to prax withholding rules for reportable gammen (gambning) withmings to prax withmings to pray withmings to prax withmings to pray withmings withmings to pray withmings withmings to pray withmings		•			C Contractor	res	NO
Count the organization comply with backup withholding Jules for reportable payments to vendors and recordable gaming (pambling) withmings to price wenters? 28 Einser the number of employees reported on Form W-3. Transmitted of Wage and Tax Stotements, filed for the calendar year ending with or within the year covered by this return 7 It's test one is exported on in Fax, and the organization file all response detected by this return 7 It's test on it is exported on the 3.4 oft the organization file all response of the 1.0 organization have the state of the 1.0 organization have a matterial to a state of the 1.0 organization have a matterial in or a signature or other authority over, a financial account in a foreign country 1.0 organization have a matterial in or a signature or other authority over, a financial account in a foreign country 1.0 organization have an interior in or a signature or other authority over, a financial account in a foreign country 1.0 organization have an interior in or a signature or other authority over, a financial accountry 1.0 organization in a foreign country 1.0 organization have an interior in organization organization have an interior in organization and the state of the stat	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	_1a				
reportable gaming (gambling) winnings to prize winners? Sitzements, flied for the calendar year ending with or within the year covered by this return If all least one is reported on fine will all the year covered by this return Note. If the sum of lines 14 and 25 is greater than 250, you may be required to e-five (see mistructions) Note. If the sum of lines 14 and 25 is greater than 250, you may be required to e-five (see mistructions) Did the organization have unrelated business gross is some of \$1.00 or more during the year? A ray time during the calendar year, of the organization have an interest in or a signature or other subtrotly over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for FinCSN Form 114. Report of Foreign Bank and Financial accounts (FBAR) If "Yes," reter the name of the foreign country ≥ See instructions for filing requirements for FinCSN Form 114. Report of Foreign Bank and Financial accounts (FBAR) Und any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? So Was the organization aparty to a prohibited tax shelter transaction? Did any taxable party notify the organization file Form 888-17. So Dess the organization solicit any contributions that were not tax deductable as charitable contributions? If "Yes," did the organization foreign that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section \$10(0,000). If "Yes," did the organization foreign that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section \$10(0,000). If "Yes," did the organization foreigned that are normally greater than \$100,000, and did the organization solicit any contributions that the section \$10(0,000). If "Yes," did the organization foreigned that the section \$10(0,0	b		<u>1</u> b	0		計畫	
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or veithin the year covered by this tetum b If at least one is exported on the 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) 3 bit the organization have unitedate business gross income of \$1,000 or more during the year? 3 a If Yes, 'has it filed a Form 950-T for this year? If No' to fine 3b, provide an explanation of Schrödule O 3 bit Press, 'has it filed a Form 950-T for this year? If No' to fine 3b, provide an explanation of Schrödule O 3 bit Press, 'has it filed a Form 950-T for this year? If No' to fine 3b, provide an explanation of Schrödule O 3 bit Press, 'has it filed a Form 950-T for this year? If No' to fine 3b, provide an explanation of Schrödule O 3 bit Press, 'has the set of the district of the set of	C	Did the organization comply with backup withholding rules for reportable payments to vendors and				五萬	
Statements, fleed for the calendar year ending with or within the year covered by this return Statements					1c	. s eucite	300
bit fat least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1 and 2a six greater than 350, you may be required to #els es instructions) 15 bit 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) a Did the organization have uniteded business gross income of \$1,000 or more dumpt the year? 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 accountry? At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountry See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR) If "Yes," did the organization that it was or is a party to a prohibited tax shelter transaction? 5a V it "Yes" to line 5a or 5b, did the organization file Form 886-1? 5b Obes the organization with the organization file Form 886-1? 5c If "Yes", did the organization mutual gross receipts that are normally greater than \$100,000, and did the organization should with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d bid the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7a X 7b If "Yes," indicate the number of Forms 8282 filed during the year 8 bid the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 8 file the organization received a contribution of the value of the goods or services provided? 9 file the organization received a contribution of the value of the goods or services provided? 10 the organization received a contribution of cars, boats, arpsines, or other vehicles, did the organization file or \$75 to \$75			ــــــــــــــــــــــــــــــــــــــ	0		Etc. set	د شد فقاسه
3a	b				2b	. इंडर	ক্র স্ব
b If "Yes," has it filled a Form 990-T for this year? If "No" is line 3b, provide an explanation in Schedule O 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 year as bank account, securities account, or other financial account in a foreign country year as bank account, securities account, or other financial account in a foreign country year. A financial account in a foreign country year account. Year of the financial accounts (FBAR) If "Yes," enter the name of the foreign country year account, or other financial accounts (FBAR) Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b With the programization shelf and the organization that it was or is a party to a prohibited tax shelter transaction? 5c With "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any combinitions that were not tax deductables. 5c With "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable? 6c With the organization receive a payment in excess of \$75 made partly as a contribution and parity for goods and services provided to the payor? 7c Organization stant may receive deductable contributions under section 170(c). 8d If "Yes," did the organization notify the other of the value of the goods or services provided? 7d With the organization stant may receive deductable contributions under section 170(c). 8d If "Yes," did the organization encourse a payment in excess of \$75 made partly as a contribution and parity for goods and services provided to the payor? 7d With the organization stant payment in excess of \$75 made partly as a contribution and parity for goods and services provided to the payor? 7d With the organization stant payment in excess of \$75 made partly as a contribution of the Form \$			5)		MEL.	المنتشر تسدر	
4a Al 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 accounts (FGAR) 5a If "Yes," other the name of the foreign country ▶ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 5c If "Yes' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Did any tixable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Did be organization have annual gross receipts that are normally greater than \$100,000, and did the organization shelt any ore total x deductible as charlatate contributions? 5c Did the organization shelt any receive deductible contributions under section 170(c). 5c Did the organization shelt may receive deductible contributions under section 170(c). 5c Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7c Did the organization selection that of the payor? 7d Did the organization selection payor? 7e Did the organization selection payor that was required to the Form \$2822 filed during the year 7e Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1998-C? 7f Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1998-C? 7f Did the organization have excess business holdings at any time during the year? 9 Section 501(c)(7) organizations. Enter 1 Interior of the sponsoring organizations make a distribution to a donor,	3a		_				^
over, a financial account in a foreign country (such as a bank account, securities account). If "Yes," enter the name of the foreign country ▶ See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR?) Saw She organization a party to a prohibited tax sheller transaction at any time during the tax year? 5a	b				36		
account)? b If "Yes," enter the name of the foreign country. ▶ 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 (FinAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a	4a			ty			
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a 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) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a 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 b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	10		1	ı			
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a 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 b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	11	· · · · ·	. مما	I			
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a 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 b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	b	·					
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13 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				1	128	154E	11111
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b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	а	· · · · · · · · · · · · · · · · · · ·			138	BERTE S	
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c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 5cm 990 cm	b		426	1			
14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 5cm 990 (20)		•					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			130		143	ATACTACH P.	X
D II Tes, has timed a form 720 to report mode payments. The provide an experience of the provide and the provide an experience of the provide an experience of the provide and the provide an experience of the provide and the provide an experience of the provide and	_		le O			 	†
	DAA	ii 165, Has it lieu a roini 120 to report those payments. If 110, provide an explanation in ochedul				m 99	0 (201

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a '	'No"	ugu u
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se	e ınstr	uctior	าร
	Check if Schedule O contains a response or note to any line in this Part VI			_X_
Sec	tion A. Governing Body and Management			
	•	C 25. 22.	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5			
	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	100		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5	ا ئى تا		1.5 Kg
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1.87		Eletaria ?
_	any other officer, director, trustee, or key employee?	2	—-	X
3	Did the organization delegate control over management duties customarily performed by or under the direct	1 .		₩.
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6 7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
, a	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	<u> </u>		
_	stockholders, or persons other than the governing body?	7ь	-	x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	1 45,6	1	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		_X_
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	ode.)	_	
		$\overline{}$	Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	1		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	120	X	~ ~ ~ ~ ·
2a b	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X	├──
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		<u> </u>
·	describe in Schedule O how this was done	12c	x	
3	Did the organization have a written whistleblower policy?	13	X	
4	Did the organization have a written document retention and destruction policy?	14	Х	
5	Did the process for determining compensation of the following persons include a review and approval by	1	問題的	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	44.7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			調力
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	a-15.156	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	藍		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		是難	建
	organization's exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>
	List the states with which a copy of this Form 200 is required to be filed			
7	List the states with which a copy of this Form 990 is required to be filed IN Section 6104 requires an erganization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(e)/3)s only)			
8	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			
	Own website Another's website X Upon request Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			

Suite 800 Hoosier Trust Company IN 46204 Indianapolis

rson who possesses the organization

55 Monument Circle

317-848-1873

										
Town 000 (0047) Indiana		D	. .				.		1100	· 684,1
Form 990 (2017) Indiana Part VII Compensati	on of Officers	Ra Dir	ce ect	nrs	aye Tr	er :	L'T.	<u>ust </u>	1129	Fmployees and
	Contractors	-	CCL	013	,	usic	c 3,	rtey Employees, m	gnest Compensateu	Employees, and
		s a	res	pon	se (or no	te t	to any line in this Part	VII	
Section A. Officers, Direct	tors, Trustees, Ke	y Em	plo	yees	, an	d Higl	hes	t Compensated Employe	es	 _
1a Complete this table for all per organization's tax year	rsons required to be	e list	ed F	Repo	ort co	mpen	satı	on for the calendar year er	nding with or within the	
 List all of the organization's compensation Enter -0- in column 	nns (D), (E), and (F) if n	о со	mpe	nsat	ion wa	as p	aid		f
 List all of the organization's 										
 List the organization's five who received reportable compen organization and any related organization 	sation (Box 5 of Fo	mpei rm V	nsate V-2 a	ed e and/o	mplo or Bo	oyees ox 7 of	(oth f Fo	er than an officer, director, rm 1099-MISC) of more th	trustee, or key employee) an \$100,000 from the	1
List all of the organization's	s former officers, k	еу ег	mplo	yees	s, an	id high	nest	compensated employees	who received more than	
\$100,000 of reportable compens List all of the organization's									director or trustee of the	
organization, more than \$10,000	of reportable comp	ensa	ation	fron	n the	e orgai	nıza	ition and any related organ	ızatıons	
List persons in the following orde compensated employees, and fo	r individual trustee	s or	dire	ctors	, ıns	titutio	nal 1	trustees, officers, key empl	oyees, highest	
Check this box if neither the		v rei	ated	ora	20179	ation o	omi	nensated any current office	or director or tructoe	
(A)	(B)	1	ateu		(C)	20011 0	OIII	(D)	(E)	(E)
Name and Title	Average			Po	sition			Reportable	Reportable	(F) Estimated
	hours per week					than or is both		compensation from	compensation from related	amount of other
	(list any hours for					or/truste		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	or dir	Instit	Officer	Tey o	High	Former	(W-2/1099-MISC)	(W-2/1099-WIGC)	organization
	organizations below dotted	ector	l teg	4	employee	est co oyee	ğ			and related organizations
	line)	Individual trustee or director	Institutional trustee		yee	mper				
		*	stee			Highest compensated employee				
(1)Anne Becker		T	┢	t	+	╁┤				
,	2.50									
Executive Committee	0.00	x						5,450		0
(2) Richard Hill										
	2.50	l								
Executive Comittee	0.00	X	-	-	\vdash	\vdash		5,450	0	0
(3) Robert Johnson	2.50				ł					
Executive Committee		x						5,450	0	0
(4) June Lyle		-	T	t	1	\vdash		3/130		
_	2.50									
Executive Committee		x						5,450	0	0
(5) Chris Williams	1									
	2.50	l							_	
Executive Committee (6) Hoosier Trust		X	┼	-	1	╀		5,450	0	0
(6) HOOSIEL TIUSC	4.50									
Trustee	0.00		x					57,174	0	0
(7)	1	T	† 	T	T	1 1		<u> </u>	<u> </u>	<u> </u>
								1		
(8)			\vdash			† †				

(9)

(10)

(11)

DAA

Form-990-(2017)

received more than \$100,000 of compensation from the organization

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or exempt (C) Unrelated (D) Revenue business excluded from tax function 512-514 1a Federated campaions 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 2,725 g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f Program Service Revenue Busn Code 2a b f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 214,181 214,181 Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross rents b Less rental exps c Rental inc or (loss) d Net rental income or (loss) 7a Gross amount from (II) Other (i) Securities sales of assets 2,601,576 other than invento **b** Less cost or other 2,256,721 basis & sales exps 344,855 c Gain or (loss) d Net gain or (loss) 344,855 344,855 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV. line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities Þ 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn Code 11a d All other revenue Total. Add lines 11a-11d

561,761

559,036

Total revenue. See instructions

Form 990 (2017)

Form 990 (2017) 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 response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) (C) Do not include amounts reported on lines 6b. Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 180,995 180,995 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 84,424 84,424 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees) Management Legal b 3,925 3,925 Accounting C d Lobbying igger 1999, Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization $\overline{1,679}$ 1,679 23 Insurance 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) 4,2534,253 Travel Expenses 109 109 Federated Sub Acctng Fees c d All other expenses 180,995 94,390 0 275,385 Total functional expenses. Add lines 1 through 24e 25 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 ▶ 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) (A) Beginning of year End of year Cash-non-interest bearing 209,405 275,962 2 Savings and temporary cash investments 3 Pledges and grants receivable, net Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 10a 動心 other basis Complete Part VI of Schedule D 10c b Less accumulated depreciation 10b 6,888,344 6,551,186 11 investments—publicly traded securities 12 12 Investments—other securities See Part IV, line 11 13 13 Investments-program-related See Part IV, line 11 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 7,164,307 6,760,591 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 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 0 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 29 **Assets or Fund** Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 7,164,307 6,760,591 Net Retained earnings, endowment, accumulated income, or other funds 32 7,164,307 6,760,591 33 Total net assets or fund balances 7,164,307 6,760,591 Total liabilities and net assets/fund balances

orm	1 990 (2017) Indiana Utility Rate Payer Trust 35-6651129	_		Pag	e 12
Pa	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	5	51,7	61
2	Total expenses (must equal Part IX, column (A), line 25)	2	2*	75,3	85
3	Rèvenue less expenses Subtract line 2 from line 1	3	21	36,3	76
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	_4	6,70	50,5	91
5	Net unrealized gains (losses) on investments	5		L5,4	91
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	1.	32,8	31
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	7,1	5 <u>4,</u> 3	07
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 Cash X Accrual Other				1 3 5 5
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			1.0	
	Schedule O			اً الله	`
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				7 5 ye.
	reviewed on a separate basis, consolidated basis, or both		1 0		\$ 5
	Separate basis Consolidated basis Both consolidated and separate basis		34.		8 ±
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both		,	1 1 1 1	1
	Separate basis Consolidated basis Both consolidated and separate basis			34	
С	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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in		$\sigma_{n}^{*}\in$	4.5	1
	Schedule O		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		st i
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		<u>x</u> _
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

OMB No 1545-0047

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

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

▶ Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

Open to Public Inspection

Employer identification number

ŝ × (h) Purpose of grant Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form or assistance Yes 35-6651129 noncash assistance (g) Description of 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed 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) (e) Amount of noncash assistance 9,500 7,000 12,801 21,031 15,988 10,000 29,491 28,943 28,600 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) Indiana Utility Rate Payer Trust General Information on Grants and Assistance (b) EIN the selection cnteria used to award the grants or assistance? (7) Now! Inc (The City of Charlestown (5) Indiana Indusrial Group - Vectren (2) HEC Petersburg Generating Station (9) Indiana Industrial Group (SIGECO) M General Rate Increase - Vectren 2018 - 2020 DSM (3) CAC DSM IRP Oversights Board (a) Name and address of organization (4) CAC Duke Energy Indiana DSM (1) CACEF DSM (EE) Program or government ᄲ н Partil Pari (6) CAC (8) CAC

Enter total number of other organizations listed in the line 1 table

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Schedule I (Form 990) (2017)

6841

OMB No 1545-0047

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Indiana Utility Rate Payer Trust

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

Complete if the organization answered "Yes" on Form 990, Part

► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest informati

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Rartill General Information on Grants and Assistance	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 the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	he amount of the g nce? nitoring the use of	rants or ass grant funds	ints or assistance, the grantees' ant funds in the United States	eligibility for the gran	ts or assistance, an	D	Yes No
Epartiti Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form	mestic Organ	zations	and Domestic Go	vernments. Con	plete if the orga	anization answe	ered "Yes" on Form
990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated it additional space is needed	that received n	nore than	\$5,000. Part II ca	n be duplicated if	additional spac	e is needed.	
1 (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 noncash assistance	(h) Purpose of grant or assistance
(1) CACEF - Indiana Sustainable Energy							
			8,444				
(2)							
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.	for Form 990.						Schedule I (Form 990) (2017)

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Schedule I (Form 990) (2017) Indiana UCILILY NACE FOR TOWN Schedule I fine organization answered "Yes" on Form 990, Part IV, line 22 (Charles and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22	o Domestic Individua	Is. Complete if the	organization answere	d "Yes" on Form 990, Part	IV, line 22
	onal space is needed				
(a) Type of grant or assistance	(b) Number of	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, (f) Description of noncash assistance FMV, appraisal, other)
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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
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Department of the Treasury Internal Revenue Service

o to www.irs.gov/Form990 for the latest information.

Employer identification number

Indiana Utility Rate Payer Trust

35-6651129

Form 990, Part VI, Line 8b - Documentation by Committee Explanation
The organization has an executive committee whose responsibilities involve
determining grants, and oversight of investment activity of the registered
investment advisor.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

A Copy of the Form 990 is provided to the Board of directors for review, signature and filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The organization has an executive committee and annually they require the officers, directors, and trustees to disclose any conflicts and sign a statement.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Made available upon request in writing in the office of the Trustee located

at 55 monument circle.