Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury

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

Co to warm use gov/Form900 for instructions and the latest information

Open to Public

inter		nue Service	Go to www.iis.gov/Formaso for instructions and the latest in	TOTTINACION.		mapection
<u> </u>	For the		ndar year, or tax year beginning , 2018, and ending			, 20
В	Check i	f applicable	C Name of organization IRELAND UTILITIES, INC		D Employe	r identification number
	Address	s change	Doing business as		35-11	36371
	Name o	hange	Number and street (or P.O box if mail is not delivered to street address) Room/suite	•	E Telephon	e number
	Initial re	eturn	P. O. BOX 83		(812)	482-2015
	Final retu	um/terminated	City or town, state or province, country, and ZIP or foreign postal code			
		ed return	IRELAND, IN 47545		G Gross red	ceipts \$ 878,457.
$\overline{\Box}$			F Name and address of principal officer	H(a) is this a m		ubordinates? Yes X No
_	пррпои	mon ponding	ANDREW HULSMAN, 1581 W ST RD 56, JASPER, IN 47546			
_	Tay av	ampt status				list (see instructions)
+	Websit	empt status		┥		
<u> </u>			/A		exemption i	
_			Corporation ☐ Trust ☐ Association ☐ Other ►	n 196	/ M State	of legal domicile IN
F	art I	Summ				
	1			E DRINKABLE	WATER TO TH	RE ORGANIZATION MEMBERSHIP
Activities & Governance		TO PRO	VIDE FIRE PROTECTION FOR THE SURROUNDING AREA			
ı.						
ĕ	2		s box ▶ ☐ If the organization discontinued its operations or disposed of	more than	1 1	
ဗိ	3					9
න් ග	4		of independent voting members of the governing body (Part VI, line 1b)		4	9
Ęį	5	Total nun	nber of individuals employed in calendar year 2018 (Part V, line 2a)		5	3
ξį	6	Total nun	nber of volunteers (estimate if necessary)		6	0
¥	7a	Total unre	elated business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrel	ated business taxable income from Form 990-T, line 38		7b	0.
				Prior Ye	ar	Current Year
a)	8	Contribut	,001.	1,056.		
Revenue	9	Program	service revenue (Part VIII, line 2g)	·		
eve	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		437.	-29,513.
ď	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,083.	487,393.
	12		nue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	·····	5,521.	458,936.
	13		nd similar amounts paid (Part IX, column (A), lines 1–3)	77.	7, 321.	430,330.
	14	Benefits				
	15		1,269.	77,144.		
ses	16a		other compensation, employee benefits (Part IX, column (A), lines 5–10)		1,209.	//,144.
ĕ	1 .		nal fundraising fees (Part IX, column (A), line 11e)			
Expenses	_b		draising expenses (Part IX, column (D), line 25)	1.00		000 001
	17		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		365.	282,831.
	18	l otal exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		0,634.	359,975.
	19	Hevenue	less expenses. Subtract line 18 from line 12 RECEIVED		1,887.	98,961.
Net Assets or			1001	eginning of Cu		End of Year
Sset	20		IOI APD a TOI		1,891.	4,731,418.
et A	21		ilities (Part X, line 26)		l,323.	1,491,503.
			3 of fulld balances. Subtract line 21 from line	3,110	7,568.	3,239,915.
P	art II	Signat	ure Block			
Ur	nder pon	alties of perju	ry, I doctare that I have examined this return, including accompanying schoolules and statem	onts, and to t	he bost of m	ly knowledge, and belief, it is
tr.	ie, corre	ct, and comp	ete Decigation of peparer (other than officer) is based on all information of which preparer i	nas any know		
		1 /2	mbs mallo Trans		4.2	3.19
Sig	gn	Sign	ature of officer	Da	ite	
He	ere	Ke	nneth Schnaus, Treasurer			
			or print name and title			
<u> </u>	.: al	Print/Ty	pe preparer's name Preparer's sign	e	05 15	PTIN
	aid	DAVT	/// X4/17). A/Bu =	/23/201	Check 5	if loyed P00801811
	epar	E1 -				
Us	se On	ייין עייו ⊢				27-4269931
N.A.	ny tha I		ddress ► 112 W 5TH Street, Jasper, IN 47546 s this return with the preparer shown above? (see instructions)	J Pho	ne no (8)	12) 482-4363
_				· · · ·	· · ·	. X Yes No
Fo	r Paper	work Redu	ction Act Notice, see the separate instructions. BAA REV	01/11/19 PRO		Form 990 (2018)

1				
	0 (2018)			Page 2
Part	Statement of Program Service Ac Check if Schedule O contains a res		ort III	
1	Briefly describe the organization's mission TO PROVIDE DRINKABLE WATER TO TO PROVIDE FIRE PROTECTION FO	: O THE ORGANIZATION MEMBE	RSHIP	
2	•			Yes ⊠ No
3	If "Yes," describe these new services on S Did the organization cease conducting, services?	or make significant changes in h		Yes ⊠No
4	If "Yes," describe these changes on Scheo Describe the organization's program servi expenses. Section 501(c)(3) and 501(c)(4) the total expenses, and revenue, if any, for	ce accomplishments for each of its organizations are required to repor		
4a	(Code:) (Expenses \$ N/A	including grants of \$) (Revenue \$)
				1
				•
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$

4e Total program service expenses ▶

) (Revenue \$



Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 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 X 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 6 × 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 × Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 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 9 X 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 × 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 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a × Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more 11b × Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c × Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X × Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a 12a × 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 × Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 × 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a × 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 × Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 × 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 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 × Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 × Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 × 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? են։ Жգբ, միջ բացրlete Schedule I, Parts I and II

×

Part	Checklist of Required Schedules (continued)			
	•		Yes	No
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		×
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		×
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		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 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		
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		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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		×
28	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).			
а	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 Schedule L, Part IV	28b		×
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		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
04	conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		-
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	34		×
35a	or IV, and Part V, line 1	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	334		
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		×
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
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	×	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V	· ·	· · ·	\Box
4 =	Friendly number was add in Day 0 of Ferry 1000 Feb. 0 1/2 1 1 1 1 1 1 1 1 1		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	×	

Part \	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
		30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
С	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	- -		<u> </u>
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		×
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		 ^
g	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
h	•	- ' ' ' '		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
•	sponsoring organization have excess business holdings at any time during the year?	-		
9	Sponsoring organizations maintaining donor advised funds.	0-		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
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	-		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	ł		
b	Gross income from other sources (Do not net amounts due or paid to other sources			ł
	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?	12a		-
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.			<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.	1		
b	Enter the amount of reserves the organization is required to maintain by the states in which	1		
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	<u> </u>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
- -	excess parachute payment(s) during the year?	15	1	
	If "Yes," see instructions and file Form 4720, Schedule N.	-	 	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	-	
	If "Yes," complete Form 4720, Schedule O.		 	†
		Ц		L

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	tructi	ons
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 . 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	<u>-</u>	×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	6	×	×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	×	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	×	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×_	-
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	/ - \	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	162	×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	ļ
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		×
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		×
14	Did the organization have a written document retention and destruction policy?	14		×
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?	45		,
a	The organization's CEO, Executive Director, or top management official	15a 15b	<u> </u>	×
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	138	 -	X
16a	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		×
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	2		†
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	,	
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► IN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Don request Other (explain in Schedule O)	T (Sec	tion	501(c)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.		•	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re IRELAND WATER UTILITIES INC. HWY 56, IRELAND, IN 14545 (812)482-2015	cords	•	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the 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 employees."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted	of file Individua	ot ch	Pos leck is pe	tion more	than of the state	one n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	line)	ıstee	trustee		ě	pensated				organizations
(1) ANDY HULSMAN DIRECTOR	1.00	×						1,350.	0.	0.
(2) ERIC KNIES DIRECTOR	1.00	×						825.	0.	0.
(3) KEN SCHNAUS DIRECTOR	1.00	×						1,000.	0.	0.
(4) RANDY MEHRINGER DIRECTOR	1.00	×						900.	0.	0.
(5) STAN SCHNAUS DIRECTOR	1.00	×						675.	0.	0.
(6) CHRISTOPHER HOPF DIRECTOR	1.00	×						750.	0.	0.
(7) MATT BUELTEL DIRECTOR	1.00	×						750.	0.	0.
(8) JERRY SANDER HIGHEST COMPENSATED EMPLOYEE	25.00					×		35,502.	0.	0.
(9) TOM ERNY DIRECTOR	1.00	×						825.	0.	0.
(10) CYNTHIA WEHR KEY EMPLOYEE	40.00			-	×			21,936.	0.	0.
(11) GENE HOPF DIRECTOR	1.00	×		-				825.	0.	0.
(12)					-	-		323.		
(13)										
(14)				-	-					<u> </u>

	(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than box, unless person is bot officer and a director/trus					an ee)	(D) Reportable compensation from	(E) Reportable compensation fr	om	(F) Estimated amount of other		
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		comp fro orga and	ensation om the nization related nization	n J
15)														
(16)														
17)						 					+			
18)				_		_						_		
20)									<u> </u>					
						ļ		_						
								_			<u> </u>			
22)														
(23)		 												
(24)														
(25)														
1b c d	Sub-total	VII, Sectio	n A					 	65,338. 65,338.		0.			0.0
2	Total number of individuals (including bur reportable compensation from the organic	t not limited								L		f		
3	Did the organization list any former of							emp	oloyee, or high	nest compens	sated		Yes	No
4	employee on line 1a? If "Yes," complete or any individual listed on line 1a, is the organization and related organizations individual.	sum of re	porta	ble	con	npe	nsatio					3		×
5	Did any person listed on line 1a receive of for services rendered to the organization											5		×
Section 1	on B. Independent Contractors Complete this table for your five highest	compensat	ed in	den	end	ent	contr	act	ors that receive	ed more than	\$100.0)()()		
•	compensation from the organization. Repyear.													ax
	(A) Name and business add	iress							(B) Description of s	ervices	Co	(C) empen	sation	
2	Total number of independent contractor received more than \$100,000 of compens							o th	nose listed ab	ove) who				

Part	VIII	Statement of Reve Check if Schedule O		nonce or note to	ony line in this	Dort VIII		
! !		Crieck il Scriedule C	contains a res	oonse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues . Fundraising events . Related organizations Government grants (con All other contributions, y and similar amounts not inc Noncash contributions include	tributions) 1b 1c 1c 1d 1tributions) 1e 1fla, grants, lluded above 1f	1,056.			Mark of the second of the seco	
Con	g h	Total. Add lines 1a-1		🕨	1,056		1.10-2	
Program Service Revenue	2a b c d			Business Code		1 H.		
grar	f	All other program ser	vice revenue .					
Pro	g	Total. Add lines 2a-2		>				
	3	Investment income and other similar amo	ounts) t of tax-exempt bo	► ond proceeds ►	487.	487.	0.	0.
	5	Royalties	(i) Real	(ii) Personal				
	6a	Gross rents	1,836.	(,				
	b	Less: rental expenses Rental income or (loss)	1,836.					
	d	Net rental income or	<u> </u>		1,836.	1,836.	0.	0.
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other 10,000.				
	b c	Less. cost or other basis and sales expenses . Gain or (loss)		40,000.				
	d	Net gain or (loss) .		▶	-30,000.	-30,000.	0.	0.
Other Revenue	8a	Gross income from fuevents (not including \$ of contributions reports See Part IV, line 18	ed on line 1c)					
ŧ	b	Less: direct expenses						
	с 9а	Net income or (loss) f Gross income from ga See Part IV, line 19	aming activities.		· in in just	(1 t); ·		
	ь	Less. direct expenses	s b					
	1	Net income or (loss) f Gross sales of in returns and allowance	ventory, less					
	ь	Less: cost of goods s				,		
	c	Net income or (loss) f	rom sales of inv		478,704.	478,704.	0.	0.
		Miscellarieous F	Revenue	Business Code				
	11a b							
	d e	All other revenue . Total. Add lines 11a-			6,853. 6,853.	6,853.	0.	0.
	12	Total revenue. See II			458,936.	457,880.	0.	0.

	90 (2018)				Page 10
	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must com	plete all columns A	Il other organizatio	ns must complete co	Jump (A)
360170	Check if Schedule O contains a respons			· · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·	3	<u> </u>
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	65,338.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	6,290.			
9	Other employee benefits				
10	Payroll taxes	5,516.			
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	4,500.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		· · · · · · · · · · · · · · · · · · ·		
f g	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			<u> </u>	
13	Office expenses	4,194.			
14	Information technology	3,1331			
15	Royalties				
16	Occupancy	19,468.			
17	Travel	7,440.		<u> </u>	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
19	Conferences, conventions, and meetings .	3,600.			
20	Interest	23,941.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	56,471.			
23	Insurance	10,362.	 	<u> </u>	
24	Other expenses. Itemižė expenses not covered	• •	* N		1

52,259.

15,479.

72,943.

359,975.

7,294.

4,880.

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.) a SALES TAX PAID

Total functional expenses. Add lines 1 through 24e

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)

b POSTAGE

e All other expenses

25

c DUES & SUBSCRIPTIONS

d WATER SAMPLES

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 927,523. 1 156,139. 2 2 133,821. 47,918. 3 3 4 64,398. 4 68,813. 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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 Assets 7 7 8 8 9 Prepaid expenses and deferred charges . . 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 5,110,228. **10b** 737,583. 3,582,052. 10c 4,372,645. Less: accumulated depreciation 11 Investments—publicly traded securities 11 12 12 Investments—other securities. See Part IV, line 11 . . . 13 Investments—program-related. See Part IV, line 11 13 14 14 15 Other assets. See Part IV, line 11 15 4,621,891. 4,731,418. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 17 6,248. 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 1,505,075. 1,485,730. 23 Secured mortgages and notes payable to unrelated third parties . . . 23 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 1,511,323. 1,491,503. Total liabilities. Add lines 17 through 25 . Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 27 Temporarily restricted net assets 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🗵 and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 1,753,913. 1,723,527. 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds. 1,387,041. 32 1,486,002. 33 3,110,568. 3,239,915. 33 Total liabilities and net assets/fund balances 4,621,891. 4,731,418.

Part	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		45	8,9	36.	
2	Total expenses (must equal Part IX, column (A), line 25)	2		35	9,9	75.	
3	Revenue less expenses. Subtract line 2 from line 1	3		98,961.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	3,110,568.			
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					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10	3	, 20	9,5	29.	
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u></u>	<u>.</u> ,			
			<u></u>		Yes	No	
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olaın	ın	- 1			
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			a	×		
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	olled (or				
	reviewed on a separate basis, consolidated basis, or both.						
	Separate basis Consolidated basis Both consolidated and separate basis		1.	.			
b	The state of the s			b		_ <u>×</u> _	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on	a				
	separate basis, consolidated basis, or both:						
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		-	-	-		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over						
	of the audit, review, or compilation of its financial statements and selection of an independent accounts.			<u>:c</u>	×		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	ın	İ			
•	Schedule O.		ŀ				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	torth	L				
L	the Single Audit Act and OMB Circular A-133?		·	a		<u>×</u>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits a sudit or audits as a undergo such a control of the organization and an arrangement of the organization and arrangement of the organization arrangement of the organization and arrangement of the organization arrangement	_		ь			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	uuits		Ü		L	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

▶ Attach to Form 990.

OMB No 1545-0047

Inspection

Name of the organization Employer identification number IRELAND UTILITIES, INC 35-1136371 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a 2b Number of conservation easements on a certified historic structure included in (a) C Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: **>** \$____ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

REV 11/12/18 PRO

Assets included in Form 990, Part X .

_			
۲	30	ıe	4

Part	Organizations Maintaining Co				
3	Using the organization's acquisition, according thems (check all that apply).	ession, and other reco	rds, check any of the	following that are a si	gnificant use of its
а	Public exhibition	d	Loan or exchange	programs	
b	☐ Scholarly research	е	☐ Other		
С	☐ Preservation for future generations				
4	Provide a description of the organization XIII.	's collections and expla	ain how they further the	he organization's exem	npt purpose in Part
5	During the year, did the organization soli	icit or receive donation	s of art, historical tre	asures, or other simila	r
	assets to be sold to raise funds rather tha	in to be maintained as p	part of the organizatio	n's collection?	☐ Yes ☐ No
Part	IV Escrow and Custodial Arrang	ements.			
	Complete if the organization an 990, Part X, line 21.			•	
1a	Is the organization an agent, trustee, cu				
	included on Form 990, Part X?				☐ Yes ☐ No
b	If "Yes," explain the arrangement in Part	Kill and complete the to	llowing table:	Δ	mount
_	Decimaling halance			<u> </u>	
C	Beginning balance			1c	<u> </u>
d	Additions during the year			1e	
e f	Distributions during the year			1f	
	Did the organization include an amount of				2 T Vas T Na
2a	•	· · · · · · · · · · · · · · · · · · ·	•		
b Par	If "Yes," explain the arrangement in Part > Endowment Funds.	Kill. Check here if the e.	kpianation has been p	orovided on Fart Allr.	
гаг	Complete if the organization an	swared "Ves" on For	m 000 Part IV line	10	
	<u> </u>		or year (c) Two years		(e) Four years back
4.	├ `	a) cancin year (b) i ii	(e) The years	duck (d) three years such	(c) i dai yeare back
1a	Beginning of year balance				
b	Net investment earnings, gains, and				
С	losses				
d	Grants or scholarships				
е	Other expenditures for facilities and				
	programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the		e (line 1g, column (a))	held as.	
а	Board designated or quasi-endowment	> %			
b	Permanent endowment ▶	%			
С	Temporarily restricted endowment ▶	%			
	The percentages on lines 2a, 2b, and 2c s	should equal 100%.			
3a	Are there endowment funds not in the po	ossession of the organi	zation that are held a	ind administered for th	e
	organization by:				Yes No
	(i) unrelated organizations				3a(i)
	(ii) related organizations				3a(ii)
b	If "Yes" on line 3a(ii), are the related organ	nizations listed as requi	red on Schedule R?		3b
4	Describe in Part XIII the intended uses of	the organization's end	owment funds.		<u> </u>
Par	VI Land, Buildings, and Equipme	ent.			
	Complete if the organization an	swered "Yes" on For	m 990, Part IV, line	11a. See Form 990,	Part X, line 10.
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
	1224		<u> </u>	25,00,000	60 670
1a	Land	0.	60,672.	4.046	60,672.
b	Buildings		7,200.	4,046.	3,154.
C	Leasehold improvements	-	15 005		
d	Equipment		46,995.	30,857.	16,138.
<u>e</u>	Other	1	4,995,361.	702,680.	4,292,681.
ı otal.	Add lines 1a through 1e. (Column (d) musi	t equal Form 990, Part .	x, column (B), line 10d	c.) . ▶	4,372,645.

Part VII	Investments — Other Securities. Complete if the organization answered "Yes" or	n Form 0	On Part IV line	a 11h See Forn	000 Part Y line 12
	(a) Description of security or category	111011113	(b) Book value		thod of valuation
•	(including name of security)	İ	(3, 2001)		d-of-year market value
(1) Financial					
	eld equity interests				
(3) Other					
(B)					
(C)					
(D)					
(E) (F)					
(G)					
(H)					
	o) must equal Form 990, Part X, col (B) line 12) ▶			· · · · · · · · · · · · · · · · · 	
Part VIII	Investments—Program Related.				
I alt VIII	Complete if the organization answered "Yes" of	n Form 9	90 Part IV line	a 11c See Form	990 Part X line 13
	(a) Description of investment	111011113	(b) Book value		ethod of valuation
	(a) Description of the same in		(b) book value		d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					·- ····- ·
	o) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX	Other Assets.				
	Complete if the organization answered "Yes" o	n Form 9	90, Part IV, line	e 11d. See Forn	<u> </u>
	(a) Description				(b) Book value
(1)					
(2)					
(3)					
(4) (5)				·	
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col. (B) line 15.)			🕨	
Part X	Other Liabilities.				<u>.</u>
	Complete if the organization answered "Yes" o	n Form 9	90, Part IV, line	e 11e or 11f. Se	e Form 990, Part X,
	line 25.				
1.	(a) Description of liability (b) Book	value			
(1) Federal in	come taxes			**	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(2)				4.	
(3)				•	'
(4)			.		,
(5)					•
(6)					•
(7)					*1
(8)				t	ta ata ta
(9)			╡ '',		·
	b) must equal Form 990, Part X, col (B) line 25) ▶				•
Liability for organization?	uncertain tax positions. In Part XIII, provide the text of the s liability for uncertain tax positions under FIN 48 (ASC 740)	tootnote t)). Check b	o the organization ere if the text of the	rs tinancial statom ne footnote has be	onts that reports the en provided in Part XIII

Part		•	netarr.
	Complete if the organization answered "Yes" on Form 990, F		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	_
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	7.
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1
C	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part	··· ··· ··· ··· ··· ··· ··· ··· ··· ··		
	Complete if the organization answered "Yes" on Form 990, i		
1	Total expenses and losses per audited financial statements	artit, mo iza.	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b		2b	1
	Prior year adjustments		-
C	Other losses	2c	-
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	-
		1.46 1	
b	Other (Describe in Part XIII.)	40	 -
С	Add lines 4a and 4b		4c
с 5	Add lines 4a and 4b		4c 5
c 5 Part	Add lines 4a and 4b	e 18.)	5
5 Part Provid	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line information.
c 5 Part Provic 2, Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and tXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2 to provide any additional	5 b; Part V, line 4; Part X, line information.
c 5 Part Provic 2, Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2 to provide any additional	5 b; Part V, line 4; Part X, line information.
c 5 Part Provic 2, Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and tXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2 to provide any additional	5 b; Part V, line 4; Part X, line information.
c 5 Part Provic 2, Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and tXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2 to provide any additional	5 b; Part V, line 4; Part X, line information.
c 5 Part Provic 2, Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and tXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2 to provide any additional	5 b; Part V, line 4; Part X, line information.
c 5 Part Provic 2, Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and tXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2 to provide any additional	5 b; Part V, line 4; Part X, line information.
c 5 Part Provic 2, Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2 to provide any additional	5 b; Part V, line 4; Part X, line information.
c 5 Part Provic 2, Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2 to provide any additional	5 b; Part V, line 4; Part X, line information.
c 5 Part Provic 2, Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2 to provide any additional	5 b; Part V, line 4; Part X, line information.
c 5 Part Provic 2, Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2 to provide any additional	5 b; Part V, line 4; Part X, line information.
c 5 Part Provic 2, Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2 to provide any additional	5 b; Part V, line 4; Part X, line information.
c 5 Part Provic 2, Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2 to provide any additional	5 b; Part V, line 4; Part X, line information.

Schedule D (Fo	rm 990) 2018	Page 5
Part ⁻ XIII	Supplemental Information (continued)	
		
•		
		•
• • • • • • • • • • • • • • • • • • • •		
	<u>'</u>	
	•••••••••••••••••••••••••••••••••••••••	
••		
	•••••••••••••••••••••••••••••••••••••••	
•••••		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number IRELAND UTILITIES. INC 35-1136371 Pt VI, Line 6: IN ORDER TO PURCHASE WATER YOU MUST BE A MEMBER Pt VI, Line 7a: MEMBERS VOTE ON THE GOVERNING BODY Pt VI, Line 7b: ALL MAJOR DECISIONS MUST BE APPROVED BY THE MEMBERS Pt VI, Line 11b: THE BOARD OF DIRECTORS REVIEW AND APPROVE THIS 990 Pt VI, Line 19: A WRITTEN REQUEST MUST BE MADE TO THE BOARD OF DIRECTORS INDICATING WHAT RECORDS OR DOCUMENTS REQUESTER IS WANTING Pt VI, Line 19: AND THOSE DOCUMENTS WOULD THEN BE AVAILABLE AT THE NEXT SCHEDULED BOARD OF DIRECTORS MEETING FOR INSPECTION Pt VI, Line 8a: THE SECRETARY TAKES MINUTES OF ALL MEETINGS OF THE BOARD OF DIRECTORS Pt VI, Line 8b: THE COMMITTEE APPOINTS MEMBER OF THE COMMITTEE TO TAKE MINUTES OF THE COMMITTEE MEETINGS Pt IX, Line 24e: Description: SUPPLIES Total: \$53,109 Description: BAD DEBT Total: \$175 Description: SUBCONTRACTOR Total: \$19,659