GEORGIA SECTION OF THE AMERICAN WATER WORKS ASSOCIATION

FINANCIAL STATEMENTS

DECEMBER 31, 2014

Contents

	PAGE(S)
Independent Auditors' Report	1
Statement of Financial Position	2
Statement of Activities	3
Statement of Cash Flows	4
Notes to Financial Statements	5 - 6

M^cClung & Associates, P.C.

Accountants and Consultants

INDEPENDENT AUDITORS' REPORT

To the Executive Committee of Georgia Section of the American Water Works Association

We have audited the accompanying financial statements of Georgia Section of the American Water Works Association (a non-profit organization), which comprise the statement of financial position as of December 31, 2014, and the related statements of activities and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Georgia Section of the American Water Works Association, as of December 31, 2014, and the results of its activities and cash flow for the year then ended in conformity with accounting principles generally accepted in the United States of America.

July 10, 2015

un Amociates, P.C.

Statement of Financial Position December 31, 2014

<u>Assets</u>	Unrestricted		mporarily estricted	<u>Total</u>	
Current Assets					
Cash	\$	279,444	\$ 11,430	\$ 290,874	
Certificates of deposit		-	-	-	
Accounts receivable		2,231	 	 2,231	
Total Current Assets	\$	281,675	\$ 11,430	\$ 293,105	
	\$	281,675	\$ 11,430	\$ 293,105	
<u>Liabilities and Net Assets</u> Current liabilities					
Accounts payable	\$	9,256	\$ 	\$ 9,256	
Total Liabilities	\$	9,256	\$ 	\$ 9,256	
Net Assets					
Undesignated	\$	272,419	\$ 11,430	\$ 283,849	
	\$	272,419	\$ 11,430	\$ 283,849	
	\$	281,675	\$ 11,430	\$ 293,105	

See the accompanying notes to financial statements.

Statement of Activities Year Ended December 31, 2014

Dublic Support Dayanua and Daglassifications	 restricted	mporarily estricted		<u>Total</u>	
Public Support, Revenue, and Reclassifications Allotments Assessments Water for People	\$ 39,543 32,026	\$ - 11,430	\$	39,543 32,026 11,430 916	
Interest Net assets released from restrictions	 916 	 <u>-</u>		<u>-</u>	
Total Public Support, Revenue and Reclassifications	\$ 72,485	\$ 11,430	<u>\$</u>	83,915	
Expenses					
Business promotion	\$ 9,792	\$ -	\$	9,792	
Business services	1,087	-		1,087	
Conferences & training	8,305	-		8,305	
Donations	5,056	-		5,056	
GAWP annual services	32,026	-		32,026	
Georgia WARN	3,070	-		3,070	
Member recognition	1,820	-		1,820	
Professional services	2,450	-		2,450	
Water for People	 <u>-</u>	 		_	
Total Expenses	\$ 63,606	\$ 	\$	63,606	
Change in Net Assets	\$ 8,879	\$ 11,430	\$	20,309	
Net Assets - Beginning	263,540	 		263,540	
Net Assets - Ending	\$ 272,419	\$ 11,430	\$	283,849	

See the accompanying notes to financial statements.

Statement of Cash Flows Year Ended December 31, 2014

Cash Flows from Operating Activities		
Cash received from public support and revenues	\$	84,581
Interest		915
Cash paid for programs		(5,225)
Cash paid to suppliers		(53,468)
Net Cash Provided by Operating Activities	\$	26,803
Net Increase in Cash and Cash Equivalents	\$	26,803
Cash and Cash Equivalents, Beginning		264,071
Cash and Cash Equivalents, Ending	\$	290,874
Reconciliation of Net Assets to Cash		
Provided by Operating Activities		
Change in net assets	\$	20,309
Adjustments to reconcile net assets to net cash		
provided by operating activities		
(Increase) Decrease in accounts receivable	\$	1,582
Increase (Decrease) in accounts payable		4,912
Total Adjustments	<u>\$</u>	6,494
Net Cash Provided (Used) by Operating Activities	\$	26,803

See the accompanying notes to financial statements.

Notes to Financial Statements Year Ended December 31, 2014

Note 1. Nature of Business and Significant Accounting Policies

Georgia Section of the American Water Works Association (the "Association") is a section of the American Water Works Association, an international nonprofit, scientific, and educational society dedicated to the improvement of drinking water quality and supply. The Association works to further the dissemination of information and the advancement of knowledge in the areas of design, construction, operation, and management of utilities rendering water service to the public and promotes the further study, experimentation, and research, and publication of the results thereof, in the areas of water distribution, water purification, conservation, and development of water resources, and water utility management, together with the usual related activities of a scientific and educational society serving the public interest in the State of Georgia.

The Executive Committee includes members elected the Association membership, appointed by the Executive Committee and Ex-Officio members. The Nominating Committee shall present its annual report on elected position candidates at the Annual Conference, for elections by the Association membership.

Basis of accounting:

The Association presents its financial statements on the accrual basis of accounting in accordance with generally accepted accounting principles. The significant accounting policies followed are described below to enhance the usefulness of the financial statements to the reader.

Basis of presentation:

Financial statement presentation follows the recommendations of the Financial Accounting Standards Board in its Statement of Financial Accounting Standards (SFAS) No. 117, *Financial Statements for Not-for-Profit* Organizations. Under SFAS No. 117, the Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. At December 31, 2014, temporarily restricted net assets pertain to the Water for People projects.

Use of estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from these estimates.

Notes to Financial Statements Year Ended December 31, 2014

Cash and cash equivalents:

The Association considers cash on hand, demand deposits in banks and certificates of deposit as cash and cash equivalents for the purposes of the statement of cash flows.

Income taxes:

The Association is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1954, as amended. The Association is considered a non-private foundation because the majority of revenues are from grants and allotments.

Note 2. Evaluation of Subsequent Events

The Association has evaluated subsequent events through July 10, 2015, the date which the financial statements were available to be issued.

Note 2. GAWP Annual Services

On November 8, 2010, the Association executed the "Georgia Association of Water Professionals (GAWP) and Georgia Section of American Water Works Association (GAWWA) Membership and Association Services Agreement". The agreement memorialized a longstanding relationship wherein the GAWP provides membership and association management services in exchange for GAWWA's portion of the AWWA's member assessments. The agreement has a three-year term and automatically renews, unless terminated by either party in accordance with the agreement.

Note 3. Permanently Restricted Net Assets

At December 31, 2014, the Association had no activity pertaining to permanently restricted net assets.

Note 4. Concentration of Credit Risk

The Association maintains cash balances and certificates of deposits at financial institutions. The accounts are insured by the Federal Deposit Insurance Corporation up to \$250,000, as defined. As of December 31, 2014, the Association had no uninsured balances.

Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) G Do not enter social security numbers on this form as it may be made public. G Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For the	e 2014 calendar year, or tax year beginning , 2014, and ending]		,				
		applicable: C	D Emp	loyer identi	fication number				
	Add	ress change AMERICAN WATER WORKS ASSOCIATION,	58	58-1815129					
	-	GEORGI A SECTION		phone numb					
		199 PRESERVATION DRIVE	(6	79) /	80-5254				
	-	LJACKSON. GA 30233-2929		70) 40	30-3234				
	-	return/terminated	0.0		00.014				
		ended return	H(a) Is this a group re	s receipts	1				
	App	incution pending	.,		163 110				
		SAME AS C ABOVE	H(b) Are all subordina If 'No,' attach a li	st. (see ins	1? Yes No				
<u>L</u>		rempt status X 501(c)(3) 501(c) ()H (insert no.) 4947(a)(1) or 527							
J	Web		H(c) Group exemption	number (<u> </u>				
<u>K</u>		of organization: Corporation Trust Association Other L Year of formation	n: N	State of le	egal domicile:				
Pa	art I	Summary							
	1 E	riefly describe the organization's mission or most significant activities: FURTHER T	<u>HE DISSEMI</u>	<u>NATI O</u>	<u>N_OF</u>				
ģ	_	<u>NFORMATION AND THE ADVANCEMENT OF KNOWLEDGE IN THE ARE</u>	<u>EAS_OF_WATI</u>	<u>ER DIS</u>	STRI BUTI ON,				
Governance	1	<u> WATER PURIFICATION, CONSERVATION AND DEVELOPMENT OF WA</u>	TER_RESOUR	CES AN	ID WATER				
ᇤ	<u> </u>	<u> JTILITY MANAGEMENT, . TOGETHER WITH THE USUAL RELATED AC</u>							
Š	2 (Check this box G if the organization discontinued its operations or disposed of more			_				
∾ধ		lumber of voting members of the governing body (Part VI, line 1a)			9				
es		otal number of individuals employed in calendar year 2014 (Part V, line 2a)			<u>0</u> 0				
ij		otal number of individuals employed in calendar year 2014 (Fart V, line 2a)			0				
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			<u> </u>				
~		let unrelated business taxable income from Form 990-T, line 34			0.				
			Prior Yea		Current Year				
	8 (Contributions and grants (Part VIII, line 1h)		-					
Revenue		Program service revenue (Part VIII, line 2g)		995.	82, 999.				
Ver		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		349.	915.				
8		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0 . 7 .	,,,,,				
		otal revenue 'add lines 8 through 11 (must equal Part VIII, column (A), line 12)		344.	83, 914.				
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)			,				
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)							
	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)							
ses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)							
Expenses	104.								
쭚	D 1	otal fundraising expenses (Part IX, column (D), line 25) G							
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	0.7	884.	63, 606.				
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	0.7	884.	63, 606.				
- *		Revenue less expenses. Subtract line 18 from line 12	- 1	460.	20, 308.				
ts or	_		Beginning of Curr		End of Year				
Net Assets Fund Balanc	20 7	otal assets (Part X, line 16)		884.	293, 105.				
te let	21 7	otal liabilities (Part X, line 26)	4,	344.	9, 257.				
	:	let assets or fund balances. Subtract line 21 from line 20	263,	540.	283, 848.				
Pa	art II	Signature Block							
Unde	er penaltie	es of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to th laration of preparer (other than officer) is based on all information of which preparer has any knowledge.	ne best of my knowled	ge and beli	ef, it is true, correct, and				
-	p.0.0. B00	A							
٠.		A Signature of officer	Date						
Siç	gn			/TDE 4.0	SUDED				
He	пe	A ERIC OSBORNE Type or print name and title.	SECRETARY.	/ IREAS	SURER				
				1,, 1	PTIN				
_		Rupt 7 McCluma CDA 0040	/15 Check	□"					
Pa			/ IO self-empl	oyed	P00288684				
Pre	epare								
US	e Onl	OTO MEENINDER OTHERT, SOTTE O	Firm's EI						
		MARIETTA, GA 30060	Phone no	. (770	15.7				
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No				

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

4 e Total program service expenses G 44, 671.

BAA TEEA0102L 05/28/14 Form 990 (2014)

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Χ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Χ
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		Χ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Χ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Χ
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		Χ
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Χ
	b Did the organization report an amount for investments 'other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Χ
	c Did the organization report an amount for investments ' program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Χ
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Χ
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Χ	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Χ
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a		Χ
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Χ
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Χ
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		Χ
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		Χ
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		Χ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Χ
19	complete Schedule G, Part III.	19		Χ
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Χ
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	i l	

Part IV Checklist of Required Schedules (continued)

			Yes	No			
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		Χ			
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		Χ			
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		Χ			
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and 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					
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					
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Χ			
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		Χ			
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		Χ			
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		Χ			
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 A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV						
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Χ			
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х			
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Χ			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Χ			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Χ			
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		Χ			
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		Χ			
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		Χ			
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ			
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-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Χ			
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		Χ			
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	Χ				

BAA Form 990 (2014)

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....

	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a ()		
k	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b ()		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re (gambling) winnings to prize winners?	eportable gaming	1 c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-		10		
	ments, filed for the calendar year ending with or within the year covered by this return	2 a ()		
b	If at least one is reported on line 2a, did the organization file all required federal employmen		2 b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ins				
	Did the organization have unrelated business gross income of \$1,000 or more during the year		3 a		Χ
	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, securities account, securities account in a foreign country (such as a bank account acco	r authority over, a nancial account)?	4 a		Х
k	of 'Yes,' enter the name of the foreign country: G	A (FDAD)			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	· · ·	_		Χ
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	3	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt		5 b		^
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	6 a		Χ
b	If 'Yes,' did the organization include with every solicitation an express statement that such contribution tax deductible?	ons or gifts were	6 b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and p services provided to the payor?		7 a		Х
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v Form 8282?	vas required to file	7 c		Х
c	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract?	7 e		Χ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben	efit contract?	7 f		Χ
ç	If the organization received a contribution of qualified intellectual property, did the organization file F as required?	Form 8899	7 g		
r	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained organization have excess business holdings at any time during the year?	by the sponsoring	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9 a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related per	son?	9 b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10 a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders.	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o	f Form 1041?	12 a		
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13 a		
	Note. See the instructions for additional information the organization must report on Schedul	e 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.	13 b			
	Enter the amount of reserves on hand	13 c			V
	Did the organization receive any payments for indoor tanning services during the tax year?.		14 a		Х
ΔΛ	of 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in S	Schedule O	14 b	200 /	(2014)

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI..... Section A. Governing Body and Management Yes Nο 1 a Enter the number of voting members of the governing body at the end of the tax year. . . . 9 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 . . 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 Χ 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?..... Χ 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 7 a 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?. 7 a Χ b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... Χ 8 a b Each committee with authority to act on behalf of the governing body?..... X 8 b 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. g Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates? Χ 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?. 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 12 c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ Did the organization have a written document retention and destruction policy?..... 14 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? a The organization's CEO, Executive Director, or top management official..... X 15 a **b** Other officers or key employees of the organization. Χ 15 h If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... Χ 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed G GΑ 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) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE 0 State the name, address, and telephone number of the person who possesses the organization's books and records: 20 ERIC OSBORNE 199 PRESERVATION DRIVE JACKSON GA 30233-2929 (678) 480-5254

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

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

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

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

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

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

				(C)						
(A) Name and Title	(B) Average hours	thar	n one I s both	box, an o	unles		on	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Former Highest compensated employee Key employee Officer Institutional trustee individual trustee		Former Highest compensate employee Key employee		the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
(1) STEPHEN L. SIMPSON	2									
TRUSTEE	0	Χ		Χ				0.	0.	0.
(2) SANDY SMITH DI RECTOR	<u>2</u> 0	Х						0.	0.	0.
(3) KATHY NGUYEN	2									_
PAST CHAIR	0	Χ		Χ				0.	0.	0.
	2	Χ		Χ				0.	0.	0.
(5) ERIC OSBORNE	2			^				0.	0.	<u> </u>
SECY/TREAS	0	Χ		Χ				0.	0.	0.
(6) KELLY COMSTOCK	2									
CHAI R	0	Χ		Χ				0.	0.	0.
(7) STEPHANI E GARDNER	2									
ASST SECY/TREAS	0	Χ		Χ				0.	0.	0.
(8) KEI SHA THORPE	2									
VI CE CHAIR	0	Χ						0.	0.	0.
	2	Χ						0.	0.	0.
(10)	U	^						0.	0.	<u> </u>
(11)										
(12)										
(13)										
(14)			\vdash							

BAA TEEA0107L 02/27/14 Form **990** (2014)

						,		geet ee	pensated Emp		(00.11.	nucuj
	(B)			•	,							
(A) me and title	Average hours per week	offic	, unle cer ar	inless person is r and a director/t			h an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	amo	unt of ot pensation	her
	hours for related organiza	ndividual or director	nstitutiona)fficer	ey emplo	lighest cor mployee	ormer	(W-2/1099-MISC)	(W-2/1099-MISC)	org an	anizatio d related	d
	- tions below dotted line)	trustee	il trustee		yee	npensated	-					
							G	0.	0.			0.
ation sheets to Part VII, Section	on A							0.	0.			0.
								0.	0.			0.
iduals (including but not limited on G	to those I	isted	abo	ve) ı	who	recei	ved	more than \$100,00	00 of reportable comp	ensatio	n	
n list any former officer, direc	tor, or tru	stee,	key	, em	volgr	yee,	or h	nighest compensa	ted employee		Yes	No
complete Schedule J for sucl sted on line 1a, is the sum of	h individu Treportab	ıal Ie co	mpe	ensa	ition	and	oth	er compensation		. 3		X
d related organizations greate	er than \$1	50,00	00̈? ····	If 'Y	es'	com	plete	e Schedule J for		. 4		Х
ed to the organization? If 'Yes	e compen ,,' comple	satio te So	n fr ched	om lule	any J fo	unre r suc	late ch p	ed organization or erson	individual	. 5		Χ
for your five highest compens	sated indesation for	epen the c	dent alen	t cor	ntrad year	ctors	tha	t received more the truly of truly of the truly of truly of the truly of truly of truly of truly of the truly of trul	han \$100,000 of ganization's tax year			
(A)					<u>, </u>		U	(B)		((C) nsatio	n
		ited to	o tho	se I	istec	abo	ve)	who received more	than			
	ation sheets to Part VII, Section and 1c)	(A) me and title Average hours per week (list any fours for related organiza below dotted line) Ation sheets to Part VII, Section A and 1c) Iduals (including but not limited to those I on G O I list any former officer, director, or tru complete Schedule J for such individusted and Including steel or a corrue compensated in the organization? If 'Yes,' completed to the organization? If 'Yes,' completed to the organization? If 'Yes,' completed to the organization. Report compensated indue organization. Report compensated indue organization. Report compensation for (A) Name and business address	(A) me and title Average hours per week (list any Police of Telated organization in the component of the c	(A) me and title Average hours per week (listing for related organizations) below dotted line) Average hours per week (listing for related organizations) related line) Average hours per week (listing for related organizations) related line) Average hours per week (listing for related organizations) related line) Average hours per week (listing for per listing for per li	(A) Average hours week with the series of related organizations for related line) Average hours week week with the series of related organizations for related line) Average hours week with the series of related organizations for related line) Average hours week with the series of related organization from the calendar week organization. Report compensated independent cone organization. Report compensation for the calendar contractors (including but not limited to those individual contractors).	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Par	Statement of Revenue Check if Schedule O contains a response or note to	any line in this Part VI	III		
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts	1 a Federated campaigns 1 a				
irar oun	b Membership dues				
s, G Am	c Fundraising events				
Contributions, Gifts, Grants and Other Similar Amounts	d Related organizations 1 d				
	e Government grants (contributions) 1 e				
ibution of ther S	f All other contributions, gifts, grants, and similar amounts not included above 1 f				
z d	g Noncash contributions included in lines 1a-1f: \$				
	h Total. Add lines 1a-1f	G			
Program Service Revenue	2 27117172	20 542	20 542		
ě	2a ALLOTMENTS	39, 543. 32, 026.	39, 543. 32, 026.		
S.	b ASSESSMENTS c WATER FOR PEOPLE	11, 430.	11, 430.		
ĕ. ĕ.		11, 430.	11, 430.		
Š	d				
gra	f All other program service revenue				
P.	g Total. Add lines 2a-2f	G 82, 999.			
	3 Investment income (including dividends, interest and	·			
	other similar amounts)	,	915.		
	4 Income from investment of tax-exempt bond proceeds.				
	5 Royalties	G			
	(i) Real (ii) Personal				
	6 a Gross rents				
	c Rental income or (loss)	_			
	d Net rental income or (loss)	G			
	(i) Securities (ii) Other	J			
	7 a Gross amount from sales of assets other than inventory				
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)	G			
Other Revenue	8 a Gross income from fundraising events				
ě	of contributions reported on line 1c).				
T.	See Part IV, line 18				
ŧ	c Net income or (loss) from fundraising events	C			
0	9 a Gross income from gaming activities. See Part IV, line 19 a	9			
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities	G			
		J			
	10a Gross sales of inventory, less returns and allowances				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	G			
	11a b				
	°				
	d All other revenue				
		G			
	12 Total revenue. See instructions	G 83 01/	83 01/	0	0

Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.		·		
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	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages			-	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
á	a Management				
k	Legal				
C	Accounting	1, 250.		1, 250.	
C	d Lobbying				
ϵ	e Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
_	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion				
13	Office expenses	72.	72.		
14	Information technology	1, 200.		1, 200.	
15	Royalties	., 200.		., 2001	
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings	8, 306.	8, 306.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
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.).				
á	GAWP_ANNUAL_SERVICES	32, 026.	16, 013.	16, 013.	
	BUSI NESS PROMOTI ON	9, 792.	9, 792.		
	DONATIONS	5, 056.	5, 056.		
	GA WARN	3, 070.	3, 070.		
	All other expenses	2, 834.	2, 362.	472.	
	Total functional expenses. Add lines 1 through 24e	63, 606.	44, 671.	18, 935.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here G if following SOP 98-2 (ASC 958-720).				

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283, 848

293, 105

263, 540,

267, 884

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year Cash ' non-interest-bearing..... 1 76, 216. 164,052 Savings and temporary cash investments..... 100, 019. 2 2 214, 658. Pledges and grants receivable, net..... 3 3 Accounts receivable, net 2, 231. 3, 813. 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 Notes and loans receivable, net..... 7 4ssets Inventories for sale or use..... 8 Prepaid expenses and deferred charges..... 9 10 a **b** Less: accumulated depreciation..... 10b 10 c Investments ' publicly traded securities..... 11 11 Investments ' other securities. See Part IV, line 11..... 12 12 Investments ' program-related. See Part IV, line 11..... 13 13 14 14 Intangible assets..... 15 Other assets. See Part IV, line 11..... 15 Total assets. Add lines 1 through 15 (must equal line 34).... 293, 105 267, 884 16 Accounts payable and accrued expenses 4, 344 17 9, 256 17 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D..... 21 21 **∐abilitie** Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties..... 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 25 9, 257 Total liabilities. Add lines 17 through 25.... 4, 344 26 Organizations that follow SFAS 117 (ASC 958), check here G χ and complete Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets..... 272, 418, 27 263, 540, 27 Temporarily restricted net assets. 11, 430. 28 28 Fund Permanently restricted net assets..... 29 Organizations that do not follow SFAS 117 (ASC 958), check here G and complete lines 30 through 34. ö

BAA Form 990 (2014)

Capital stock or trust principal, or current funds.....

Total liabilities and net assets/fund balances.....

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

Total net assets or fund balances

Retained earnings, endowment, accumulated income, or other funds......

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Pa	art 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		8	33, 9	914.
2	Total expenses (must equal Part IX, column (A), line 25).	. 2		6	53, <i>6</i>	06.
3	Revenue less expenses. Subtract line 2 from line 1	. 3		2	20, 3	308.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		26	53, 5	40.
5	Net unrealized gains (losses) on investments.	. 5				
6						
7						-
8						
9		. 9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	. 10		28	33, 8	2/12
Pa	art XII Financial Statements and Reporting	. 10			, c	140.
. u	. 5					
	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				res	INO
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	wed on a	a			
	b Were the organization's financial statements audited by an independent accountant?			2 b	Χ	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepabasis, consolidated basis, or both: X Separate basis	rate				
(c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audreview, or compilation of its financial statements and selection of an independent accountant?	lit, 		2 c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			3 a		Χ
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a	udit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> </u>		3 b		
BAA	A		-	orm	990	(2014)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

G Attach to Form 990 or Form 990-F7.

at www.irs.gov/form990.

G Information about Schedule A (Form 990 or 990-EZ) and its instructions is

OMB No. 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

(D)

(E)

Total

AMERICAN WATER WORKS ASSOCIATION GEORGIA SECTION

Employer identification number 58-1815129

Reason for Public Charity Status (All organizations must complete this part. Part I See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions' subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (iv) Is the organization listed in your governing (v) Amount of monetary (i) Name of supported (vi) Amount of other organization support (see instructions) support (see instructions) (see instructions)) document? Yes No (A) (B) (C)

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

Schedule A (Form 990 or 990-EZ) 2014

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support			1	1			
Cale begi	ndar year (or fiscal year nning in) G	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support			T	T			
Cale begi	ndar year (or fiscal year nning in) G	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activ	ities, etc (see ins	tructions)					
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	nird, fourth, or fifth	tax year as a sectio	on 501(c)(3)	G 🔲	
Sec	tion C. Computation of Pul	blic Support P	ercentage					
14	Public support percentage for 20	114 (line 6, columi	n (f) divided by lir	ne 11, column (f)))	14	%	
15	Public support percentage from :					<u> </u>	%	
16 a	16 a 33-1/3% support test ' 2014. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.							
k	b 33-1/3% support test ' 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17 a	17 a 10%-facts-and-circumstances test ' 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization							
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and stop her a publicly support	e. Explain in Part ed organization	VI how the	
18	Private foundation. If the organize	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	tructionsG	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal yr beginning in) ${\sf G}$	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						0.
2 Gross receipts from admissions, merchandise sold or services performed, or facilitie furnished in any activity that is related to the organization's tax-exempt purpose.		93, 611.	93, 207.	84, 586.	82, 999.	409, 763.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	,	·		,	,	0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5	55, 360.	93, 611.	93, 207.	84, 586.	82, 999.	409, 763.
7 a Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 c 1% of the amount on line 13 for the year.	or	0.	0.	0.	0.	0.
c Add lines 7a and 7b		0.	0.	0.	0.	0.
8 Public support (Subtract line	0.	0.	0.	0.	0.	<u> </u>
7c from line 6.)						409, 763.
Section B. Total Support	() 0010	(1.) 0044	() 0010	(1) 0040	() 0014	(O T + 1
Calendar year (or fiscal yr beginning in) G	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	55, 360.	93, 611.	93, 207.	84, 586.	82, 999.	409, 763.
 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 	392.	1, 452.	719.	349.	915.	3, 827.
taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b	392.	1, 452.	719.	349.	915.	3, 827.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.
13 Total support. (Add lines 9, 10c, 11 and 12.)	55, 752.	95, 063.	93, 926.	84, 935.	83, 914.	413, 590.
14 First five years. If the Form 99 organization, check this box at	0 is for the organizand stop here	ation's first, second	d, third, fourth, o	r fifth tax year as	a section 501(c)(3)) G [
Section C. Computation of P	ublic Support P	ercentage				• •
15 Public support percentage for			e 13, column (f))			99. 07 %
16 Public support percentage from	n 2013 Schedule A,	Part III, line 15			16	99. 10 %
Section D. Computation of Ir	vestment Incor	ne Percentage			•	
17 Investment income percentage			l by line 13, colu	mn (f))	17	0. 93 %
18 Investment income percentage	•		•			0. 90 %
19 a 33-1/3% support tests ' 2014. is not more than 33-1/3%, che	If the organization ck this box and stop	did not check the look here. The organize	box on line 14, a zation qualifies a	and line 15 is more	e than 33-1/3%, an	d line 17
b 33-1/3% support tests ' 2013. line 18 is not more than 33-1/3	If the organization	did not check a bo	x on line 14 or li	ine 19a, and line	16 is more than 33-	-1/3%, and
20 Private foundation. If the orga		-	-	·		_

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <i>Part VI</i> how the supported organizations are designated. If designated by class or purpose, describe			
	the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
	described in Section 509(a)(1) or (2)	2		
3 a	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
k	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
		30		
(Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3с		
4 a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
k	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <i>Part VI</i> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
		40		
C	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <i>Part VI</i> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5 8	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
k	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI .	6		
_		0		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,'			
0.	complete Part I of Schedule L (Form 990)	8		
90	as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <i>Part VI</i>	9a		
k	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
C	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <i>Part VI</i>	9с		
10 a	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer (b) below.	100		
		10a		
k	bid the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Par	t IV	Supporting Organizations (continued)			
11	Lloc H	he organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gover	ning body of a supported organization?	11a		
b	A fam	nily member of a person described in (a) above?	11b		
С	A 35%	6 controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in <i>Part VI</i>	11c		
Sect	tion E	3. Type I Supporting Organizations			1
1	Did th	a directors, tructors, or membership of any or more comparted argenizations have the neglectic angularly appoint	\longrightarrow	Yes	No
1	or election of the direct	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in who were the supported organization or controlled the organization's activities. Organization had more than one supported organization, describe how the powers to appoint and/or remove ors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
_	• •	ed to such powers during the tax year	1		
2	that o benef	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sect		C. Type II Supporting Organizations			<u> </u>
		- Herrichter 2 - 2 - 2 - 1 - 1		Yes	No
1	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sect	tion [D. All Type III Supporting Organizations			
				Yes	No
1	organ	ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organ	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	organ	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported ization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how ganization maintained a close and continuous working relationship with the supported organization(s)	2		
	voice all tim	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in <i>Part VI</i> the role the organization's supported organizations played			
		s regard.	3		
Seci	lion E	E. Type III Functionally-Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a	∐ ТІ	he organization satisfied the Activities Test. Complete <i>line</i> 2 below.			
b	П	he organization is the parent of each of its supported organizations. Complete <i>line</i> 3 below.			
С	Th	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	s).		
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
а	Did sı	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the			
u	suppo organ respo	orted organization(s) to which the organization was responsive? If 'Yes,' then in <i>Part VI identify those supported</i> nizations and explain how these activities directly furthered their exempt purposes, how the organization was unsive to those supported organizations, and how the organization determined that these activities constituted	2a		
		antially all of its activities	Za		
b	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the ization's involvement.	2b		
3	Ü	nt of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	Did th	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of	20		
		of the supported organizations? Provide details in Part VI	3a		
b	Did the	e organization exercise a substantial degree of direction over the policies, programs, and activities of each of its organizations? If 'Yes,' describe in <i>Part VI</i> the role played by the organization in this regard	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete	ovemb Sect	er 20, 1970. See instruct i ions A through E.	ons. All
Sec	ction A ' Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions.	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions).	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	ction B ' Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
- 7	A Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
-	d Total (add lines 1a, 1b, and 1c).	1d		
-	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ction C ' Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally-inte	grated	d Type III supporting or	ganization

(see instructions).

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Schedule A (

Schedule A (Form 990 or 990-EZ) 2014

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	ipporting Organiza	itions (continued)	
Sect	tion D ' Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	rposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organization	S,	
3	Administrative expenses paid to accomplish exempt purposes of su			
4	Amounts paid to acquire exempt-use assets.			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	tion E ' Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required ' see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
С				
d				
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
	Distributions for 2014 from Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount.			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013.			
е	Excess from 2014			

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Schedule **A** (Form 990 or 990-EZ) 2014

58-1815129 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Supplemental Financial Statements

G Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
G Attach to Form 990.
G Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN WATER WORKS ASSOCIATION,

	GEORGIA SECTION		58-1815129
Par	t Organizations Maintaining Donor	Advised Funds or Other Simila	ar Funds or Accounts.
	Complete if the organization answ	ered 'Yes' to 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)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor are the organization's property, subject to the o	or advisors in writing that the assets hel rganization's exclusive legal control?	ld in donor advised funds
6	Did the organization inform all grantees, donors for charitable purposes and not for the benefit compermissible private benefit?	s, and donor advisors in writing that gra of the donor or donor advisor, or for any	int funds can be used only y other purpose conferring Yes No
D	<u> </u>		165
Par	Conservation Easements. Complete if the organization answ	ered 'Ves' to Form 990 Part IV	ling 7
1	Purpose(s) of conservation easements held by		, IIIIC 7.
•	Preservation of land for public use (e.g., re		ration of a historically important land area
	Protection of natural habitat		ration of a certified historic structure
	Preservation of open space	□	
2	Complete lines 2a through 2d if the organization he last day of the tax year.	ld a qualified conservation contribution in	the form of a conservation easement on the
			Held at the End of the Tax Year
a	Total number of conservation easements		2 a
k	Total acreage restricted by conservation easem	ents	2b
C	: Number of conservation easements on a certific	ed historic structure included in (a)	2c
C	Number of conservation easements included in structure listed in the National Register	(c) acquired after 8/17/06, and not on a	a historic 2 d
3	Number of conservation easements modified, transtax year G	ferred, released, extinguished, or terminat	ed by the organization during the
4	Number of states where property subject to conserv	vation easement is located G	
5	Does the organization have a written policy reg		
	and enforcement of the conservation easement		
6	Staff and volunteer hours devoted to monitoring, in G	specting, and enforcing conservation ease	ments during the year
7	Amount of expenses incurred in monitoring, inspec G\$	ting, and enforcing conservation easement	ts during the year
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements	s of section 170(h)(4)(B)(i) Yes No
9			d expense statement, and balance sheet, and sthat describes the organization's accounting for
_	conservation easements.	tions of Art Historical Traceurs	oc or Other Similar Assets
Par	Complete if the organization answ	ered 'Yes' to Form 990, Part IV,	, line 8.
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets held in Part XIII, the text of the footnote to its finance	for public exhibition, education, or resear	is revenue statement and balance sheet works of rch in furtherance of public service, provide, ms.
k	historical treasures, or other similar assets held for following amounts relating to these items:	public exhibition, education, or research in	·
	(i) Revenue included in Form 990, Part VIII, lir		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, his amounts required to be reported under SFAS 1	storical treasures, or other similar assets for the control of the	or financial gain, provide the following
	Revenue included in Form 990, Part VIII, line 1		
ŀ	Assets included in Form 990 Part X		G\$

Part III Organizations Maintaining Colle	ections of Art, Histo	ricai Treasures, or	Other Similar Ass	sets (continuea)
3 Using the organization's acquisition, accession, a items (check all that apply):	nd other records, check ar	ny of the following that are	e a significant use of its	collection
a Public exhibition	d Loan o	or exchange programs		
b Scholarly research	e Other			
c Preservation for future generations				
4 Provide a description of the organization's collect Part XIII.	ions and explain how they	further the organization's	exempt purpose in	
5 During the year, did the organization solicit or to be sold to raise funds rather than to be ma	intained as part of the o	rganization's collection?)	Yes No
Part IV Escrow and Custodial Arrangen line 9, or reported an amount on	nents. Complete if the Form 990, Part X,	he organization ans line 21.	swered 'Yes' to Fo	m 990, Part IV,
1 a Is the organization an agent, trustee, custodia on Form 990, Part X?	an, or other intermediary	for contributions or other		☐ Yes ☐ No
b If 'Yes,' explain the arrangement in Part XIII a				
	·			Amount
c Beginning balance			1c	
d Additions during the year				
e Distributions during the year				
f Ending balance				
2 a Did the organization include an amount on Fo				Yes No
b If 'Yes,' explain the arrangement in Part XIII.			•	
Part V Endowment Funds. Complete if	the organization an	swered 'Yes' to For	m 990 Part IV lir	ne 10
(a) Current			(d) Three years back	(e) Four years back
1 a Beginning of year balance	(7)	(, , , , , , , , , , , , , , , , , , ,	(7)	(,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b Contributions				
				+
c Net investment earnings, gains, and losses				
d Grants or scholarships				
				+
Other expenditures for facilities and programs				
f Administrative expenses				
g End of year balance				
2 Provide the estimated percentage of the current	ent vear end balance (lin	e 1g. column (a)) held a		
a Board designated or quasi-endowment G	%	o 19, ooid (a), c		
b Permanent endowment G				
c Temporarily restricted endowment G	%			
The percentages in lines 2a, 2b, and 2c shoul	u equal 100%.			
3 a Are there endowment funds not in the possession	of the organization that a	re held and administered	for the	
organization by:				Yes No
(i) unrelated organizations				3a(i)
(ii) related organizations				3a(ii)
b If 'Yes' to 3a(ii), are the related organizations	•			3b
4 Describe in Part XIII the intended uses of the		ent funds.		
Part VI Land, Buildings, and Equipmen				
Complete if the organization ans	wered 'Yes' to Form	n 990, Part IV, line	11a. See Form 99	0, Part X, line 10.
Description of property	(a) Cost or other basis	(b) Cost or other	(c) Accumulated	(d) Book value
	(investment)	basis (other)	depreciation	
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must ed		column (B), line 10c.)	G	0.

BAA Schedule D (Form 990) 2014

Part VII Investments Other Securities.	d IV/1 to Forms 000	N/A	Farma 000 Dart V line 12
Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests.			
(3) Other			
(A) (B)			
(C)			
(D) (E)			
(F) (G)			
(H)			
(I) (I)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)			
Part VIII Investments ' Program Related.	1	N/A	
Complete if the organization answered	d 'Yes' to Form 990	, Part IV, line 11c. See	Form 990, Part X, line 13.
(a) Description of investment type	(b) Book value		st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
	,		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A	, Part IV, line 11d. See	Form 990, Part X, line 15.
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Column (B) line 13.) Complete if the organization answered	N/A	, Part IV, line 11d. See	Form 990, Part X, line 15. (b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' to Form 990	, Part IV, line 11d. See	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' to Form 990	, Part IV, line 11d. See	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' to Form 990	, Part IV, line 11d. See	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' to Form 990	, Part IV, line 11d. See	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' to Form 990	, Part IV, line 11d. See	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' to Form 990	, Part IV, line 11d. See	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' to Form 990	, Part IV, line 11d. See	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' to Form 990	, Part IV, line 11d. See	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' to Form 990	, Part IV, line 11d. See	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/Ad 'Yes' to Form 990 escription	, Part IV, line 11d. See	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/Ad 'Yes' to Form 990 escription B), line 15.)	, Part IV, line 11d. See	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/Ad 'Yes' to Form 990 scription B), line 15.)	, Part IV, line 11d. See	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/Ad 'Yes' to Form 990 escription B), line 15.)	, Part IV, line 11d. See	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/Ad 'Yes' to Form 990 scription B), line 15.)	le or 11f. See Form 990, Part	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/Ad 'Yes' to Form 990 scription B), line 15.)	, Part IV, line 11d. See	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/Ad 'Yes' to Form 990 scription B), line 15.)	le or 11f. See Form 990, Part	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/Ad 'Yes' to Form 990 scription B), line 15.)	le or 11f. See Form 990, Part	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/Ad 'Yes' to Form 990 scription B), line 15.)	le or 11f. See Form 990, Part	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/Ad 'Yes' to Form 990 scription B), line 15.)	le or 11f. See Form 990, Part	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/Ad 'Yes' to Form 990 scription B), line 15.)	le or 11f. See Form 990, Part	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/Ad 'Yes' to Form 990 scription B), line 15.)	le or 11f. See Form 990, Part	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/Ad 'Yes' to Form 990 scription B), line 15.)	le or 11f. See Form 990, Part	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	B), line 15.)	le or 11f. See Form 990, Part)	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	B), line 15.)	Part IV, line 11d. See	(b) Book value

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn. N/A
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	
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:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1.	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return. N/A
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses. 2 c	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d.	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b.	4 c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2014

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.

G Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN WATER WORKS ASSOCIATION, GEORGIA SECTION

Employer identification number 58 – 1815129

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

FURTHER THE DISSEMINATION OF INFORMATION AND THE ADVANCEMENT OF KNOWLEDGE IN THE AREAS OF WATER DISTRIBUTION, WATER PURIFICATION, CONSERVATION AND DEVELOPMENT OF WATER RESOURCES AND WATER UTILITY MANAGEMENT, TOGETHER WITH THE USUAL RELATED ACTIVITIES OF A SCIENTIFIC AND EDUCATIONAL SOCIETY SERVING THE PUBLIC INTEREST.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

BUDGET & FINANCE COMMITTEE REVIEWED FORM FOR GENERAL ACCURACY AND COMPLETENESS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEB SITE. FINANCIAL

INFORMATION IS AVAILABLE UPON REQUEST.

(Rev January 2014)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

GFile a separate application for each return.

OMB No. 1545-1709

GInformation about Form 8868 and its instructions is at www.irs.gov/form8868. If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ? If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990-T and requesting an automatic 6-month extension 'check this box and complete Part I only. All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or AMERICAN WATER WORKS ASSOCIATION, print GEORGIA SECTION 58-1815129 Number, street, and room or suite number. If a P.O. box, see instructions Social security number (SSN) File by the due date for 199 PRESERVATION DRIVE filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions return. See instructions JACKSON, GA 30233-2929 Enter the Return code for the return that this application is for (file a separate application for each return)..... 01 Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 08 02 Form 1041-A Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 05 Form 990-T (section 401(a) or 408(a) trust) Form 6069 11 Form 8870 12 Form 990-T (trust other than above) Telephone No. G (678) 480-5254 Fax No. G ? If the organization does not have an office or place of business in the United States, check this box..... If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box..... G | If it is for part of the group, check this box.... G | and attach a list with the names and EINs of all members the extension is for. 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 8/15 ___ , 20 15 _, to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 14 or ____, 20 ___, and ending Initial return If the tax year entered in line 1 is for less than 12 months, check reason: Final return Change in accounting period

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

3 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using

tax payments made. Include any prior year overpayment allowed as a credit

EFTPS (Electronic Federal Tax Payment System). See instructions...

nonrefundable credits. See instructions

0.

3 a

3 b \\$

3 c

Form 8879-EO

IRS e-file Signature Authorization

OMB No. 1545-1878

For catendar year 2014, or discal year beginning , 2014, and anding ,

G Do not send to the IRS. Keep for your records.

2014

Department of the Treasury Internal Revenue Service

G Information about Form 8879-EO and its Instructions to at www.irs.gov/form8879eo.

AMERICAN WATER WORKS ASSOCIATION,

mployer identification number

GEORGIA SECTION

58-1815129

Name and this of officer

ERIC OSBORNE

SECRETARY/TREASURER

Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1 a Form 990 check here G X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1 ь	83,914.
2 a Form 990-EZ check here G b Total revenue, If any (Form 990-EZ, IIne 9)	2ь	
3 a Form 1120-POL check here G b Total tax (Form 1120-POL, line 22)	3 ь	
4 a Form 990-PF check here G b Tax based on investment income (Form 990-PF, Part VI, line 5)		
5 a Form 8868 check hera G b Belence Due (Form 8868, Pert I, line 3c or Part II, line 8c)	5 ь	

Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation softwere for payment of the organization's federal taxes' owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Ome	 PIN:	check	one	box	only

lχ	authorize
IA	I authoriz

MCCLUNG & ASSOCIATES

to enter my PIN

05008

s my signature

on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent acreen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

		10/1	CAL	
meer's signature	G	4/4	0009	

Date G 8/04/2014

Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN......

58653750985

do not enter all zero

certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's algnature G BRETT J. MCCLUNG

Date G

ERO Must Retain This Form ' See Instructions
Do Not Submit This Form To the IRS Unions Requested To Do So

BAA For Paperwork Reduction Aut Notice, see Instructions.

Form 8879-EO (2014)