COMMITTEE ON NATURAL RESOURCES 113th Congress Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Full Committee Legislative Hearing on:

- H.R. 1314 (Flores), To amend the Endangered Species Act of 1973 to establish a procedure for approval of certain settlements;
- H.R. 1927 (Costa), "More Water and Security for Californians Act;"
- H.R. 4256 (Stewart), "Endangered Species Improvement Act of 2014;"
- H.R. 4284 (Neugebauer), "ESA Improvement Act of 2014;"
- H.R. 4319 (Crawford), "Common Sense in Species Protection Act of 2014;" and
- H.R. 4866 (Mullin), "Lesser Prairie Chicken Voluntary Recovery Act of 2014."

September 9, 2014

For Individuals:

1. Name:

- 2. Address:
- 3. Email Address:
- 4. Phone Number:

* * * * *

For Witnesses Representing Organizations:

- Name:
 J. Tom Ray
- 2. Name of Organization(s) You are Representing at the Hearing: Western Coalition of Arid States Texas Water Conservation Association
- 3. Business Address:

Information Redacted for Privacy

- 4. Business Email Address: Information Redacted for Privacy
- 5. Business Phone Number:

Information Redacted for Privacy

For all Witnesses

Mr. J. Tom Ray - Western Coalition of Arid States; Texas Water Conservation Association Title/Date of Hearing: Legislative hearing on: H.R. 1314 (Flores), To amend the Endangered Species Act of 1973 to establish a procedure for approval of certain settlements; H.R. 1927 (Costa), "More Water and Security for Californians Act;" H.R. 4256 (Stewart), "Endangered Species Improvement Act of 2014;" H.R. 4284 (Neugebauer), "ESA Improvement Act of 2014;" H.R. 4319 (Crawford), "Common Sense in Species Protection Act of 2014;" and H.R. 4866 (Mullin), "Lesser Prairie Chicken Voluntary Recovery Act of 2014." / September 9, 2014

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

BS, Biology; MS Civil Engineering (Water Resources) from Texas Tech University;

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Professional Engineer, Texas; Diplomate, Water Resources Engineering, AAWRE; Board Member of following associations: TWCA, National Water Resources Association and National Waterways Conference

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

Water Resources Programs Manager for Lockwood, Andrews & Newnam, a multi-disciplined engineering firm. Federal Affairs Committee chair for the TWCA. Water resources engineering involving permitting and management of major water conservation, reuse, and conveyance projects as well as permitting, planning and engineering for regional wastewater projects.

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

None

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

None

f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

None

g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

Witnesses Representing Organizations

Mr. J. Tom Ray - Western Coalition of Arid States; Texas Water Conservation Association Title/Date of Hearing: Legislative hearing on: H.R. 1314 (Flores), To amend the Endangered Species Act of 1973 to establish a procedure for approval of certain settlements; H.R. 1927 (Costa), "More Water and Security for Californians Act;" H.R. 4256 (Stewart), "Endangered Species Improvement Act of 2014;" H.R. 4284 (Neugebauer), "ESA Improvement Act of 2014;" H.R. 4319 (Crawford), "Common Sense in Species Protection Act of 2014;" and H.R. 4866 (Mullin), "Lesser Prairie Chicken Voluntary Recovery Act of 2014." / September 9, 2014

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

Member, Board of Directors, Texas Water Conservation Association; Chair, TWCA Federal Affairs Committee

i. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

None

j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

None

k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

None

1. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.



A Fo	or the	2013 calendar year, or tax year beginning and	ending			
B Ch		C Name of organization		D Employer identific	ation number	
	Addres					
	change Name	Texas water conservation Association		74-1051987		
	change Initial	Doing Business As	Room/suite			
	return	Number and street (or 1.0. box in mains not dentered to cheet data or of	NUOII/Suite		472-7216	
	Termin ated Ameno		····	G Gross receipts \$	1,295,330.	
	Ireturn	City or town, state or province, country, and zin or longin postal code				
L	Applic tion pendir			H(a) Is this a group re for subordinates		
	penan	F Name and address of principal oncertilet by GOOGSOT	0510			
		221 East 9th Street, Austin, TX 78701		H(b) Are all subordinates in	list. (see instructions)	
		empt status: 501(c)(3) 🗴 501(c) (4) < (insert no.) 4947(a)(1)	or 52	H(c) Group exemption		
					State of legal domicile: TX	
		organization: Corporation Trust X Association Other ►	L Yea		1 State of legal doministic. 121	
Pa	rt I	Summary		an an a load	or and	
e	1	Briefly describe the organization's mission or most significant activities: TWCA	serv	es as a reau	of water	
- ne		advocate for water users by stimulating	publi	c awareness	OI WALEI	
Ë,	2	Check this box if the organization discontinued its operations or dispo			96	
Ň	3				96	
0	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	5	
es		Total number of individuals employed in calendar year 2013 (Part V, line 2a)				
Viti		Total number of volunteers (estimate if necessary)			242,048.	
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			<173,950.	
	b	Net unrelated business taxable income from Form 990-T, ine 34	<u></u>			
				Prior Year	Current Year 348,162.	
e		Contributions and grants (Part VIII, line 1h)		385,046.	704,847.	
nue		Program service revenue (Part VIII, line 2g)		654,647.	273.	
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		850.		
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		197,955.	242,048.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,238,498.	1,295,330.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	805,750.	
ŝ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		779,381.	805,750.	
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
ĝ		Total fundraising expenses (Part IX, column (D), line 25)	0.	<u> </u>	400 560	
ŵ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		530,130.	488,569.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,309,511.	1,294,319.	
	19	Revenue less expenses. Subtract line 18 from line 12		<71,013.		
Assets or Balances			Ľ	Beginning of Current Year	End of Year	
sets	20	Total assets (Part X, line 16)		109,289.		
d Bs	21	Total liabilities (Part X, line 26)		46,054.		
Fund	22	Net assets or fund balances. Subtract line 21 from line 20		63,235.	64,246.	
	art II	Signature Block				

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date	
	Leroy Goodson Type or print name and title			
	Print/Type preparer's name Hal Miller, CPA	Preparer's signature	Date S-12-14	Check PTIN
Paid Preparer			Firm	i's EIN 74-2587727
Use Only	Firm's address 515 Congress Ave Austin, TX 78701	#1900	Pho	ne no. (512) 480-8 <u>182</u>
May the	RS discuss this return with the preparer shown abo			X Yes No
332001 10-	sala mana di Badana Ank Makia			Form 990 (2013)

See Schedule O for Organization Mission Statement Continuation

CLIENT COPY

Form 990
Department of the Treasury

Internal Revenue Service

Return o. Jrganization Exempt From In. Jme Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.



<u>A I</u>	For th	e 2011 calendar year, or tax year beginning and endi	ing			
B	Check i applicat	C Name of organization		D Employer ide	ntifica	ation number
	Addr chan	e <u>Texas</u> water Conservation Association				
]Nam]chan	ge Doing Business As	-10	51987		
]Initia returi	Number and street (or P.O. box if mail is not delivered to street address) Roor	m/suite	E Telephone nur		
	Term	n 221 E. 9th Street		51	2/4	72-7216
	Amer returi	City or town, state or country, and ZIP + 4		G Gross receipts \$		1,140,600.
	Appli	AUSLIN, TA / 0 / 01 - 2510		H(a) Is this a grou	up retu	
	pend	F Name and address of principal officer: Leroy Goodson		for affiliates?		Yes X No
		221 East 9th Street, Austin, TX 78701-25	510	H(b) Are all affiliate		
11	ax-e>	empt status: 501(c)(3) X 501(c) (4) ◀ (insert no.) 4947(a)(1) or	527			st. (see instructions)
J١	Nebs	te: Www.twca.org		H(c) Group exem		. ,
KF	orm o	forganization: Corporation Trust X Association Other	L Year of			State of legal domicile: TX
Pa	art I	Summary				
a)	1	Briefly describe the organization's mission or most significant activities: TWCA se	erve	s as a le	ađe	r and
Governance		advocate for water users by stimulating put				
rna	2	Check this box if the organization discontinued its operations or disposed of				
ove	3	Number of voting members of the governing body (Part VI, line 1a)		1	3	96
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	96
ŝ	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)			5	5
Activities &	6	Total number of volunteers (estimate if necessary)			6	0
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		· · · · · · · · · · · · · · · · · · ·	7a	201,789.
∢	b	Net unrelated business taxable income from Form 990-T, line 34		· · · · · · · · · · · · · · · · · · ·	7b	<83,764.>
				Prior Year		Current Year
e	8	Contributions and grants (Part VIII, line 1h)		338,45	7.	338,678.
Revenue	9	Program service revenue (Part VIII, line 2g)		466,96		599,067.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,70		1,066.
E :	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		302,94	9.	201,789.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,111,07		1,140,600.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		758,13		783,755.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
xpe		Total fundraising expenses (Part IX, column (D), line 25)				
Û		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		415,674	4.	381,488.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,173,809	9.	1,165,243.
	19	Revenue less expenses. Subtract line 18 from line 12		<62,738		<24,643.>
Fund Balances				inning of Current Ye		End of Year
sets alan	20	Total assets (Part X, line 16)		244,194		178,903.
Id BS Id BS	21	Total liabilities (Part X, line 26)		85,302		44,655.
2,5 L		Net assets or fund balances. Subtract line 21 from line 20		158,892		134,248.
Pa	rt II	Signature Block				
Unde	r pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules and	stateme	nts, and to the best c	of my k	nowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pr	reparer t	nas any knowledge.	-	

Sign Here	Signature of officer Leroy Goodson Type or print name and title		Dat	e	<u> </u>
Paid	Print/Type preparer's name	Preparer's signature	Date	Check DTIN it self-employed	023096
Preparer	Firm's name Glass & Company ,	P.C.	Firr	n's EIN 🕨 74 – 25	87727
Use Only	Firm's address 515 Congress Ave Austin, TX 78701		Pho	one no. (512) 4	80-8182
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)			es 🗌 No
					000

132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions. See Schedule O for Organization Mission Statement Continuation

Form	<u>990</u>	
Form	<u>990</u>	

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)



V

The organization may have to use a copy of this return to satisfy state reporting requirements.

AF	or the	2012 calendar year, or tax year beginning	and ending		
B C	heck if	C Name of organization		D Employer identificat	ion number
	Addres	Texas Water Conservation Associat:	ion		
	Name change			74-105	51987
]Initial return	Number and street (or P 0 box if mail is not delivered to street address)	Room/su		
]Termir ated			512/47	72-7216
	Ameno return	City, town, or post office, state, and ZIP code		G Gross receipts \$	1,238,498.
L	Applic tion pendir	Auscin, in 70701-2010		H(a) Is this a group retuin	
	pendi	F Name and address of principal officer: Let Oy GOOUSON	0701 051	for affiliates?	
			8701-251		
			47(a)(1) or 🛄 9	527 If "No," attach a list	
		e: Www.twca.org		H(c) Group exemption n	
		organization Corporation Trust X Association Other ►		ear of formation 1947 M S	tate of legal domicile TA
Pa	rt I	Summary			c and
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: advocate for water users by stimulat:	ing publ	ic awareness of	F wator
nan					
		Check this box If the organization discontinued its operations of the coversion body (Port VI line 1a)	or disposed of fr		96
9		Number of voting members of the governing body (Part VI, line 1a)	100 1b)	4	96
5		Number of independent voting members of the governing body (Part VI, I		5	5
Í		Total number of individuals employed in calendar year 2012 (Part V, line 2	28)	6	0
		Total number of volunteers (estimate if necessary)		7a	197,955.
8		Total unrelated business revenue from Part VIII, column (C), line 12		7a 7b	<108,057.
	D	Net unrelated business taxable income from Form 990-T, line 34		Prior Year	Current Year
	Q	Contributions and grants (Part VIII, line 1b)		338,678.	385,046.
		Contributions and grants (Part VIII, line 1h)		599,067.	654,647.
		Program service revenue (Part VIII, line 2g)		1,066.	850.
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	·	201,789.	197,955.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	no 10)	1,140,600.	1,238,498.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.2)	ne (2)	0.	0.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
		Salaries, other compensation, employee benefits (Part IX, column (A), line	as 5-10)	783,755.	779,381.
Ses		Professional fundraising fees (Part IX, column (A), line 11e)	55 5-10)	0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	0.		
ĽX		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		381,488.	530,130.
		Total expenses. Add lines 13.17 (must equal Part IX, column (A), line 25)		1,165,243.	1,309,511.
		Revenue less expenses. Subtract line 18 from line 12		<24,643.>	<71,013.
es	10			Beginning of Current Year	End of Year
anc	20	Total assets (Part X, line 16)	ICD	178,903.	109,289.
Ba		Total liabilities (Part X, line 26)	VEU	44,655.	46,054.
Fund Balances		Net assets or fund balances. Subtract line 21 from 10 20 MAY	- Jol	134,248.	63,235.
Pa	irt II	Signature Block	2013 8		
		Ities of perjury, I declare that I have examined this return including accompanying		tements, and to the best of mv k	nowledge and belief, it is
		t, and complete Declaration of preparer (other than officer) is based to al fridema			·
		heing Jorda		5/10/13)
Sigr	า	Signature of officer	and the second second	Date	
ler		Leroy Goodson			
	-	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check] PTIN
Paid		Print/Type preparer's name Larry Dodson, CPA	dson, CPA	5/8/13 self-employed	P00023096
	arer	Firm's name Glass & Company, P.C.			74-2587727
	Only	Firm's address 515 Congress Ave #1900			
		Austin, TX 78701		Phone no (5)	12) 480-8182
Mav	the ll	IS discuss this return with the preparer shown above? (see instructions)			X Yes No
	01 12-1		nstructions.		Form 990 (2012)
		ee Schedule O for Organization Missi		ment Continuat:	
		-			Q
					7
					1

•		
		4-1051987 Page 2
Pa	t III Statement of Program Service Accomplishments	िस्ट
	Check If Schedule O contains a response to any question in this Part III	X
1	Briefly describe the organization's mission:	tion of
	To promote the wise and balanced development and conserva	
	Texas' water resources, provide a forum for the discussio	
	evaluation of all problems relating to water development,	
	a clearing house for coordinating the activities of local	agencies and
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
_	If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	LYes [A] No
_	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expenses, and
	revenue, if any, for each program service reported	<u>(54 (47</u>
4a	(Code) (Expenses \$997,081. including grants of \$) (Revenue \$	<u>654,647.</u>)
	To promote the wise and balanced development and conserva	tion of Texas
	water resources, provide a forum for the discussion and e	
	all problems relating to water development, and serve as	
	house for coordinating the activities of local agencies a	na groups.
4b	(Code) (Expenses \$) (Revenue \$)
	<u></u>	<u> </u>
	· <u>······</u> ·····························	
		<u></u>
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
		·····
4d	Other program services (Describe in Schedule O)	
	(Expenses \$) (Revenue \$)
<u>4e</u>	Total program service expenses 997,081.	
	• • • • •	Form 990 (2012)
23200 12-10		

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Texas	Water	Conservation	Association
TEVUS	water	CONSELVATION	ASSUCIALION

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Form 990 (2012)

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I.

	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		L
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	<u>X</u>	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ì		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	L
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	11b	Х	Ļ
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
đ	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	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		17	
	Schedule D, Parts XI and XII	12a	X	<u> </u>
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		X X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	Investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
46	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			v
16	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		X
16	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	40		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	47		x
18		17		<u>^</u>
10	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	10		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		

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Form 990 (2012)

_ '	990 (2012). Texas Water Conservation Association 74-1051	907	-	
	990 (2012). Texas Water Conservation Association 74-1051 t IV Checklist of Required Schedules (continued)	901	<u>P</u>	age 4
rar			Yes	No
01	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		103	140
21	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
00	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
22		22		x
02	column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		<u> </u>	
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	x	
04-	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			<u> </u>
240	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 25	24a		X
L	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
	Did the organization invest any proceeds of fax-exempt bonds beyond a temporary period exception. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		†
C	-	24c		
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
		240		<u> </u>
258	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	25a		x
	disqualified person during the year? If "Yes," complete Schedule L, Part I	2.00		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
		25b	1	x
26	Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			<u> </u>
26	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
07	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
27	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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		1	
20	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
U	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			1
00	contributions? If "Yes," complete Schedule M	30	1	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
v .	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
-	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		1	
••	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	1	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
2	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35ь		
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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
5.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Forn	990	(2012)

232004 12-10-12

Form	990 (2012). Texas Water Conservation Association	74-1051	987	P	age 5
Par					
	Check if Schedule O contains a response to any question in this Part V			_	
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	_1a1			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming			
	(gambling) winnings to prize winners?		<u>1c</u>	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_			
	filed for the calendar year ending with or within the year covered by this return	2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	<u>2</u> b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	<u>X</u>	<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4 a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		<u>X</u>
b	if "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	7a		X
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	as required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		ļ
9	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di	d the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8		<u>}</u>
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		<u>}</u>
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter	11			
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.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		<u>12a</u>		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			ļ	
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b]
	Enter the amount of reserves on hand	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	eO	14b		

Form 990 (2012)

Form	990	(20 <u>12).</u>

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	Check if Schedule O contains a response to any question in this Part VI					X
Sec	tion A. Governing Body and Management					
			1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	96			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	96		l.	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	n any other		{	1
	officer, director, trustee, or key employee?			2	l	X
3	Did the organization delegate control over management duties customarily performed by or under the	he dire	ect supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoin	t one or	ļ		
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stocki	nolders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by 1	he following			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	ie Code)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such o	chapte	ers, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy bef	ore filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	ļ	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	se to co	nflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes,"	describe			
	in Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approv	val by	Independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?				
a	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	<u> </u>
	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 arrange	ement	with a			
	taxable entity during the year?			16a	ļ	<u> </u>
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its	participation			
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organism	anızatı	on's			
	exempt status with respect to such arrangements?			16b		
<u>Sec</u>	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	•T (See	ction 501(c)(3)s only)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explai	ın ın S	chedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	conflic	t of interest policy, ar	nd fina	ncial	
	statements available to the public during the tax year					
20	State the name, physical address, and telephone number of the person who possesses the books		cords of the organiza	ation: 🖡	▶	
	Texas Water Conservation Associatio - 512-472-721	6				

221 East 9th St	, Ste 206,	Austin,	ΤX,	Austin,	ТΧ	78701-2510

Part VII	Compensat	tion of Office	rs, Directors	, Trustees,	Key Employees	, Highest	Compensated
	Employees	, and Indepe	ndent Contra	ictors			

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key 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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	6	not c	Pos			0.0.0	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week	<u> </u>	cer an	dad	irecto	f/trus	itee)	from	from related	other
	(list any	or director						the	organizations	compensation
	hours for related	eord	8			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	trustee	1 E		8	ngen Fig		(112) 1095-11100)		and related
	below	Individual 1	institutional trustee	L	Key employee	0.81	13			organizations
	line)	Npul	tast 1	Officer	Keye	Highest compensated employee	Former			-
(1) Alan Moore	1.00									
Director		Х			ĺ	ļ		0.	0.	0.
(2) Alfredo Arce	1.00									
Director		X						0.	0.	0.
(3) Becky Motal	1.00									
Director		X						0.	0.	0.
(4) Brian Sledge	1.00									_
Director		X					<u> </u>	0.	0.	0.
(5) Bruce Rigler	1.00				1					
Director		X	ļ					0.	0.	0.
(6) Carl Horecky	1.00					1				
Director		X				ļ	ļ	0.	0.	0.
(7) Carlos C. Ayala, Jr.	1.00									
Director		X		ļ			<u> </u>	0.	0.	0.
(8) Carole D. Baker	1.00									
Director		X					 	0.	0.	0.
(9) Carolyn Ahrens	1.00									
Director		X	ļ					0.	0.	0.
(10) David E. Bell, MSCE,P.E.	1.00	l								
Director		X	<u> </u>				<u> </u>	0.	0.	0.
(11) David I. Weidman	1.00									
Director		X				<u> </u>	_	0.	0.	0.
(12) Denis Qualls, P.E., D.WRE	1.00	1								
Director	1	X	 	<u> </u>	<u> </u>	ļ		0.	0.	0.
(13) Donna Howe	1.00	l		1						
Director		X	<u> </u>	ļ	ļ	<u> </u>		0.	0.	0.
(14) Douglas G. Caroom	1.00									
Director		X	<u> </u>	-	<u> </u>	<u> </u>		0.	0.	0.
(15) Ed Shackelford, P.E.	1.00		1						0	
Director	1 00	<u>X</u>			<u> </u>		-	0.	0.	0.
(16) Frank C. Brogan, P.E., R.P.L.S.	1.00	- 		l			1			
Director	1.00	X	_−		ļ		1	0.	0.	0.
(17) Gary J. Gibbs, P.E.	1.00				ĺ			_		
Director	I	X					1	0.	0.	0. Form 990 (2012)
000007 10 10 10										Form MMU (2012)

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Form 990 (2012)

							_	sociation	74-1051	987	P	age 8
Part VII Section A. Officers, Directors, Tru		ploy	ees,			ghe	st C			1		
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do			nore) than	one	Reportable	Reportable		stimate	
	hours per	box	, unie	ss pe	erson	is bot pr/trus	h an	compensation	compensation	ar	nount	
	week	<u> </u>				1		- from	from related		other	
	(list any hours for	director						the	organizations		ipensa	
	related	5	8			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)		rom th janizat	
	organizations	alsa -	1 trus		8	1 E		(***2/1033****100)			d relat	
	below	Individual trustee or	Institutional trustee	<u> </u>	loldr	8 22	đ				anızatı	
	line)	ndiv	Instit	Officer	Key employee	Highest compensated employee	Former					
(18) Gena A. Leathers	1.00					1						
Director		X						0.	0.			0.
(19) Glenda Dunn	1.00			1					<u> </u>			~
Director	1 00	X						0.	0.			0.
(20) Harvey Everheart	1.00								0			^
Director	1 00	X						0.	0.			0.
(21) Hope Wells	1.00	x						0.	0.			0.
Director	1.00				+			<u> </u>	V.			0.
(22) J. Tom Ray, P.E.,D.WRE	1.00	x						0.	0.			ο.
Director	1.00				+					-		<u> </u>
Director	1.00	x						0.	0.			Ο.
(24) Jace A. Houston	1.00											
Director		X						0.	0.			Ο.
(25) James Kowis, P.E.	1.00		1							Î		
Director		X						0.	0.			0.
(26) Jerry Newell, P.E.	1.00						-					
Director		X						0.	0.			0.
1 b Sub-total								0.	0.			0.
c Total from continuation sheets to Part V	II, Section A							553,965.	73,000.		3,6	
d Total (add lines 1b and 1c)								553,965.	73,000.		3,6	23.
2 Total number of individuals (including but	not limited to th	nose	liste	ed a	lbov	e) wl	no r	eceived more than \$100	,000 of reportable			2
compensation from the organization								<u></u>			Yes	2 No
								high act as messaged a		[103	
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for			е, ке	y ei	mpic	Jyee	, 01	nignest compensated e	mpioyee on	3	ł	x
4 For any individual listed on line 1a, is the			omo	ens	atio	n and	d of	her compensation from	the organization		1	1
and related organizations greater than \$1	-		-							4	X	1
5 Did any person listed on line 1a receive or									idual for services		1	1
rendered to the organization? If "Yes," co	•				-	-		Ŭ		5		X
Section B. Independent Contractors												
1 Complete this table for your five highest of	ompensated in	dep	ende	ent d	cont	racto	ors t	that received more than	\$100,000 of compen	sation	from	
the organization. Report compensation fo	r the calendar y	/ear	endi	ng ۱	with	or w	rithir	n the organization's tax	year.			
(A)	a addraaa	37	~ > 7 1	_				(B) Description of s) Compe	C)	~
Name and busines	5 200/655	IN	ONI	5			_	Description of a		compe		
												. <u> </u>
	<u> </u>											
2 Total number of independent contractors	(including but r	not l	mite	ed to		se li	ster	d above) who received n	nore than			
\$100,000 of compensation from the organ						0						
See Part VII, Sectio		ti	nua	at	io	n	sh	eets		Form	990	(2012)

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Form	990 (2012) Texas	Water C	onservat	ion Associ	ation	74-1051	987 Page 9
	rt VII		nue		•			
		Check if Schedule O cont	ains a response t	to any question i			(0)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1 a	Federated campaigns	1a					
àrar oun		Membership dues	1b	385,046.				
s, C Am	с	Fundraising events	1c					
Giff	d	Related organizations	1d					
ns,	е	Government grants (contribut	ions) <u>1e</u>					
itio er S	f	All other contributions, gifts, gran						
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included abor	ve <u>If</u>					
out	-	Noncash contributions included in lines	1a-1f \$		295 016			
<u>0 a</u>	h	Total. Add lines 1a-1f		Durana Carla	385,046.			
•	2 a	Membership Meet	ings	Business Code 561000	532,500.	532,500.		3
vice		Expense Reimbur		561000	68,232.			
Ser	0	Legislative New		561499	37,065.	37,065.		
See.	d d	News Letter Spo		561499	16,850.	16,850.		
Program Service Revenue	e							
۲ ۲	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			654,647.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)			850.			850.
	4	Income from investment of ta	x-exempt bond p	oroceeds 🕨				
	5	Royalties	ſ					······
			(I) Real	(II) Personal				
				· - ·				
	ь							
	C d	, ,	L	L				
		Net rental income or (loss) Gross amount from sales of	(I) Securities	(II) Other		<u> </u>		
	/ a	assets other than inventory	() Securities					
	Ь	Less cost or other basis						
	-	and sales expenses						
	c	Gain or (loss)						
		Net gain or (loss)						
e	8 a	Gross income from fundraisin	g events (not					
enu		Including \$	of					
Jev		contributions reported on line	1c). See					
Other Revenue	ţ	Part IV, line 18	а					
đ	[Less: direct expenses	b	L				1
		Net income or (loss) from fund						
	98	Gross income from gaming ac Part IV, line 19						
	.	Less: direct expenses	a b					
		Net income or (loss) from gan	-	►	İ			1
	1	Gross sales of inventory, less						
		and allowances	а					
	ь	Less. cost of goods sold	Ь					
		Net income or (loss) from sale	es of inventory					
		Miscellaneous Revenu		Business Code				
	11 a			561000	99,996.		99,996	
	b			561000	90,000.		90,000	
	C C	Employee Benefi	Lt Trust	561000	4,226.		4,226	•
	d	All other revenue		541800	197,955.		3,133	
	е 12	Total. Add lines 11a-11d Total revenue See instructions			1,238,498.		197,955	850
	116				,,		, ,	· · · · · · · · · · · · · · · · · · ·

Page **9**

Secti	on 501(c)(3) and 501(c)(4) organizations must com			mplete column (A)	
	Check if Schedule O contains a respon		s Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				<u></u>
5	Compensation of current officers, directors,	- 4 - 0 0 4		105 000	
	trustees, and key employees	547,934.	411,965.	135,969.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			<u> </u>	
7	Other salaries and wages	159,127.	99,005.	60,122.	
8	Pension plan accruals and contributions (include	10 007	10 400	4 7 7 1	
	section 401(k) and 403(b) employer contributions)	<u>18,227.</u> 21,577.	13,496. 16,399.	4,731. 5,178.	
9	Other employee benefits	21,577.	16,399.	5,1/8.	
10	Payroll taxes	32,516.	23,092.	9,424.	
11	Fees for services (non-employees):				
а	Management				
b	Legal	0 5 6 0	F 162	4 207	
c	Accounting	9,560.	5,163.	4,397.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O)				
12	Advertising and promotion	49,164.	26,549.	22,615.	
13	Office expenses	12,732.	6,875.	5,857.	
14	Information technology	12,152.	0,013.	5,057.	
15	Royalties	53,708.	29,002.	24,706.	
16	Occupancy	34,589.	34,589.	24,700.	· · · · · · · · · · · · · · · · · · ·
17	Travel	54,505.	54,507.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	266,255.	259,492.	6,763.	· · · · ·
19	Conferences, conventions, and meetings	2007255.	23571521		
20 21	Interest Payments to affiliates				
21	Depreciation, depletion, and amortization	11,235.	6,067.	5,168.	
22	Insurance	959.	518.	441.	
23 24	Other expenses Itemize expenses not covered				
24	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 0) Dues and Subscriptions	38,072.	20,559.	17,513.	
a	Publications	33,104.	33,104.	1,,510.	
b	Miscellaneous expenses	20,752.	20,752.		·
c d	misocritaneous expenses	2011220			
d	All other expenses				
	Total functional expenses. Add lines 1 through 24e	1,309,511.	1,006,627.	302,884.	0.
<u>25</u> 26	Joint costs Complete this line only if the organization				
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Form 990 (2012)-Part X Balance Sheet

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Texas Water Conservation Association

74-1051987 Page 11

<u> </u>						
	Check if Schedule O contains a response to any	/ quest	on in this Part X	(<u>A</u>)	- 1	(B)
				Beginning of year		End of year
1				8,165.	1	2,004.
	-		T I			2,004. 76,942.
	5 1 2					
	• •		F		-	
-		ormer o	fficers directors			
5						
					5	
8		fied ne	rsons (as defined under			
v	•					
			,			
					6	
7		. oomp				··· -
-					-	
				500.		500
		1	le l	<u></u>		
i va	_	10a	107,684			
h			84,099.	34,820.	10c	23,585
	-					
		11		6,258.		6,258
		-				
	-		-			
			178,903.		109,289	
		<u>, , , , , , , , , , , , , , , , , , , </u>			24,777	
				8,333.		0
	•	Dart IV	of Schedule D	<u></u>		
22						
		es, anu	usquaineu persons.		22	
00	-	ated th	rd parties			21,277
				10,638,		
20						
		51124		20,965.	25	0
20						46,054
20		R) cher	k here X and			
	-					
97				134,248.	27	63,235
			-			
			-	· · · · ·		
20	•	ASC 95	8), check here	, .,		
30	Capital stock or trust principal, or current funds				30	1
	•	-	· · · · ·	31		
_	Paid-in or capital surplue, or land, building, or e-	aulome	rii illinici			
31	Paid-in or capital surplus, or land, building, or e			······		
_	Paid in or capital surplus, or land, building, or er Retained earnings, endowment, accumulated in Total net assets or fund balances			134,248.	32	63,235
	1 2 3 4 5 6 7 8 9 10a	Check if Schedule O contains a response to any Check if Schedule O contains a response to any Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and for trustees, key employees, and highest compensis Part II of Schedule L Coans and other receivables from other disquall section 4958(f)(1)), persons described in section employers and sponsoring organizations of sec employees' beneficiary organizations (see instr) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related See Part IV, line Intangible assets Other assets See Part IV, line 11 Total assets. Add lines 1 through 15 (must equ Accounts payable and accrued expenses Grants payable Deferred revenue Data as and other payables to current and forme key employees, highest compensated employe Complete Part II of Schedule L Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pay parties, and other liabilities not included on line Schedule D Complete Inter Intolow SFAS 117 (ASC 956 complete lines 27 through 29, and lines 33 and Unrestricted net assets Permanently restricted net assets Permanently restricted net assets	Check if Schedule O contains a response to any question 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former or trustees, key employees, and highest compensated en Part II of Schedule L 6 Loans and other receivables from other disqualified per section 4958(f)(1)), persons described in section 4958(c employers and sponsoring organizations of section 50° employees beneficiary organizations (see instr). Complet Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Lob 10b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 investments - program-related See Part IV, line 11 14 Intagible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 3 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20	Check if Schedule O contains a response to any question in this Part X 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employees' beneficiary organizations of section 501(c)(9) voluntary employees' beneficiary organizations of section 501(c)(9) voluntary employees beneficiary organizations of section 501(c)(9) voluntary employees call on as receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a 107, 684. 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - orgarm-related See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable and	Check if Schedule 0 contains a response to any question in this Part X (A) Beginning of year 1 Cash - non-interest-bearing 8, 165. 2 Savings and temporary cash investments 129, 160. 3 Piedges and grants receivable, net 129, 160. 4 Accounts receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 10 6 Loans and other receivables from other disqualified persons (as defined under section 4958(b)(10), persons described in section 4958(b)(30, and contributing employees and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations of section 501(c)(9) voluntary employees beneficiary organizations of section 501(c)(9) voluntary employees beneficiary organizations of section 501(c)(9) voluntary employees and sponsoring organizations of section 501(c)(9) voluntary employees and deferred charges 10a 107, 684. 9 Prepaid edferred charges 10a 107, 684. 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - publicly traded securities 14 Intergle assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 16 Totar assets. Add lines 1 through 15	Check if Schedule O contains a response to any question in this Part X (A) Beginning of year 1 Cash - non-interest-bearing 8, 165.1 2 Savings and temporary cash investments 3 3 Plodges and grants receivable, net 3 4 Accounts receivable, net 3 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(fc)(3)(8), and conthuting employees beneficiary organizations (see instr). Complete Part II of Sch L 7 7 Notes and loans receivable, net 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 500.9 10a 1077, 684.1 10 11 Investments - publicly traded securities 11 11 6, 258.12 11 11 10a 1077, 684.1 13 12 Investments - programetated See Part IV, line 11 13 14 11 10a 10, 78, 903.16

Form **990** (2012)

	1990 (2012). Texas Water Conservation Association	74-1051	901	Pag	ge 1 2
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1	,23	8,4	98
2		2 1	,30	9,5	11
3		3		1,0	
1	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13	4,2	48
5	Net unrealized gains (losses) on investments	5			
3	Donated services and use of facilities	8			
,	Investment expenses	7			
3	Prior period adjustments	8			
)	Other changes in net assets or fund balances (explain in Schedule O)	9			0
)	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	6	3,2	35
a	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
	Accounting method used to prepare the Form 990 🔲 Cash 🛛 🖾 Accrual 🛄 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	•			
a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed o	n a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate b	basis,			
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u>X</u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	ule O.			
a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Singl	e Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	d audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		ЗЫ		l

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SCHEDULE C	Political Campaign and Lobbying Activitie	s I	OMB No 1545-0047
(Form 990 or 990-EZ)	For Organizations Exempt From Income Tax Under section 501(c) and section		2012
Department of the Treasury Internal Revenue Service	 Complete if the organization is described below. Attach to Form 990 or For See separate instructions. 	m 990-EZ.	Open to Public Inspection
If the organization ans	wered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Car	npaign Activ	ities), then
 Section 501(c)(3) or 	ganizations: Complete Parts I-A and B. Do not complete Part I-C		
 Section 501(c) (other 	r than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete I	Part I-B.	
 Section 527 organiz 	ations: Complete Part I-A only.		
If the organization ans	wered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying A	ctivities), the	n
 Section 501(c)(3) or 	ganizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. D	o not comple	ete Part II-B.
 Section 501(c)(3) or 	ganizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part I	I-B. Do not co	omplete Part II-A.
If the organization ans	wered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c	(Proxy Tax),	then
 Section 501(c)(4), (5), or (6) organizations: Complete Part III		
Name of organization			identification number
	Texas Water Conservation Association		4-1051987
Part I-A Compl	ete if the organization is exempt under section 501(c) or is a section	527 organ	nization.
 Provide a descripti Political expenditui Volunteer hours 	on of the organization's direct and indirect political campaign activities in Part IV. res	►\$	
Part I-B Compl	ete if the organization is exempt under section 501(c)(3).		
1 Enter the amount of	of any excise tax incurred by the organization under section 4955	▶\$	
2 Enter the amount of	of any excise tax incurred by organization managers under section 4955	▶\$	
3 If the organization	incurred a section 4955 tax, did it file Form 4720 for this year?		
4a Was a correction n			
b If "Yes," describe i			· · · · · · · · · · · · · · · · · · ·
Part I-C Compl	ete if the organization is exempt under section 501(c), except section	n 501(c)(3)
1 Enter the amount of	directly expended by the filing organization for section 527 exempt function activities	► \$	
2 Enter the amount of	of the filing organization's funds contributed to other organizations for section 527		
exempt function a	stivities	►\$	
3 Total exempt funct	ion expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,		
line 17b		►\$	
• •	Ization file Form 1120-POL for this year?		Yes No
made payments. F contributions recei	ddresses and employer identification number (EIN) of all section 527 political organizations or each organization listed, enter the amount paid from the filing organization's funds. Also ved that were promptly and directly delivered to a separate political organization, such as imittee (PAC). If additional space is needed, provide information in Part IV	enter the arr	nount of political

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA Schedule C (Form 990 or 990-EZ) 2012

232041 01-07-13

Schedule C (Form 990 or 990-EZ) 2012 Texa	as Water	Conservati	on Associat:		1051987 Page 2
Part II-A Complete if the organiza		mpt under sectio	n 501(c)(3) and file	ea Form 5/68	
(election under section s					
A Check If the filing organization be			Part IV each amiliated	group member's nar	ne, adoress, EIN,
expenses, and share of expenses, and share of expenses and share o	• •	• •			
	obbying Expe	nditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expenditures	" means amou	ints paid or incurred.)		totals	
1 a Total lobbying expenditures to influence	public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence					
c Total lobbying expenditures (add lines 1a	and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (add	lines 1c and 1c	d)			
f Lobbying nontaxable amount Enter the a	amount from th	e following table in bot	h columns		
if the amount on line 1e, column (a) or (b) is	The lot	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000,000	\$100,00	00 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,00	\$225,0	00 plus 5% of the exce	ess over \$1,500,000		
Over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (enter 25	% of line 1f)				
h Subtract line 1g from line 1a If zero or le	ss, enter •0•				
i Subtract line 1f from line 1c. If zero or les	s, enter -0-		l		
j If there is an amount other than zero on e	either line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this year?		· · · · · · · · · · · · · · · · · · ·			
		eraging Period Under			
			n do not have to comp		
			es 2a through 2f on pa	ge +.)	
	obbying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures	<u></u>	<u> </u>			

Schedule C (Form 990 or 990-EZ) 2012

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Schedule C (Form 990 or 990-EZ) 2012 Texas Water Conservation Association 74-1051987 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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

SCHEDULE I)
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(Form 990)

Supplemental Financial Statements

 Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ► Attach to Form 990. ► See separate instructions.



Department of the Treasury	
Internal Revenue Service	L
Name of the organizati	ion

Texas Water Conservation Association 7

Employer identification number 74-1051987

Par	t Organizations Maintaining Donor Advise		s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
	-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v		
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	
	Impermissible private benefit?		
Pa			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
_	Preservation of open space		· · · · · · · · · · · · · · · · · · ·
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Hold at the End of the Tax Year
			Held at the End of the Tax Year
a	Total number of conservation easements		2a 2b
ь	Total acreage restricted by conservation easements		20
c	Number of conservation easements on a certified historic stri		
a	Number of conservation easements included in (c) acquired a	after 6/17/06, and not on a historic struct	2d
~	listed in the National Register	energy extension of terminated by th	
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by th	e organization during the tax
	year ► Number of states where property subject to conservation eas		
4 5	Does the organization have a written policy regarding the per		
5	violations, and enforcement of the conservation easements if		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		<u> </u>
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abov		
Ŭ	and section $170(h)(4)(B)(II)?$		
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expens	e statement, and balance sheet, and
•	include, if applicable, the text of the footnote to the organization		
	conservation easements		Ĵ Î
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
L	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri	bes these items.	
ь	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of pi	ublic service, provide the following amounts
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financi	
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12 Schedule D (Form 990) 2012

		ater Conse	mu a t	ion N	acodiat	ion	7	4-10	5100	7 5	•
	dule D (Form 990) 2012 Texas W										age Z
3	Using the organization's acquisition, accessi										
J	(check all that apply)			any or the	s following that	a a o a oi	grinicant u	30 01 113	00100101	11011	3
а	Public exhibition		a 🗍 i	oan or ex	change progra	ams					
b	Scholarly research		· · · · · · · · · · · · · · · · · · ·	Dther	change progre						
c	Preservation for future generations								· · ·		
4	Provide a description of the organization's ca	ollections and expla	in how th	ev further	the organizati	on's exer	not ouroo	se in Par	EXIII.		
5	During the year, did the organization solicit c										
Ŭ	to be sold to raise funds rather than to be ma					or on mar	400010		Yes	_	No
Par	t IV Escrow and Custodial Arran					'Yes" to	Form 990.	Part IV. I			
L	reported an amount on Form 990, Pa			- 3			,				
-1a	Is the organization an agent, trustee, custod	an or other interme	diary for a	contributic	ons or other as	sets not	Included				
	on Form 990, Part X?								Yes		No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fe	ollowing t	able:							
		·	Ť						Amoun	1	
с	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21?						Yes		No
ь	If "Yes," explain the arrangement in Part XIII.	. Check here if the e	explanatio	n has bee	n provided in l	Part XIII]
	t V Endowment Funds. Complete I						0				
		(a) Current year	(b) P	rlor year	(c) Two year	rs back	(d) Three ye	ars back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
9	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balan	ce (line 1	g, column	(a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment 🕨	%									
С	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should										
За	Are there endowment funds not in the posse	ession of the organi	zation tha	it are held	and administe	ered for th	ne organiza	ation	ſ		
	by									Yes	No
	(i) unrelated organizations								<u>3a(i)</u>		
	(ii) related organizations								3a(ii)	·	
b	If "Yes" to 3a(II), are the related organization	-							ЗЬ		
4	Describe in Part XIII the intended uses of the									_	
Par											
	Description of property	(a) Cost or basis (invest			st or other s (other)	• •	cumulate preciation	d	(d) Boo	k valu	θ
1a	Land										
b	Buildings										
с	Leasehold improvements			·····							<u> </u>
d	Equipment	 		1	07 , 684.		84,09		2	3,5	85.
	Other								-		0
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Par	t X, colun	nn (B), line	10(c))				2	3,5	85.

Schedule D (Form 990) 2012

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) (Form 990) 2012					Associatio	on 74	-1051987	Page 3
Part VII	Investments -		· · · · · · · · · · · · · · · · · · ·						
	otion of security or cate	OTY (including name	of security)	(b) Book val	ue	(c) Method of va	luation: Cost or en	d-of-year market v	alue
	al derivatives								
	held equity interests	i							
(3) Other			0		250	End of V	ear Market	Valuo	. <u> </u>
	incipal Fi	nancial	Group	0,	258.	End-or-re	al Marker	. value	
<u>(B)</u>	· · - · · · · · · · · · · · · · · · · ·								
<u>(C)</u>	· · · · · · · · · · · · · · · · · · ·								
(D)									
(E)		···							
(F) (G)							,	 _	
(H)								·	
(1)		, <u></u> ,,							<u> </u>
	(b) must equal Form 99	0. Part X. col (B)	line 12) 🕨	6,	258.				
	I Investments -					3.			
	(a) Description of in			(b) Book val		(c) Method of va	aluation: Cost or en	d-of-year market v	/alue
(1)									
(2)									
(3)									
(4)									
(5)	<u> </u>								
(6)				···					
(7)									
(8)									
(9)							·····		
(10)									
	(b) must equal Form 99 Other Assets.			16					
Part IX	Other Assets.	See Form 990,		Description		<u> </u>		(b) Book va	alue
(1)			(-/						
(1)(2)					<u></u>				
(3)									
(4)			·		-	· · · · ·			
(5)									
(6)									
(7)									
(8)									
(9)									
(10)	<u> </u>							_	
	umn (b) must equal F						>	•	
Part X				ine 25		(b) Book value			
<u>1.</u>		Description of lia	DIIITY			DOK VAIUE			
· · · · · ·	deral income taxes	·	······			· · · · · · · · · · · · · · · · · · ·			
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(3)									
(4)			• • • • • • • • • • • • • • • • • • •		<u> </u>				
(5)									
<u>(6)</u> (7)									
(7) (8)									
(9)	·· ··	·			-1	<u></u>			
(10)	·	·- ··-··	. –		-	/			
(11)	· <u>· · · ·</u> ·								
	lumn (b) must equal l	Form 990, Part >	(, col. (B) lin	e 25)			[
	(ASC 740) Footnote				to the org	ganization's financia	statements that re	eports the organiz	ation's

Liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2012 Texas Water Conservation As	sociation	74-3	1051987	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per R	eturn	1	
1	Total revenue, gains, and other support per audited financial statements		1	1,187,	668.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
е	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1		3	1,187,	668.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b 50,830.]		
с	Add lines 4a and 4b		4c	50 1,238	,830.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,238	498.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per	Retu		
1	Total expenses and losses per audited financial statements		1	1,258,	681.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
ь	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d]		
е	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1		3	1,258	681.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b 50,830.			
с	Add lines 4a and 4b		4c		,830.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,309	,511.
Pa	rt XIII Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	l, lines 1a and 4, Part IV, lines 1	b and 2	2b; Part V, line	4; Part
X, lin	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	provide any additional informat	ion.		

Part XI, Line 4b - Other Adjustments:

Expenses net with related income

Part XII, Line 4b - Other Adjustments:

Expenses net with related income

Schedule D (Form 990) 2012

SCHEI (Form	DULE J 990)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		мв No 20	-	
		Complete if the organization answered "Yes" to Form 990,	c	Dpen te		lic
	t of the Treasury venue Service	Part IV, line 23. ► Attach to Form 990. ► See separate instructions.			ction	
	the organization		Employer iden	tificati	on nu	mber
	-	Texas Water Conservation Association	74-105	198	7	
Part I	Question	s Regarding Compensation				
L					Yes	No
1a Che	eck the appropr	ate box(es) if the organization provided any of the following to or for a person listed in Form	990,			
Par	rt VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items				
	First-class or c	charter travel Housing allowance or residence for perso	nal use			
] Travel for com	panions Payments for business use of personal re	sidence		ŧ.	
] Tax indemnific	cation and gross-up payments Health or social club dues or initiation fee	s		1	
	Discretionary	spending account Personal services (e.g., maid, chauffeur, c	hef)			
	•	on line 1a are checked, did the organization follow a written policy regarding payment or		4.	}	
		provision of all of the expenses described above? If "No," complete Part III to explain n require substantiation prior to reimbursing or allowing expenses incurred by all officers, dir	actors	15	-	+
	=	EO/Executive Director, regarding the items checked in line 1a?	501015,	2		
10				<u> </u>		<u> </u>
3 Ind	licate which, if a	ny, of the following the filing organization used to establish the compensation of the organiza	ation's			
		actor. Check all that apply Do not check any boxes for methods used by a related organizat				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensatio					
	¬ ·	compensation consultant Compensation survey or study				
	- ·	ther organizations X Approval by the board or compensation of	ommittee			
		d any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	•	plated organization:				x
		ce payment or change-of-control payment?		<u>4a</u>		X
		ceive payment from, a supplemental nonqualified retirement plan?		4b		X
		ceive payment from, an equity-based compensation arrangement?		<u>4c</u>	<u> </u>	^
17 "	Yes" to any of II	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.		ļ		
On	ly section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.				
	•	in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	ntingent on the i	-				
	e organization?			5a		X
	y related organiz	zation?		5b		X
		or 5b, describe in Part III				
		in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n		1	
	ntingent on the					
	e organization?	······································		6a		X
	y related organiz	zation?		6b		X
	-	or 6b, describe in Part III.			1	1
		in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payment	s			
		nes 5 and 6? If "Yes," describe in Part III		7		X
		reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t	he			
	•	eption described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III		8		X
		id the organization also follow the rebuttable presumption procedure described in				
	gulations sectio			9		
		reduction Act Notice, see the Instructions for Form 990.	Schedule	J (For	m 99()) 2012

232111 12-10-12

Schedule J (Form 990) 2012 Texas Water Conservation Association 74-1051987	Man	ater Conserva	CVAtion AS	Association Employees. Use duplicat	74-1051987 te copies if additional space	9 8 7 space is needed.		Page 2
For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.	be rel Form	ported in Schedule J 990, Part VII.	, report compensation	on from the organize	ation on row (i) and fror	n related organization:	s, described in the insi	ructions, on row (II).
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.		dividual must equal t	ne total amount of F	orm 990, Part VII, Si	ection A, line 1a, applic	able column (D) and (I	E) amounts for that inc	lividual.
		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	0010100	(a)-(i)(a)	In prior Form 990
(1) Lerov Goodson	9	250,815.	.0	•0	37,013.	10,789.	298,617.	0.
- 2		41,400.	•0	.0		0.		0.
(2) Dean Robbins	ε		.0	• 0	31,643.	10,789.	2	.0
Assistant General Manager	(ii)	21,000.	•0	•0	•0	0.	21,000.	0.
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232112 12-12-12

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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



Employer identification number 74 - 1051987

Form 990, Part I, Line 1, Description of Organization Mission:

Texas Water Conservation Association

issues and activities at the state and national levels.

Form 990, Part III, Line 1, Description of Organization Mission:

groups.

Form 990, Part VI, Section B, line 11: The Board of Directors meets

frequently to discuss current issues and financial data. The Board has

final review and approval on all documents such as audited financial

statements and tax returns.

Form 990, Part VI, Section B, Line 15: The Board of Directors will

evaluate the current performance of the Association and determine if merit increases in salary are appropriate.

Form 990, Part VI, Section C, Line 19: Upon Request

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Compl	■ Related Organizations and Unrelated Partnerships ■ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ■ Attach to Form 990.	anizations and Unrelated Partnerships ion answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 to Form 990.	rtnerships ne 33, 34, 35, 36, o uctions.	r 37.	0	OMB No 1545-0047 2012 Open to Public Inspection	
Name of the organization	Texas Water	Conservation Association	ation			Employer identification number $74-1051987$	fication nun 987	nbeŗ
Part I Identificati	Identification of Disregarded Entities (Complete If the organization		answered "Yes" to Form 990, Part IV, line 33)	(
Name, addr	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	r Total income	e End-of-year assets		(f) Direct controlling entity	
Part II Identification organization	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	ations (Complete if the organization a	answered "Yes" to Form 990	, Part IV, line 34 bec	cause it had one or	more related tax-exe	empt	
man	(a) Name address and FIN	(b) Primary activity	(c) tecal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	(g) Section 512(b)(13)	t(b)(13)
of	of related organization		foreign country)		status (if section 501(c)(3))	entity	entrolled entity?	No.
Texas Ground Wate 221 E. 9th Street Austin TY 78701	Ground Water Association - 74-2093894 . 9th Street . Tx 78701	Dedicated to preserving ground water resources while advancing the	Texas	501(c)(6)				×
TX 9th TX	Council - 74-2594215	Dedicated to protect and conserve irrgation water rights.	Texas	501(c)(5)				×
For Paperwork Reduc	For Paperwork Reduction Act Notice, see the Instructions for Form 990. See Part VII for CO	ns for Form 990. [I for Continuations	IS			Schedule R	Schedule R (Form 990) 2012	2012

12-10-12 LHA

Schedule R (Form 990) 2012 Texas Water Conservation Association Part II Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)	LS Water Cor ganizations Taxable	CONSERVATION xable as a Partnership ((the tax year.)	tion Assoc ership (Complete If	Association omplete of the organiza	ttion answered "Y	'es" to Form 99	0, Part IV, Ine	34 because	74-1051987 It had one or more related	5 1 9 8 7 re related	Page 2
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from fax under sections 512-514)		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner/ Yes No	(j) (k) General or Percentage managing partner/ Ves No
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organization or form 990, Part IV, line 34 because it had one or more related organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organization or form 990, Part IV, line 34 because it had one or more related organization or form 990, Part IV, line 34 because it had one or more related organization or form 990, Part IV, line 34 because it had one or more related organization or form 990, Part IV, line 34 because it had one or more related organization or form 990, Part IV, line 34 because it had one or more related organization or form 990, Part IV, line 34 because it had one or more related organization or form 990, Part IV, line 34 because it had one or more related organization organizatio	ganizations Taxable prporation or trust duri	as a Corpo	r ration or Trust (Cc rear)	omplete if the	e organization ans	swered "Yes" to) Form 990, P	art IV, line 34	because it had o	one or mo	e related
(a) Name, address, and EIN of related organization	Nu	Ртт	(b) Primary activity	(c) Legal domicite (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	tty Share of total orb, income		(g) Share of Pe end-of-year ov assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entry? Yes No
							_				
232162 12-10-12								-	Schedul	e R (Forn	Schedule R (Form 990) 2012

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Schedule R (Form 990) 2012 Texas Water Conservation Association

74-1051987 Page 3

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Moto Comelete has 1 if any entity in Instead in Deute II. III. or IV of this enhadule				Vac	Ž
Note: Complete line find the provident of the following the following transactions with one or more related organizations listed in Parts II-IV?	e with one or more r	elated organizations listed	in Parts II-IV?	3	-
a Receipt of (ii) Interest (ii) annuties (iii) rovatties or (iv) rent from a controlled entity				1a	×
Gift, grant, or capital contribution to related organization(s)				4	×
				1c	Х
				P1	x
e Loans or loan guarantees by related organization(s)				1e	x
					~
t Uividends from related organization(s)				=	4;
g Sale of assets to related organization(s)				1g	×
h Purchase of assets from related organization(s)				Ŧ	×
i Exchange of assets with related organization(s)				÷	×
j Lease of facilities, equipment, or other assets to related organization(s)				1	×
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			= X	
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			5	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			e F	×
 Sharing of paid employees with related organization(s) 				10	×
p Reimbursement paid to related organization(s) for expenses				4 P	×
q Reimbursement paid by related organization(s) for expenses				1q X	_
				+ +	××
 Utility industrial of cash of property inormation organization (s) If the answer to any of the above is "Yes," see the instructions for information on w 	tho must complete t	his line, including covered	nation on who must complete this line, including covered relationships and transaction thresholds.	2	
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	ivolved	
(1) Texas Ground Water Association	н	90,000.Cash	cash		
(2)					
(3)					

Schedule R (Form 990) 2012

(6) 232163 12-10-12

(2)

Schedule R (Form 990) 2012 Texas Water Conservation Association Part Vi Unrelated Organizations Taxable as a Partnership (Complete If the organization answered "Yes" to Form 990, Part IV, line 37.)	Texas Water Conservation tions Taxable as a Partnership (Complete if the	vation As nplete if the organ	Association rganization answered "Ye	s' to Form	990, Part IV, line ;	(.78		74-105	-1051987	Page 4
Provide the following information for each entity taxed as a partnership through which the organization cond that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	entity taxed as a partnersh structions regarding exclus	Ip through which t sion for certain inv	which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) tain investment partnerships.	lucted mor	e than five percen	t of its activities (m	leasured t	oy total assets o	r gross r	evenue)
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) (e) Arealin Predominant income parmers sec (related, unrelated, 50(c)(3) excluded from tax	(e) Are all 501(c)(3) orgs 3	(f) Share of total income	(g) Share of end-of-year assets	Dispropor- bionate allocations?	(i) (j) (j) (j) (j) (j) (j) (j) (j) (j) (j	General o managing partner?	(j) (k) General or Percentage managing partner/ ownership
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	-							Schedule	e R (Fon	Schedule R (Form 990) 2012

232164 12-10-12 Schedule R (Form 990) 2012 Texas Water Conservation Association 74-1051987 Page 5 Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

## Part II, Identification of Related Tax-Exempt Organizations:

## Name of Related Organization:

Texas Ground Water Association

Primary Activity: Dedicated to preserving ground water resources while

### advancing the science

Part VII Section A. Officers, Directors	Water Cons	_	_						74-105	
(A)	(B)		уве	<u>s, a</u> (C		ngn	<del>63</del> 1	(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(cl	heck	all t	hat	арр	ly)	compensation	compensation	amount of
	per week (list any hours for related organizations below	individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
	line)	Ē	Ĕ	b	¥.	Ē	8			
(27) Jimmie Schindewolf	1.00	v						0.	0.	0
Director	1 00	X				<u> </u>	┣		<b>U</b> .	0
(28) Joe A. Barrera, III	1.00							0.	0.	0
Director	1.00	X				-	-			
(29) Joe B. Cooper, III	1.00	x	Ì			1		0.	0.	0
Director	1.00	<b>^</b>					┣			
(30) John Seifert	1.00	x			ł			0.	0.	0
Director	1.00								<b>.</b>	
(31) John W. Grant	1.00	x						0.	٥.	0
Director	1.00		$\vdash$	-			-		<b>```</b>	
(32) Jun Chang, P.E., DWRE	1.00	x						0.	0.	0
Director (33) Kathleen Jackson	1.00		+	<u> </u>			1			
Director		x						0.	0.	0
(34) Kathy Turner Jones	1.00	1					<u> </u>			
Director		x				1	1	0.	0.	0
(35) Kelley T. Holcomb	1.00					<u> </u>	1			
Director		X						0.	0.	0
(36) Kent Satterwhite	1.00						1			
Director		X					1	0.	0.	0
(37) Kim Carroll, P.E.	1.00		1			1				
Director		X						0.	0.	0
(38) Kyle Miller	1.00	1								
Director		X						0.	0.	0
(39) Lyn Clancy	1.00									
Director		X						0.	0.	0
(40) Martin Rochelle	1.00	-								
Director		X						0.	0.	0
(41) Mary Beth Stengler	1.00	_					1			
Director		X				<u> </u>	<u> </u>	0.	0.	0
(42) Michael D. Yost	1.00	-		[						
Director	1.00	X	<b> </b>	<b> </b>	<u> </u>		_	0.	0.	0
(43) Michael F. Thuss	1.00									
Director	1	X			1			0.	0.	C
(44) Michael J. Booth	1.00						ł		0.	
Director	1 00	X	-				-	0.	<u>U</u> .	0
(45) Molly Cagle	1.00							0.	0.	c
Director	1 00	<u>  X</u>		$\vdash$	-		+		· · ·	ļ
(46) Patrick Brzozowski	1.00	x				1		0.	0.	0
Director		1		1			ł	0.	· · · ·	<u> </u>

Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd H	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average hours per	(ct			ition that		ly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former	the organization (W·2/1099·MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(47) Robert M. Johnson, P.E. Director	1.00	x						0.	0.	0
(48) Scott Hall, P.E.	1.00									
Director		x						0.	Ο.	0
(49) Sonny Hinojosa	1.00									
Director	······································	х						0.	Ο.	0
(50) Tito Nieto	1.00									
Director		X						0.	Ο.	0
(51) Tom Gooch, P. E.	1.00									
Director		X						0.	0.	0
(52) Troy Allen	1.00									
Director		X						0.	0.	0
(53) Walt Sears, Jr.	1.00									_
Director	1 0 0	X						0.	0.	0
(54) Wayne P. Owen, Jr.	1.00								0	0
Director	1 00	X						0.	0.	0
(55) James M. Parks	1.00	x						0.	0.	0
Immediate Past President	1.00	•						0.	· · ·	0
(56) A. T. Hebert, Jr. Past President	1.00	x						0.	0.	0
(57) Alan H. Plummer, Jr., P.E., BCE	1.00								Ŭ.	
Past President	1.00	x						0.	Ο.	0
(58) C.E. Williams	1.00									
Past President		X						0.	0.	0
(59) Carson Hoge	1.00									
Past President		X				ĺ		0.	Ο.	0
(60) Con Mims	1.00									·····
Past President		X						0.	0.	0
(61) Danny F. Vance	1.00									
Past President		X						0.	0.	0
(62) Fred N. Pfeiffer	1.00							-	-	_
Past President		X				<u> </u>	.	0.	0.	0
(63) Gregory E. Rothe	1.00								_	-
Past President	1 00	X						0.	0.	0
(64) James M. Oliver	1.00							•	_	~
Past President	1.00	X						0.	0.	0
(65) James P. Murray	1.00	x						0.	0.	0
Past President	1.00						-	0.	0.	0
(66) James R. Nichols, P. E. Past President	1.00	x						0.	0.	0
abt flebluent	L	1	I	L	L		L		······································	

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Part VII Section A. Officers, Directors, Tru	1	nplo	yee			ligh	est	Compensated Employ	ees (continued)	· · · ·
(A)	(B)	1		(0	)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cl	heck	all t	hat	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	ğ				ploye		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	director				l ma		(W-2/1099-MISC)		organization
	related	5	22 F2			ensatt		(		and related
	organizations	l trus	naltr		oyee					organizations
	below	Individual trustee	Institutional trustee	ß	Key employee	Highest compensated employee	Former			
	line)	E	<u>s</u>	Officer	ð,	ਸ਼ੂ	Ē			
(67) Jerry L. Clark	1.00									
Past President	1 00	X						0.	0.	0.
(68) John E. Burke	1.00								0	
Past President	1 00	Х						0.	0.	0.
(69) John H. Specht	1.00	v	1					0	0	0
Past President	1 00	Х						0.	0.	0.
(70) Joseph J. Beal	1.00	v						0	0	0
Past President	1 00	X						0.	0.	0.
(71) M. Jeff Taylor	1.00	v							0	0
Past President	1 00	X						0.	0.	0.
(72) Owen H. Ivie	1.00	v						0	0	0
Past President	1.00	Х						0.	0.	0.
(73) Peggy W. Glass	1.00	x						0.	0.	0
Past President	1.00	<u>^</u>						0.	<u> </u>	0.
(74) R. H. Parker, Jr.	1.00	x						0.	0.	0.
Past President (75) Richard Bowers	1.00	<b>^</b>					ļ		· · ·	0.
Past President	1.00	x						0.	ο.	0.
(76) Robert H. Lloyd	1.00	Δ		$\square$		<u> </u>		••		0.
Past President	1.00	x						0.	0.	0.
(77) Robert J. Huston	1.00	-						•	•	
Past President	1.00	x						0.	0.	0.
(78) Robert Lee Johnson	1.00									
Past President		x						0.	0.	0.
(79) Robert Wagner	1.00									
Past President		x						0.	0.	0.
(80) Ronald J. Neighbors	1.00									
Past President		x						0.	0.	0.
(81) Sam F. Collins	1.00									
Past President		X						0.	0.	0.
(82) Wayne M. Halbert	1.00									
Past President		X						0.	0.	0.
(83) William E. West, Jr.	1.00									
Past President		X						0.	0.	0.
(84) Luana T. Buckner	5.00									
President		X		Х				0.	0.	0.
(85) Phillip J. Ford	5.00									
President Blect		X		Х				0.	0.	0.
(86) Robert J. Brandes, Ph.D.	5.00									
President Elect		X		X				0.	0.	0.
Total to Part VII, Section A, line 1c	· · · · · · · · · · · · · · · · · · ·		-							

Part VII Section A. Officers, Directors,		mplo	yee			ligh	est	Compensated Employe	ees (continued)	
(A)	(B)			(0	<b>)</b> )			(D)	(E)	(F)
Name and title	Average hours per	(cl		Posi all t			ly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensatio from the organization and related organizations
87) J. Kevin Ward Vice President	81000	x		x				0.	0.	(
88) James C. Conkwright	1.00	<b>^</b>		^				0.	<b>V</b> •	<b>`</b>
vice President	1.00	x		х				ο.	ο.	(
89) Jerry W. Chapman	1.00									
Vice President		X		Х				0.	0.	(
(90) John Chisholm	1.00	x		x				ο.	0.	(
/ice President (91) Phil Kelley	1.00	<b>^</b>		Δ				· · ·		(
Vice President	1.00	x		x				0.	ο.	(
(92) R. Glenn Jarvis	1.00									•···· ··· ··· ··· ··· ··· ··· ··· ··· ·
/ice President		X		X				0.	Ο.	(
93) Ricky Clifton	1.00									
/ice President		X		Х				0.	0.	(
94) Timothy L. Brown	1.00									
/ice President	- 27.00	X		Х				0.	0.	
95) Leroy Goodson	27.00 24.00				х			250,815.	41,400.	17 007
General Manager (96) Dean Robbins	45.00				~			230,013.	41,400.	47,802
Assistant General Manager		1			х			210,950.	21,000.	42,432
(97) Lisa Henley	27.00									
Employee	14.00					X		92,200.	10,600.	23,389
······································										
otal to Part VII, Section A, line 1c	· · ·			1				553,965.		113,623

Form <b>990</b>
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۰ Form	, <b>9</b> 9	90	Return of Organization Exempt Fi Under section 501(c), 527, or 4947(a)(1) of the Internal Reve			OMB No 1545-0047
		the Treasury ue Service	benefit trust or private foundatio The organization may have to use a copy of this return to satisfy the organization may have to use a copy of the organization may have to use a copy of the organization may have to use a copy of the organization may have to use a copy of the organization may have to use a copy of the organization may have to use a copy of the organization.	on)		Open to Public Inspection
			ar year, or tax year beginning and e			
Bc	neck if	C Name of	f organization		D Employer identif	ication number
	Address change		s Water Conservation Association			
	]Name ]change		usiness As		74-1	L051987
	]Initial return			Room/suite	E Telephone numb	
	Termin-		E. 9th Street			472-7216
F	Amende Ireturn		own, state or country, and ZIP + 4		G Gross receipts \$	1,140,600
	Applica		in, TX 78701-2510		H(a) Is this a group	
	pending	_	nd address of principal officer Leroy Goodson		for affiliates?	
			ast 9th Street, Austin, TX 78701-	2510	H(b) Are all affiliates in	
<u> </u>	ax∙exe	mpt status:				a list. (see instructions)
			twca.org		H(c) Group exempti	•
		organization:	Corporation Trust X Association Other	L Year		M State of legal domicile: T
Pa		Summary				in claic of logal control of a
$\square$			e the organization's mission or most significant activities. TWCA	serve	s as a lead	ler and
ဦ			e for water users by stimulating p			
nai			x F in the organization discontinued its operations or dispose			
Activities & Governance			3	9		
ဖြ			ting members of the governing body (Part VI, line 1a) lependent voting members of the governing body (Part VI, line 1b)	4	9	
s S			of individuals employed in calendar year 2011 (Part V, line 2a)		5	
itie			of volunteers (estimate if necessary)		6	
ctiv			d business revenue from Part VIII, column (C), line 12			
Ă			business taxable income from Form 990-T, line 34		76	
	<u>~</u>	tor an olaroa			Prior Year	Current Year
	8 (	Contributions	and grants (Part VIII, line 1h)		338,457	
Revenue			ce revenue (Part VIII, line 2g)		466,960	
Svel		-	come (Part VIII, column (A), lines 3, 4, and 7d)		2,705	1
щ			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		302,949	
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,111,071	
			milar amounts paid (Part IX, column (A), lines 1-3)		0.	0
			to or for members (Part IX, column,(4), tine 4)		0	1
6					758,135	
Expenses	16a F	Professional f	r compensation, employee penefits (Part (X, Column (A), times 5·10) undraising fees (Part IX, column (A), line 11e)			
per				0.		
EX				<u> </u>	415,674	381,488
	18 7	Total expense	s Add lines 13:17 (must equilibrant-IX column (A) line 25h	1,173,809		
	19 F	Revenue less	es (Part IX, column (A), lines 11a-11d; 11f-24e) 2012 8 s Add lines 13-17 (must equal Rart IX, column (A), line 25) expenses Subtract line <del>18 trong</del> line 12 A	<62,738		
es			UP UP I I I I I I I I I I I I I I I I I	Re	ginning of Current Year	
Ret Assets or Fund Balances	20 1	Total assets /I	Part X, line 16)	56	244,194	
Ass Bal			(Part X, line 26)		85,302	
Net			fund balances. Subtract line 21 from line 20		158,892	
Pa	rt II	Signature		I	10,0940	1 134,240
<u> </u>		-	I declare that I have examined this return, including accompanying schedules			

Under pena	Ities of perjury, I declare that I have examined this return	, including accompanying schedules and state	ements, and to the be	est of my knowledge and belief, it is
true, correc	t, and complee. Declaration of preparer (other than offic	er) is based on all information of which prepa	rer has any knowledg	ge.
Sıgn Here	Signature of officer Leroy Goodson Type or print name and title		Date	
Paid	Print/Type preparer's name Larry D. Dodson	Preparer's signature	Date 3/7/12	Check PTIN If self-employed POOD 23096
Preparer	Firm's name 🕒 Glass & Company,	P.Q.	Firm's l	EIN 74-2587727
Use Only	Firm's address 515 Congress Ave Austin, TX 78701		Phone	no. (512) 480-8182
May the IF	RS discuss this return with the preparer shown ab	ove? (see instructions)		X Yes No
132001 01-2	3-12 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.		Form <b>990</b> (2011)

See Schedule O for Organization Mission Statement Continuation

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	990 (2011) Texas Water Conservation Association 74-1051987 Page 2
Par	t III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response to any question in this Part III
•	To promote the wise and balanced development and conservation of
	Texas' water resources, provide a forum for the discussion and
	evaluation of all problems relating to water development, and serve as
	a clearing house for coordinating the activities of local agencies and
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported.
<b>4</b> a	(Code)(Expenses \$ 887,262. Including grants of \$) (Revenue \$ 599,067.) To promote the wise and balanced development and conservation of Texas'
	water resources, provide a forum for the discussion and evaluation of
	all problems relating to water development, and serve as a clearing
	house for coordinating the activities of local agencies and groups.
4b	(Code) (Expenses \$ including grants of \$ ) (Revenue \$ )
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	· · · · · · · · · · · · · · · · · · ·
4d	Other program services (Describe in Schedule O.)
÷u	
<b>4</b> e	(Expenses \$ including grants of \$ ) (Revenue \$ ) Total program service expenses ► 887, 262.
	Form <b>990</b> (2011)
13200 02-09-	2

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Texas	Water	Conservation	Association
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			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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3_	L	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		ļ
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	X	ļ
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	<u> </u>	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; 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	L	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	ļ	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			1
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		1	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	X
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	205		

Form 990 (2011)

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Form 990 (2011)

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Form	990	(2011)

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	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 25	24a	L	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<b> </b>
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		<u> </u>
	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		ļ
25a	Section 501(c)(3) and 501(c)(4) 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	ļ	X
b			i i	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1
	Schedule L, Part I	25b	<u> </u>	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	1	1	
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	<b>_</b>	X
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):		1	v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	┼───	X X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	╂	<b>^</b>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		x
29	director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	28c	┼───	X
30	Did the organization receive more than \$25,000 in non-cash contributions r in res, complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	<u> </u>	
50	contributions? If "Yes," complete Schedule M	20		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30	<u> </u>	
51	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31	<del> </del>	
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		<u> </u>
•••	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity?			<u> </u>
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	x	
35a		35a		X
	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	35ъ		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		1	<u> </u>
	If "Yes," complete Schedule R, Part V, line 2	36		-
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	<u> </u>
-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		<u> </u>	<u> </u>
	Note, All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2011)

Form	990 (2011) Texas Water Conservation Association 74-105	1987	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<u>ן</u>		
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	<u>)</u>		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	<u>1c</u>		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		[	
	filed for the calendar year ending with or within the year covered by this return 2a	5	}	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<u>3a</u>	X	
b	If "Yes," has it filed a Form 990.T for this year? If "No," provide an explanation in Schedule O	<u>3b</u>	X	ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>	L	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	ļ	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>	ļ	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	<u>6a</u>	ļ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		i i	
	were not tax deductible?	6b	ļ	ļ
7	Organizations that may receive deductible contributions under section 170(c).			1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor		ļ	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	┥_	1	1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		──
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<b> </b>	<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting		1	1
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	ł	
	Sponsoring organizations maintaining donor advised funds.	0-	1	1
a 5	Did the organization make any taxable distributions under section 4966?	9a	+	·
	Did the organization make a distribution to a donor, donor advisor, or related person?	96		+
10 а	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:	-		
'' a	Gross income from members or shareholders 11a			
•••	Gross income from other sources (Do not net amounts due or paid to other sources against	-		
	amounts due or received from them.)			
129	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	f	1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120	<u> </u>	+
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-	[	1
	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	+
a	Note. See the instructions for additional information the organization must report on Schedule O.		†	+
ь	Enter the amount of reserves the organization is required to maintain by the states in which the			1
5	organization is licensed to issue qualified health plans		1	1
~	Enter the amount of reserves on hand 13c	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u>†</u>	+
			<u> </u>	<u> </u>

Form 990 (2011)

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#### Texas Water Conservation Association 74-1051987 Form 990 (2011) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response Part VI to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. **X** Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 96 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 96 b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7Ь Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 Х a The governing body? 8a b Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O ĝ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a Did the organization have local chapters, branches, or affiliates? 10a b if 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? Х 13 X 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official Х 15a X b Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a 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? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ TX 17 18 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. X Upon request Own website Another's website 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:	
	Texas Water Conservation Associatio - 512-472-7216	

<u>22</u> 1	East	9th	St,	Ste	206,	Austin,	тx,	Austin,	ТΧ	78701-2510	
132006									-		- 000
01-23-12											Form <b>990</b> (2011)

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key 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.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average Position						008	Reportable	Reportable	Estimated
	hours per	box	, unte	ss pe	rson i	is bot pr/trus	h an	compensation	compensation	amount of
	week			uau		1		from	from related	other
	(describe hours for	ject				L		the	organizations	compensation
	related	5 5	器			A S		organization (W-2/1099-MISC)	(W·2/1099-MISC)	from the organization
	organizations	t and			8	nper				and related
	In Schedule	Individual trustee or director	Institutional trustee	5	Key employee	o est co	2			organizations
	0)	1 QU	Instit	Officer	Ş	Highest compensated employee	Ē			-
(1) James M. Parks										
President	5.00	X		X	<b> </b>	<u> </u>	L_	0.	0.	0.
(2) Sonia Kaniger Lambert	1 00			1						•
Past President	1.00	X		X		<b> </b>	L	0.	0.	0.
(3) Luana T. Buckner			l		Į					<b>^</b>
President - Elect	5.00	X		X	<u> </u>	<u> </u>		0.	0.	0.
(4) Timothy L. Brown					l.					-
Vice President	1.00	X		X	<u> </u>	<u> </u>		0.	0.	0.
(5) Patrick Brzozowski	1									•
Director	1.00	X				ļ		0.	0.	0.
(6) Jerry W. Chapman	1									
Director	1.00	X					L	0.	0.	0.
(7) John Chisholm	1		l		ļ					•
Director	1.00	X		L				0.	0.	0.
(8) Phillip J. Ford	1									
Director	1.00	X						0.	0.	0.
(9) Charles Ganze	1 00									•
Director	1.00	X			<u> </u>	<b> </b>		0.	0.	0.
(10) R. Glenn Jarvis	1 1 00									•
Director	1.00	X				<u> </u>	<b> </b>	0.	0.	0.
(11) Phill Relley	1 00									•
Director	1.00	X		<u>}                                    </u>		⊢	┣	0.	0.	0.
(12) Mike J. Mahoney	1 00			İ.						<u> </u>
Director	1.00	X	<u> </u>				₋	0.	0.	0.
(13) Molly Cagle	1 00	.,								
Member	1.00	X	1-			┢	<b>↓</b>	0.	0.	0.
(14) James C. Conkwright	1 00									
Member	1.00	X						0.	0.	0.
(15) Sonny Hinojosa	1 00	v				1		<b>^</b>		<u> </u>
Member	1.00	X			-	-	┣	0.	0.	0.
(16) Donna Howe	1 00							0.	ο.	
Member	1.00	X				╞	╂	· · · ·	· · · ·	0.
(17) Jerry Newell	1.00	x						0.	o.	
Member	1 1.00	ĮĀ	1	<u> </u>	L.	<u> </u>	L	<u> </u>	<u> </u>	0.

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Form 990 (2011)

in Schedule O)       g g g       g g        g       g g       g g <th>Name and title</th> <th>(B) Average hours per week (describe</th> <th>(do box offic</th> <th>not c</th> <th>(C Posi heck r ss per d a di</th> <th>;) tion more i rson is</th> <th>than ( s boti</th> <th>one han</th> <th>Compensated Employ (D) Reportable compensation from</th> <th>(E) Reportable compensation from related</th> <th>a</th> <th>(F) stimat mount othe</th> <th>t of r</th>	Name and title	(B) Average hours per week (describe	(do box offic	not c	(C Posi heck r ss per d a di	;) tion more i rson is	than ( s boti	one han	Compensated Employ (D) Reportable compensation from	(E) Reportable compensation from related	a	(F) stimat mount othe	t of r
18) Wells Seare, Jr.       1.00 X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		hours for related organizations in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	-	organizations (W-2/1099-MISC)	or	from ti ganiza nd rela	he Ition Ited
i3) Hope Wells       1.00 X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	·	1.00	x						0.	0			0
20) Michael D, Yost       1.00 X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			<u></u>	-							-		
anbar       1.00       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	ember	1.00	X						0.	0	•		0
21) Carolyn Ahrens       1.00 X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	20) Michael D. Yost	1 00											
irector       1.00 X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	······································	1.00	X		-				υ.	0	•		
22)       Troy Allen       1.00       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	•	1.00	x						0.	0			C
irector       1.00 X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	······································										•		
irector       1.00 X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	irector	1.00	X						Ο.	0	•		C
241) carlos C. Ayala       1.00 X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	23) Alfredo Arce												
irector       1.00 X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	irector	1.00	X	<u> </u>					0.	0	•		<u> </u>
25) Carole D. Baker       1.00 X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		1 00							0	0			·
irector       1.00 X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		1.00	<b>^</b>						0.	0	•		
26) Joe A. Barrera       1.00 X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		1.00	x	1					0.	0			(
1b       Sub-total       0.       0.       0.       0.         c       Total form continuation sheets to Part VII, Section A       >       397,300.       0.       38,400         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization        Yes       N         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual        3       3         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       3       3         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization? If "Yes," complete Schedule J for such person       4       X         5       J       J       J       J       J         1       Complete this table for your five highest compensated independent contractors       Ch       Ch         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization of services       Compensation         Nome and busin	26) Joe A. Barrera			<u> </u>	r - 1					· · · · · · · · · · · · · · · · · · ·			
c       Total from continuation sheets to Part VII, Section A       397,300.       0.       38,400         d       Total (add lines 1b and 1c)       0.       38,400         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       0.       38,400         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       Yes       N         4       For any individual listed on line 1a, is the sum of reportable compensation from and other compensation from the organization and related organizations greater than \$150,0001 If "Yes," complete Schedule J for such individual       3       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       5       2         5       Did any person listed on line 1a receive or accrue compensated independent contractors that received more than \$100,000 of compensation from the organization? If "Yes," complete Schedule J for such person       5       5       2         5       Did any person listed for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (	irector	1.00	X					_					0
d Total (add lines 1b and 1c)       397, 300.       0.       38, 400         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       •       38, 400         3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       •       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3	1 b Sub-total												0
2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       Yes       N         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3		VII, Section A											
compensation from the organization       Image: compensation from the organization       Image: compensation from the organization       Image: compensation from the organization       Image: compensation from the organization       Image: compensation from the organization       Image: compensation from the organization       Image: compensation from the organization       Image: compensation from the organization       Image: compensation from the organization       Image: compensation from the organization       Image: compensation from the organization       Image: compensation from the organization       Image: compensation       Image: compensation </td <td></td> <td>not limited to th</td> <td></td> <td>liste</td> <td>ad at</td> <td>nove</td> <td>) w</td> <td></td> <td></td> <td></td> <td>•</td> <td><u>,,,</u></td> <td>100</td>		not limited to th		liste	ad at	nove	) w				•	<u>,,,</u>	100
3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3       3 <td>· · ·</td> <td></td> <td><del></del></td> <td><del></del></td>	· · ·											<del></del>	<del></del>
4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       5       2         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation	3 Did the organization list any former office	er, director, or tr	uste	e, ke	ey en	nplo	yee	, or I	nighest compensated e	mployee on	[	Yes	
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual          5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         5       5       5       5       5         Section B. Independent Contractors         1       Complete for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation	-										3		<u>}</u>
5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (B)       (C)         Name and business address       NONE       Description of services       Compensation	-	•		•					•	the organization		v	
rendered to the organization? If "Yes," complete Schedule J for such person       5       2         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (B)       (C)         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation										dual for services			+
Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation						-		Ular	ou organization of many		5	ĺ	1
the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation													
(A) Name and business address       NONE       (B) Description of services       (C) Compensation         Image: Compensation       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation       Image: Compensation       Image: Compensation       Im		•	•								sation	from	
Name and business address         NONE         Description of services         Compensation	1 Complete this table for your five highest of		/ear	<u>e</u> nd	ing v	vith (	or w	ithin		/ear			
	1 Complete this table for your five highest of the organization. Report compensation for	or the calendar y											
Total number of independent contractory (including but not limited to these listed above) who years then	1 Complete this table for your five highest of the organization. Report compensation for (A)			ONI	Ē					ervices			on
Total number of independent contractory (including but not limited to these listed above) who years then	1 Complete this table for your five highest of the organization. Report compensation for (A)			ON	E					ervices			on
Total number of independent contractory (including but not limited to these listed above) who received more than	1 Complete this table for your five highest of the organization. Report compensation for (A)			ON	<u>E</u>					ervices			on
2 Total sumber of independent contractom (including but not limited to these list of above) who received more than	1 Complete this table for your five highest of the organization. Report compensation for (A)			ON	<u>E</u>			+		ervices			on
Total sumber of independent contractom (including but not limited to these listed above) who received more than	1 Complete this table for your five highest of the organization. Report compensation for (A)			ON	E					ervices			on
Total number of independent contractory (including but not limited to these listed shour) who received more than	1 Complete this table for your five highest of the organization. Report compensation for (A)				<u>E</u>					ervices			on
2 Total sumber of independent contractom (including but not limited to these listed should use these	1 Complete this table for your five highest of the organization. Report compensation for (A)				E					ervices			on
Total number of independent contractom (including but not limited to these listed should use these these listed should use the should use these listed should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should use the should	1 Complete this table for your five highest of the organization. Report compensation for (A)				E					ervices			on
V Lotal alignment of independent contractors (including but not limited to these linted above) whe received more than	1 Complete this table for your five highest of the organization. Report compensation for (A)				E					ervices			on

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Part VII Section A. Officers, Director	rs, Trustees, Key Er	npic	yee	s, a	nd H	ligh	est (	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours per	(cł		<b>(C</b> Posi ( all t	rtion		ly)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensatic from the organization and related organization
27) David E. Bell										
Director	1.00	Х						0.	0.	I
28) Michael J. Booth										
Director	1.00	X						0.	0.	
(29) Robert J. Brandes			]							
Director	1.00	X						0.	0.	
(30) Jimmy Banks										
Director	1.00	X						0.	0.	
(31) Frank C. Brogan										
Director	1.00	X						0.	0.	
(32) Timothy L. Brown										
Director	1.00	X						0.	0.	
(33) Douglas G. Caroom		[								
Director	1.00	X						0.	0.	
(34) Kim Carroll			1							
Director	1.00	X						0.	0.	
(35) Jun Chang							ł			
Director	1.00	X						0.	0.	
(36) Lyn Clancy									_	
Director	1.00	X		ļ			L	0.	0.	
(37) James C. Conkwright										
Director	1.00	X	ļ					0.	0.	
(38) Glenda Dunn									-	
Director	1.00	X	<u> </u>	<u> </u>	<u> </u>		<u> </u>	0.	0.	
(39) Reed Eichelberger										
Director	1.00	X	$\vdash$	<u> </u>	I	L.	<u> </u>	0.	0.	
(40) Harvey Everheart	1 00		ł	1					•	
Director	1.00	X			<u> </u>		<b> </b>	0.	0.	
(41) Gary J. Gibbs	1 00								•	
Director	1.00	X		╂		<u> </u>		0.	0.	
(42) Tom Gooch	1 1 00		Ì							
Director	1.00	<u> </u>		<u> </u>				0.	0.	
(43) John W. Grant	1 00				ł				0	l .
Director	1.00	≜		┼	<u>-</u>	h	┣	0.	0.	
(44) Scott Hall	1 00				1	1			<u>^</u>	
Director	1.00	<b>↓</b> ▲	╉──		–		┣	0.	0.	
(45) Sonny Hinojosa	1 00	<b>v</b>					İ.			
Director	1.00	<b>↓</b> ▲	┣	$\vdash$	┨──			0.	0.	
(46) Kelley T. Holcomb	1 00		l			l	l		<u> </u>	[
Director	1.00	<b>_^</b>	1	1		L		0.	0.	

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Part VII Section A. Officers, Directo (A) Name and title	<b>(B)</b> Average hours			(C Pos	<b>))</b> Ition	•		<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
47) Carl Horecky										
irector	1.00	X	-		<u> </u>			0.	0.	(
48) Robert M. Johnson	1 00								•	
irector	1.00	X				<u> </u>		0.	0.	(
19) Kathy Jones	1.00	x						ο.	ο.	(
irector 50) Phill Kelley		<b>^</b>		L	<u> </u>			<u>0.</u>		
50) Phili Keiley irector	1.00	x				1		0.	ο.	(
51) James Kowis		<b></b>	<u> </u>		<u> </u>			<b></b>		
irector	1.00	x				1		ο.	ο.	
52) Alan Moore										
irector	1.00	x						ο.	Ο.	(
53) Ricky Clifton										
irector	1.00	X						0.	0.	(
54) Wayne P. Owen, Jr										
irector	1.00	X						0.	0.	
55) Denis Qualls										
irector	1.00	X				ļ		0.	0.	(
56) J. Tom Ray				ŀ						
irector	1.00	X				_	<b>.</b>	0.	0.	(
57) Bruce Rigler	1 00								0	
irector	1.00	X						0.	0.	(
58) Martin Rochelle	1.00	x						0.	ο.	
irector	1.00	<b> </b> ▲	+			<u> </u>	$\vdash$	<u>_</u>	<u>U.</u>	
59) J.L Rose	1.00	<b>y</b>				1		0.	ο.	(
irector 60) Kent Satterwhite	1.00	<b>^</b>			$\vdash$	<u>+</u>	<b> </b>	· · · ·	<u></u>	
irector	1.00	x						0.	Ο.	
61) Jimmie Schindewolf		<u></u>		-	<u> </u>	$\mathbf{T}$	+	<b>-</b>		
irector	1.00	x	1		1	1	1	) o.	0.	(
62) John Seifert		1		<u> </u>	1	1	1			
irector	1.00	X				1		0.	Ο.	
63) Gena A. Leathers		<u> </u>			-				· · · · ·	
irector	1.00	X						0.	0.	
64) Paul D. Thornhill			{		1					
irector	1.00	X	<b> </b>		<b> </b>	<u> </u>		0.	0.	
65) Michael F. Thuss									_	
irector	1.00	X	_		<u> </u>	<u> </u>		0.	0.	· · · ·
66) David I. Wiedman	1							-	_	
irector	1.00	<u>  X</u>	L	l	1		1	0.	0.	

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Part VII Section A. Officers, Director	Water Cons				_	_			74-105	1907
(A) Name and title	s, Trustees, Key El (B) Average hours per			<b>(C</b> Posi all t	<b>;)</b> Ition		-	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(67) Hope Wells	1 00									
Director	1.00	X						0.	0.	0
(68) Ed Shackelford	1 00	v								0
Director	1.00	X					<u> </u>	0.	0.	0
(69) Mary Beth Stengler	1.00	x				ļ	ļ	0.	0.	0
Director	1.00	A						<u> </u>		0
(70) Brian Sledge	1.00	x						0.	0.	0
Director (71) Michael E. Warshak	1.00		-						V.	0
(/I) Michael E. Warshak Director	1.00	x						0.	0.	0
(72) Richard Bowers									<b>U</b> .	<b>v</b>
Past President	1.00	x						0.	0.	0
(73) Jerry Clark		<b> </b>			-	<u> </u>	┢	+		
Past President	1.00	x						0.	o.	0
(74) Peggy W. Glass		<u> </u>	†							
Past President	1.00	x	}					0.	0.	0
(75) A. T. Herbert, Jr.		1					<b>—</b>	<u> </u>		
Past President	1.00	X						0.	0.	0
(76) Robert J. Huston		ŀ				1	1			
Past President	1.00	X						0.	0.	0
(77) Robert Lee Johnshon						1				
Past President	1.00	X						0.	0.	0
(78) Joseph J. Beal										
Past President	1.00	X						0.	0.	0
(79) John E. Burke										
Past President	1.00	X					<u> </u>	0.	0.	0
(80) Sam F. Collins										-
Past President	1.00	X	<u> </u>		<b> </b>			0.	0.	0
(81) Wayne M. Halbert										
Past President	1.00	X	<u> </u>	<u> </u>		Ļ	$\vdash$	0.	0.	0
(82) Carson Hoge	1 00									
Past President	1.00	X	-			-		0.	0.	0
(83) Owen H. Ivie	1 00									
Past President	1.00	X				<u> </u>	₋	0.	0.	0
(84) Robert H. Lloyd	1 00				ļ	ļ	ļ			
Past President	1.00	X		+			┢	0.	0.	0
(85) James P. Murray	1 00	<b> </b>						0.	0.	<u> </u>
Past President	1.00	1	+	┼──	+	-		<u></u> .		0
(86) James R. Nichols Past President	1.00	x						0.	0.	0
rast ricordout		1 **	1	1	1			·	· · · · · · · · · · · · · · · · · · ·	<u> </u>

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Part VII Section A. Officers, Director	rs, Trustees, Key Ei	mplo	oyee	s, a	nd ł	ligh	est (	<b>Compensated Employ</b>	ees (continued)	
(A) Name and title	<b>(B)</b> Average hours			<b>(C</b> Posi ( all t	<b>C)</b> Ition			<b>(D)</b> Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of
	per week	Individual trustae or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organization
(87) R. H. Parker, Jr.										
Past President	1.00	X						0.	0.	(
(88) Alan H. Plummer, Jr.		ĺ								
Past President	1.00	X						0.	Ο.	
(89) John H. Specht										
Past President	1.00	X						0.	0.	
(90) Con Mims		-								
Past President	1.00	X						0.	0.	
(91) Ronald J. Neighbors										
Past President	1.00	X						0.	0.	
(92) James M. Oliver								_		
Past President	1.00	X						0.	0.	
(93) Fred N. Pfeiffer	1									
Past President	1.00	X						0.	0.	
(94) Gregory E. Rothe	1 00							0	0	
Past President	1.00	X						0.	0.	
(95) M. Jeff Taylor	1.00	x						0.	0	
Past President (96) Robert Wagner	1.00		-						0.	· · · · · · · · · · · · · · · · · · ·
Past President	1.00	x						Ο.	Ο.	I
(97) C.E. Williams	1.00									
Past President	1.00	x						Ο.	ο.	1
(98) Danny F. Vance		<b>.</b> .								
Past President	1.00	x						ο.	ο.	1
(99) William E. West, Jr.							-			
Past President	1.00	x						ο.	Ο.	
(100) Leroy Goodson							-			
General Manager	24.00				X			196,600.	Ο.	38,40
(101) Dean Robbins	······································									
Assistant General Manager	30.00	-			X			200,700.	0.	· · · · · · · · · · · · · · · · · · ·
Fotal to Part VII, Section A, line 1c								397,300.		38,40

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2011)	Texas	Water	Co
I Statement	of Boyon		

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Part				onservat.	ion Associ		74-1051	987 Page
					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
uts 1	1 a	Federated campaigns	1a					
no	b	Membership dues	1b	338,678.				
Am	С	Fundraising events	1c					
lar	d	Related organizations	1d					
Ē	е	Government grants (contribut	ions) 1e					
S IS	f	All other contributions, gifts, gran	ts, and					
<u></u>		similar amounts not included above	ve 1f					
and Other Similar Amounts	9	Noncash contributions included in lines	1a-1f \$					
ä	h	Total. Add lines 1a-1f		▶	<u>338,678.</u>			
				Business Code				
2	2 a	Membership Meet		561000	536,916.	536,916.		
g	b	Expense Reimbur		561000	40,407.			
Revenue	С	News Letter Spo		561499	18,700.			
ě	d	Legislative New		561499	2,795.	2,795.		
	е	Miscellaneous S	ponsors	561499	249.	249.		
	f	All other program service reve	nue					
_	g	Total. Add lines 2a-2f		<b>&gt;</b>	599,067.			
:	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)			1,066.			1,066
	4	Income from investment of tax	k-exempt bond p	proceeds 🕨				
	5	Royalties	r	▶				
	_	-	(i) Real	(II) Personal				
	6 a	Gross rents						
	Ь	Less: rental expenses						
	C.	Rental income or (loss)						
	_ d	Net rental income or (loss)						
	7 a		(I) Securities	(II) Other				
		assets other than inventory						
	D	Less: cost or other basis						
	_	and sales expenses						
		Gain or (loss)	L	L				
	_	Net gain or (loss)						
	8 a	Gross income from fundraising						
		Including \$	of					
		contributions reported on line Part IV, line 18						
	h	Less: direct expenses	8					
5	c	Net income or (loss) from func	b Iraiaina avanta			,		
	9 a		•					
1	<i></i>	Part IV, line 19						
1	ь	Less: direct expenses	a b					
	c	Net income or (loss) from gam	-	L				
10	-	Gross sales of inventory, less	-					
		and allowances	8					
	ь		a b					
		Net income or (loss) from sale	-	<b></b>	ł			
		Miscellaneous Revenu		Business Code				
11	1 a	Trust Managemen		561000	99,996.	E E	99,996.	
	. ш	Other Managemen		561000	90,000.		90,000.	· · · · · · · · · · · · · · · · · · ·
	c	Newsletter Adve		541800	6,897.		6,897.	
	đ	All other revenue		561000	4,896.		4,896.	
	ē	Total. Add lines 11a-11d			201,789.			
	-			-	1140600.	ŧ.		

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Form 990 (2011)

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7Ъ,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
-	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
•	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
5	Compensation of current officers, directors,	435,700.	328,096.	107,604.	
6	trustees, and key employees Compensation not included above, to disqualified	433,700.	520,090.	107,004.	···· · · · · · · · · · · · · · · · · ·
v	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	156,139.	93,280.	62,859.	
8	Pension plan accruals and contributions (include				
-	section 401(k) and section 403(b) employer contributions)	128,357.	94,506.	33,851.	
9	Other employee benefits	32,459.	25,255.	7,204.	
10	Payroll taxes	31,100.	16,816.	14,284.	
11	Fees for services (non-employees):				
а	Management				
ь			·		
c		9,346.	5,054.	4,292.	
d					
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other				
12	Advertising and promotion				
13	Office expenses	75,231.	40,717.	34,514.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	223,153.	223,153.		
20	Interest				
21	Payments to affiliates	11 004			
22	Depreciation, depletion, and amortization	11,234.	6,074.	5,160.	
23		959.	519.	440.	
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 0)				
a		29,683.	29,683.	·····	
b	Equipment rent	21,370.	11,555.	9,815.	
c	Miscellaneous	16,001.	9,064.	6,937.	
d	Auto Expense	8,980.	8,980.		
e	All other expenses	<14,469.>		<8,979.>	
25	Total functional expenses. Add lines 1 through 24e	1,165,243.	887,262.	277,981.	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 Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2011) Part X Balance Sheet .

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# Texas Water Conservation Association

74-1051987 Page 11

					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash · non-interest-bearing			10,256.	1	8,165.
	2	Savings and temporary cash investments			181,126.	2	129,160.
	3	Pledges and grants receivable, net				3	· · · · · · · · · · · · · · · · · · ·
	4	Accounts receivable, net		F		4	
	5	Receivables from current and former officers, di	rectors	. trustees, kev			
		employees, and highest compensated employee					
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	define	d under section			
		4958(f)(1)), persons described in section 4958(c)					
		employers and sponsoring organizations of sect		-			
		employees' beneficiary organizations (see instru				6	
Assets	7	Notes and loans receivable, net				7	
\$	8	Inventories for sale or use		-		8	
<b>`</b>	9	Prepaid expenses and deferred charges		F	500.	9	500
		Land, buildings, and equipment: cost or other	1	-		Ť	
		basis. Complete Part VI of Schedule D	10a	107,683.			
	ь	Less: accumulated depreciation	10b	72,863.	46,054.	10c	34,820.
	11	Investments · publicly traded securities	<u></u>			11	
1	12	Investments - other securities. See Part IV, line 1	1	F	6,258.	12	6,258.
	13	Investments - program-related. See Part IV, line		F	v ·	13	
	14	Intangible assets		F	·····	14	
	15	Other assets. See Part IV, line 11		F		15	
	16	Total assets. Add lines 1 through 15 (must equa	al line :	34)	244,194.	16	178,903.
	17	Accounts payable and accrued expenses			85,302.	17	4,719.
	18	Grants payable		F		18	
	19	Deferred revenue		F		19	8,333.
	20	Tax-exempt bond liabilities		F		20	
φ.	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
Liabilities	22	Payables to current and former officers, director					
abi		highest compensated employees, and disqualifi					
		of Schedule L	•			22	
	23	Secured mortgages and notes payable to unrela	ated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelated		· ·		24	10,638.
	25	Other liabilities (including federal income tax, pa		· –			• • •
		parties, and other liabilities not included on lines	•				
		Schedule D			0.	25	20,965.
	26	Total liabilities. Add lines 17 through 25			85,302.	26	44,655.
		Organizations that follow SFAS 117, check he	ere 🕨	X and complete	·······		
8		lines 27 through 29, and lines 33 and 34.					
Š	27	Unrestricted net assets			158,892.	27	134,248.
	28	Temporarily restricted net assets		Γ		28	
B P	29	Permanently restricted net assets		Γ		29	
<u>5</u>		Organizations that do not follow SFAS 117, cl	heck h	iere 🕨 🛄 and 👖			
5		complete lines 30 through 34.					
ti l	30	Capital stock or trust principal, or current funds				30	
SS	31	Paid-in or capital surplus, or land, building, or eq	ulpme	nt fund		31	
<	32	Retained earnings, endowment, accumulated in	•••			32	
ž	33	Total net assets or fund balances			158,892.	33	134,248.
	34	Total liabilities and net assets/fund balances		F	244,194.	34	178,903.

Form 990 (2011)

	1990 (2011) Texas Water Conservation Association	74	1051987	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI			_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,14		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,16		
3	Revenue less expenses. Subtract line 2 from line 1	3	<2	4,6	43.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15	8,8	92.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	13	4,2	49.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a	;		
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	ıt		]
	Act and OMB Circular A-133?	-	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	t 📃		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3ь		

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Form 990 (2011)

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### ۰. SCHEDULE C Political Campaign and Lobbying Activities OMB No 1545-0047 (Form 990 or 990-EZ) For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. **Open to Public** Department of the Treasury Internal Revenue Service Inspection See separate instructions. If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 48 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Employer identification number Name of organization 74-1051987 Texas Water Conservation Association Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political expenditures ▶\$ 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶\$ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No 4a Was a correction made? Yes No b If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶\$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? Yes No Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization 5 made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (c) EIN (b) Address (d) Amount paid from (e) Amount of political contributions received and filing organization's funds. If none, enter -0-. promptly and directly delivered to a separate political organization. If none, enter .0.

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

Schedule C (Form 990 or 990-EZ) 2011

132041 01-27-12

Schedule C (Form 990 or 990 EZ) 2011 Tes				ion 74-	1051987 Page 2
Part II-A Complete if the organi		mpt under sectio	on 501(c)(3) and file	ed Form 5768	
(election under section		·			
A Check 🕨 🛄 If the filing organization I			n Part IV each affiliated	group member's nar	ne, address, ElN,
expenses, and share of		• •			
B Check 🕨 🛄 if the filing organization	checked box A a	nd "limited control" pre	ovisions apply.		<u> </u>
Limits or (The term "expenditure)	Lobbying Expe es" means amou		)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	e public opinion (	(grass roots lobbying)			
b Total lobbying expenditures to influenc					·····
c Total lobbying expenditures (add lines				· · · ·	
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (ac	ld lines 1c and 1c	d)	ĺ		
f Lobbying nontaxable amount. Enter the		•	th columns.	*,	
If the amount on line 1e, column (a) or (b)		bying nontaxable am			
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000,000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500,0		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,000,		00 plus 5% of the exce			
Over \$17,000,000	\$1,000		555 0461 \$1,500,000.		
	,000,				
g Grassroots nontaxable amount (enter 2	5% of line 1ft				+
h Subtract line 1g from line 1a. If zero or					
i Subtract line 1f from line 1c. If zero or le	-				
j If there is an amount other than zero or	•	line 1, did the organiz	l Intion file Form 4720		
reporting section 4911 tax for this year		inte 11, dio trie organiz	ation 110 FORT 4720		Yes No
		eraging Period Under	Section 501(b)		
	ns that made a s	section 501(h) electio	n do not have to comp es 2a through 2f on pa		
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2008	<b>(b)</b> 2009	(c) 2010	<b>(d)</b> 2011	<b>(e)</b> Total
2a Lobbying nontaxable amount					
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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Schedule C (Form 990 or 990-EZ) 2011

## Schedule C (Form 990 or 990-EZ) 2011 Texas Water Conservation Association 74-1051987 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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

SCHEDULE	D
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# Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ See separate instructions.



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Namo	of the organization Texas Water Conser	vation Association	74-1051987
Par			
يتقيمن	organization answered "Yes" to Form 990, Part IV, lin		
_		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		•
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fi	
v	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a	•	
Ŭ	for charitable purposes and not for the benefit of the donor		
	Impermissible private benefit?	or control advisor, or for any other purpose cont	
Par		ganization answered "Yes" to Form 990, Part I	
1	Purpose(s) of conservation easements held by the organizat	······································	
	Preservation of land for public use (e.g., recreation or		ally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Yea
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic st	ructure included in (a)	2c
	Number of conservation easements included in (c) acquired		
	listed in the National Register		20
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	anization during the tax
	year ►		•
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements	It holds?	🔤 Yes 🔛 No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements during	g the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo	-	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conserva	tion easements in its revenue and expense sta	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization		
	conservation easements.		
Pa	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" to Form	· · · · · ·	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	•	
	the text of the footnote to its financial statements that desc		
b	If the organization elected, as permitted under SFAS 116 (A		d balance sheet works of art, historica
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tr	easures, or other similar assets for financial dat	
-	the following amounts required to be reported under SFAS		
a	Revenues included in Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		► \$
-			· ·

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

•	· · · · ·				• .			- 4 4 4 4 4	- 1 0 0 -	_
		ater Conse						74-10		
	t III Organizations Maintaining C									
3	Using the organization's acquisition, access	ion, and other record	as, checi	k any of the	tollowing that	it are a sign	ificant	use of its	collection	items
_	(check all that apply):			•						
a -					hange progra	ams				
b	Scholarly research			Other						
c	Preservation for future generations	- 11		<b>,</b> ,, ,,				_		
4	Provide a description of the organization's c							ose in Par	t XIV.	
5	During the year, did the organization solicit of					er similar as	sets	_		····
Do	to be sold to raise funds rather than to be m Escrow and Custodial Arran			and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se					Yes	
	reported an amount on Form 990, Pa	rt X, line 21.		. <u></u>				, Part IV,		
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contribution	s or other as	sets not ind	cluded		-	
	on Form 990, Part X?								Yes	L No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table:						
	_								Amount	
	Beginning balance						1c			
d	Additions during the year						1d			
6	Distributions during the year						<u>1e</u>			
f	Ending balance						<b>1f</b>	· · ·	-	
2a	Did the organization include an amount on F		921?					L	Yes	No No
	If "Yes," explain the arrangement in Part XIV									
Par	<b>t V</b> Endowment Funds. Complete									
_		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (d)	Three	ears back	(e) Four	years back
	Beginning of year balance									
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships		ļ							
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
8	End of year balance		·							
2	Provide the estimated percentage of the cur	rent year end baland		g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
C	Temporarily restricted endowment	%								
-	The percentages in lines 2a, 2b, and 2c show	•								
За	Are there endowment funds not in the posse	ession of the organiz	ation that	at are held a	nd administe	ered for the	organi	zation	Г	
	by:									Yes No
	(i) unrelated organizations								<u>3a(i)</u>	
	(ii) related organizations		_						3a(ii)	
-	If "Yes" to 3a(II), are the related organization								3b	
4	Describe in Part XIV the intended uses of the									
Pa	t VI Land, Buildings, and Equipn									
	Description of property	(a) Cost or o basis (invest		(b) Cost basis	or other (other)	(c) Accu depre	umulate ciation		(d) Book	value
1a	Land									
ь	Buildings									
c	Leasehold improvements									
đ	Equipment			10	7,683.	7	2,8	63.	34	1,820.
	Other									<u> </u>
<u>Tota</u>	Add lines 1a through 1e. (Column (d) must e	aqual Form 990, Part	t X, colur	mn (B), line 1	0(c) )				34	1,820.

Schedule D (Form 990) 2011

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			Lon Association	74-1051987 _{Ра}
	Investments - Other Securities.	See Form 990, Part X, Iır		
(a	<ul> <li>Description of security or category (including name of security)</li> </ul>	(b) Book value		hod of valuation: I-of-year market value
Financia	al derivatives			
Closely-	held equity interests			
Other				
(A)				
(B)				
(C)				
(D)			······································	· · · · · · · · · · · · · · · · · · ·
(E)			·····	
(F)	······································			····
(G)				
(H)				
<u>(I)</u>	······································			
	A much source Form 000. Doubly, and (D) line 40.			
	) must equal Form 990, Part X, col (B) line 12 ) Investments - Program Related		L	
				hod of valuation:
	(a) Description of investment type	(b) Book value		l-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)	······································			
(6)				
(7)	· · · · · · · · · · · · · · · · · · ·			
(8)	······································			
(9)				
10)				
	) must equal Form 990, Part X, col (B) line 13 )	►		
art IX			I, I,	
		(a) Description		(b) Book value
(1)				
(2)		······································	·····	
(3)	·····	····	····· · · ·	
	· · · · · · · · · · · · · · · · · · ·			
<u>(4)</u>				
(5) (0)	•			
(6) (7)			·	
<u>(7)</u>				
(8)				
(9)		<u> </u>		
10)				
	mn (b) must equal Form 990, Part X, col (B)			
art X	Other Liabilities. See Form 990, Par	t X, line 25.	(h) Pools up lue	
	(a) Description of liability		(b) Book value	
(4) =	eral income taxes		20.005	
	to Davable		20,965.	
(2) NO	te Payable			
(2) NO (3)	te Payable			
(2) NO (3) (4)	ote Payable			
(2) NO (3) (4) (5)	ote Payable			
(2) NO (3) (4) (5) (6)	ote Payable			
(2) NO (3) (4) (5) (6) (7)	ote Payable			
(2) NO (3) (4) (5) (6) (7)	ote Payable			
(2) NO (3) (4) (5) (6) (7) (8)	ote Payable			
(2) NO (3) (4) (5)	ote Payable			
(2) NO (3) (4) (5) (6) (7) (8) (9) (9) (10) (11)	mn (b) must equal Form 990, Part X, col (B) C 740) Footnote In Part XIV, provide the text of the footn C 740			

	dule D (Form 990) 2011 Texas Water Conservation				1051987 Page 4
	t XI Reconciliation of Change in Net Assets from Form 99	90 to Audited F		tement	
1	Total revenue (Form 990, Part VIII, column (A), line 12)				1,140,600
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		1,165,243
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		<24,643
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)		8		
9	Total adjustments (net). Add lines 4 through 8		9		
0	Excess or (deficit) for the year per audited financial statements. Combine line		10		<24,643
81	t XII Reconciliation of Revenue per Audited Financial Stat	tements With F	levenue per	Return	
1	Total revenue, gains, and other support per audited financial statements			1	1,140,600
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a		_	
þ	Donated services and use of facilities	2ь			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
е	Add lines <b>2a</b> through <b>2d</b>			2e	0
3	Subtract line <b>2e</b> from line <b>1</b>			3	1,140,600
4	Amounts included on Form 990, Part Vill, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b	-		
С	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,140,600
8	t XIII Reconciliation of Expenses per Audited Financial Sta	atements With	Expenses pe	er Retu	
1	Total expenses and losses per audited financial statements			1	1,165,243
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines <b>2a</b> through <b>2d</b>			2e	0
3	Subtract line 2e from line 1			3	1,165,243
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				·····
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
	Add lines 4a and 4b	<u></u>		4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	• •		5	1,165,243

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

•	۰.	• •				
-	HEDULE J	Compensation Information		OMB No	545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	11	
		Compensated Employees Complete if the organization answered "Yes" to Form 990,		20		
	tment of the Treasury	Part IV, line 23.		Open to		ic
-	al Revenue Service	Attach to Form 990. See separate instructions.	Employer ide	Inspe	·····	
INCLI	e or the organization	Texas Water Conservation Association	74-10			mber
D:	rt I Question	s Regarding Compensation	/4-10	5190	/	
					Vaa	
<b>1</b> a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed in Form	990,	[	Yes	No
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c		onal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments III Health or social club dues or initiation fee	8	ł		
	Discretionary s	spending account Personal services (e.g., maid, chauffeur, o	chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
		provision of all of the expenses described above? If "No," complete Part III to explain		15		1
		n require substantiation prior to reimbursing or allowing expenses incurred by all officers, di	rectors.		~	
		EO/Executive Director, regarding the items checked in line 1a?		2		
_						
3		ny, of the following the filing organization used to establish the compensation of the organiz				
		actor. Check all that apply. Do not check any boxes for methods used by a related organization	lion to			
		ation of the CEO/Executive Director. Explain in Part III.				
	Compensation					
		compensation consultant Compensation survey or study				
	Form 990 of of	ther organizations	committee			
4	During the year, did	any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а	Receive a severance	e payment or change-of-control payment?		4a		X
ь	Participate in, or red	ceive payment from, a supplemental nonqualified retirement plan?		4b		X
C	Participate in, or red	ceive payment from, an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lin	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c	c)(3) and 501(c)(4) organizations must complete lines 5-9.		1		
5	For persons listed in	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n	1		
	contingent on the r	evenues of:				
а	The organization?			5a		X
b	Any related organiz	ation?		5b		X X
	If "Yes" to line 5a o	r 5b, describe in Part III.				
6	For persons listed in	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the n	net earnings of:				
а	The organization?			6a		X
b	Any related organiz	ation?		6b		X
	If "Yes" to line 6a of	r 6b, describe in Part III.				[
7	For persons listed in	n Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payment	s			
		es 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t	he			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		<u>X</u>
9	If "Yes" to line 8, di	d the organization also follow the rebuttable presumption procedure described in				
	Regulations section	n 53.4958-6(c)?		9		
IHΔ	For Paperwork R	aduction Act Notice, see the Instructions for Form 990	Schodule			0044

J (F

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.	pe Be	Chedule 1	tmonente	an from the oregoind				
	For	1 990, Part VII.	וושכוושלוווחלוו	on non me organiza	tion on row (i) and fron	n related organizations	s, described in the ins	tructions, on row (ii).
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	ed In	dividual must equal t	ne total amount of F	orm 990, Part VII, Se	ction A, line 1a, applic	able column (D) and (E	<ul> <li>amounts for that inc</li> </ul>	lividual.
		(B) Breakdown of W-2 and/or		1099-MISC compensation	(C)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(0-(D)	reported as deferred in prior Form 990
	8	196,60	•0	•0	0	•	196,600.	
1 Leroy Goodson			.0		•			
2 Dean Robbins	e e	200,700.	00	00	•••	00	200, 700.	
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SCHEDULE O

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(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. OMB No 1545-0047 **2011** Open to Public Inspection

Texas Water Conservation Association

Employer identification number 74 - 1051987

# Form 990, Part I, Line 1, Description of Organization Mission:

# issues and activities at the state and national levels.

Form 990, Part III, Line 1, Description of Organization Mission:

groups.

Form 990, Part VI, Section B, line 11: The Board of Directors meets

frequently to discuss current issues and financial data. The Board has

final review and approval on all documents such as audited financial

statements and tax returns.

Form 990, Part VI, Section B, Line 15: The Board of Directors will

evaluate the current performance of the Association and determine if merit increases in salary are appropriate.

Form 990, Part VI, Section C, Line 19: Upon Request

Department of the Treasury Internal Revenue Service	Attach to Form 990.	See separate instructions.	uctions.		•	Inspection	
Name of the organization Texas Water	Conserv	ation			Employer identification number 74–1051987	ification nu 1987	Imber
Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	nplete if the organization answered "Yes	to Form 990, Part IV, line 30	(1				
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	r Total income	ne End-of-year assets		(f) Direct controlling entity	_
part H Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	anizations (Complete if the organization	answered "Yes" to Form 990	, Part IV, Ine 34 be	cause it had one o	r more related tax-ex	tempt	
(a)	(q)	(c)	6	(e)	Ð	(8)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	Section 512(b) controlled entity?	12(b)(13 b)led NO
Texas Ground Water Association - 74-2093894	94 Dedicated to preserving						
221 E. 9th Street	ground water resources						
Austin, TX 78701	while advancing the	Гехав	501(c)(6)				×
Texas Irrigation Council - 74-2594215	Dedicated to protect and						
221 E. 9th Street	conserve irrgation water						;
Austin, TX 78701	rights.	Texas	501(c)(5)				×
						-	

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See Part VII for Continuations

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or Trust (Complete f the organization answered "Yes" to Form 930, Part IV, line 34 because it had one or more related       or Trust (Complete f the organization answered "Yes" to Form 930, Part IV, line 34 because it had one or more related       (b)     (c)       (b)     (c)       (c)     (c) </th
(c)       (d)       (e)       (f)       (e)       (f)       (g)         Legal domicile (state or breagn country)       Direct controlling (c corp. S corp.       Type of entity (C corp. S corp.       Type of entity income       end-of/year assets       end-of/year assets         Image: Image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image of the image

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Schedule R (Form 990) 2011 Texas Water Conservation Association

Page 3 74-1051987

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Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					-	Yes	۶
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ons with one or more r	elated organizations listed	t in Parts II-IV?				
a Receipt of (i) interest (ii) annutties (iii) royalties or (iv) rent from a controlled entity					1a		x
<b>b</b> Gift, grant, or capital contribution to related organization(s)			:		1b		×
c Gift, grant, or capital contribution from related organization(s)				L	<del>ب</del>		×
d Loans or loan guarantees to or for related organization(s)					1d		×
e Loans or loan ouarantees by related oroanization(s)				:	4		$ \times$
				<u> </u>	2	-	
f Sale of assets to related organization(s)				•	7		×
g Purchase of assets from related organization(s)				<b>.</b>	ta		×
			•	1	=		×
i Lease of facilities, equipment, or other assets to related organization(s)				1	<b>;</b> =		×
			•	<u></u>		ļ	
j Lease of facilities, equipment, or other assets from related organization(s)					Ë		×
k Performance of services or membership or fundraising solicitations for related org	related organization(s)			L	¥	X	
I Performance of services or membership or fundraising solicitations by related org.	related organization(s)			1	=		×
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ation(s)			<u> </u>	Ē		×
n Sharing of paid employees with related organization(s)					t T		×
				F			
• Reimbursement paid to related organization(s) for expenses			:		<u>م</u>		×
p Reimbursement paid by related organization(s) for expenses				IJ	1p	Х	
				<u></u>			
<b>q</b> Other transfer of cash or property to related organization(s)			,		19		x
r Other transfer of cash or property from related organization(s)					1r		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete t	his line, including covered	relationships and transaction thresho	lds.			
(a) Name of other organization	<b>(b)</b> Transaction type (a-r)	<b>(c)</b> Amount involved	(d) Method of determining armount involved	rmining Ived			
(1) Texas Ground Water Association	Г	90,000.Cash	Cash				
(2)							1
0							
(4)					1		
(5)							
(6)							
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Part Vi Unrelated Organizations Taxable as a Partnership (Complete if th	ible as a Partnership (Co	nplete if the organ	e organization answered "Yes" to Form 990, Part IV, line 37.)	s" to Fom	n 990, Part IV, Ine	37.)				
Provide the following information for each entity taxed as a partnership through which the organization cond that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	entity taxed as a partnersh structions regarding exclu	inp through which t sion for certain inve	which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) tain investment partnerships.	lucted mo	re than five percen	t of its activities (m	easured	by total assets c	or gross I	evenue)
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(c) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all SO1(c)(3) orgs ?	(f) Share of total income	(g) Share of end-of-year assets	(h) Despropor- tionate allocations	(h) (i) (i) (j) Destropor- Destropor- Destropor- allocations of Schedule K-1 Partner/ Vas No. (Form 1065)	General o General o Dartner?	(j) (k) General or Percentage , managing ownership Partner?
							8			
							· · · ·			
								Schedule	e R (Forr	Schedule R (Form 990) 2011

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Schedule R (Form 990) 2011		ter <u>Cons</u>	ervation	Associat	ion	74-1051987	Page 5
Part VII Supplemental Infor	mation						
Complete this part to prov	vide additional info	prmation for res	ponses to questi	ons on Schedule	R (see instruct	ions).	

Part II, Identification of Related Tax-Exempt Organizations:

Name of Related Organization:

Texas Ground Water Association

Primary Activity: Dedicated to preserving ground water resources while

advancing the science

Form	99	U	·

Department of the Treasury Internal Revenue Service

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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)



The organization may have to use a copy of this return to satisfy state reporting requirements

A F	or the	2010 calendar year, or tax year beginning and	ending	_	
Ba	heck if	C Name of organization		D Employer identific	ation number
<b>_</b>	_Addre	Texas Water Conservation Association			
	]Name ]chang			74-1(	051987
	Initial return		Room/suite	E Telephone number	
		,			472-7216
				G Gross receipts \$	1,111,071.
				H(a) is this a group re	
L	pendir	F Name and address of principal officer Leroy Goodson		for affiliates?	
		221 East 9th Street, Austin, TX 78701	-2510	H(b) Are all affiliates incl	
	ax-ex	empt status $501(c)(3)$ X $501(c)(-4) < (insert no.)$ $4947(a)(1)$			list (see instructions)
		te: ► www.twca.org		H(c) Group exemption	
-		organization: Corporation Trust X Association Other	L Year		State of legal domicile: TX
	art I	Summary	1		
	1	Briefly describe the organization's mission or most significant activities: TWCA	serve	es as a leade	er and
Activities & Governance		advocate for water users by stimulating			
na N		Check this box			
vei		Number of voting members of the governing body (Part VI, line 1a)		3	71
ğ	1	Number of independent voting members of the governing body (Part VI, line 1b)		4	71
00 20		Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	5
itie		Total number of volunteers (estimate if necessary)		6	0
ctiv		Total unrelated business revenue from Part VIII, column (C), line 12			183,400.
٩		Net unrelated business taxable income from Form 990-T, line 34		7b	<110,885.
				Prior Year	Current Year
0	8	Contributions and grants (Part VIII, line 1h)		286,300.	338,457.
ň		Program service revenue (Part VIII, line 2g)		500,267.	466,960.
Revenue	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,245.	2,705.
č	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		269,729.	302,949.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,062,541.	1,111,071.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ś	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		737,393.	758,135.
[]]] Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be		Total fundraising expenses (Part IX, column (D), line 25)	0.		<u>_</u>
ZUUL		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		433,567.	415,674.
		Total expenses Add lines 13-17 (must equal Part IX, column @0176 A\$ED		1,170,960.	1,173,809.
6		Revenue less expenses Subtract line 18 from line 12	<u>ଥା</u>	<108,419.	
거 고양				eginning of Current Year	End of Year
Sets or Balances	20	Total assets (Part X, line 16)	о-Sa	285,067.	244,194.
FULTER of Assets of Balar	21	Total liabilities (Part X line 26)		63,437.	85,302.
95	22	Net assets or fund balances. Subtract line 21 from line 200GDEN, UT		221,630.	158,892.
j Pa	art II	Signature Block			
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	nents, and to the best of my	/ knowledge and believ, it is
	, correc	ct, and complete, Declaration of preparer (other than officer) is based on all information of w	hich prepare	r has any knowledge.	
		Leum Forder		3/31/4	
ý Sig	n	Signature of officer		Date	
Her		Leroy Goodson - General MANAGER			
		Type or print name and title			
		Print/Type preparer's name Larry D. Dollon Jany aludsan		Date Check	PTIN PTIN
Paid	t	Larry D. Dodson Jan aludson,	CPA .	3/24/11 self-employe	d
Pre	parer	Firm's name Glass & Company, P.C.		Firm's EIN 🛌	
Use	Only	Firm's address 515 Congress Ave #1900			
		Austin, TX 78701		Phone no. (	<u>512) 480-8182</u>
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
0320	01 02-2				Form <b>990</b> (2010)
	S	ee Schedule O for Organization Mission S	tateme	ent Continua	tion 🔿

P 14

form 800(00)       Texas Water Conservation Association       74-1051987       Page 2         Check f Scheduld O contans a response to any question in this Parl III       IXI       IXI         Berly distorte the organization smassin:       TO promote the wise and balanced development and conservation of Texas? water resources, provide a forum for the discussion and evaluation of all problems relation to water development, and serve as a clearing house for coordinating the activities of local agencies and         2       Od the organization undertake any significant brages show it conducts, any program servces 0       IVes IXING         8       Obder the serve propose assignment the organization stress during the year which were not letted on the prof form services on Schedule 0       IVes IXING         9       Other organization undertake any significant changes in how it conducts, any program services?       IVes IXING         # "vs." (seconche these changes on Schedule 0.       IVes IXING       IVes IXING         40       Order organization undertake any significant changes in how it conducts, any program services?       IVes IXING         # "vs." (seconche these changes on Schedule 0.       IVes IXING       IVes IXING         41       Order organization undertake any significant changes in how it conducts, any program services in Schedule 0.       IVes IXING         42       (Code:) (Expenses 3       To promote the water development 1 and conservation of Texas' water resourcres, provide a forum for the discussion and ev	Form	990 (2010) Texas Water Conservation Association 74-1051987 Page 2
Check 1 Sthedulo Contars a response to any Question pits Part II         IV           1 Undly decide the squarebox mission:         Texas' water resources, provide a forum for the discussion and evaluation of all problems relating to water development, and serve as a clearing house for coordinating the activities of local argencies and in the operation understare syndicent programs encode during the year whole were not lead on the operation understare syndicent programs encode during the year whole were not lead on the operation understare syndicent programs encode during the year whole were not lead on the operation understare syndicant programs encode during the year whole were not lead on the operation understare syndicent programs encode during the year whole were not lead on the program serves on Schedule O           3 Dd the organization clears are syndicent program serves to spectra. Schedul S(3) and 501(40) organization are significant program serves to years. Sectors 51(4) and 501(4) organization development for each of the organization sets are equived to each the amount of understand exerces on 4874(4) (Tutus are equival to conservation of texas.           4 (Code:		
1 Berly describe the organization's measin: To promote the wise and balanced development and conservation of Texas' water resources, provide a forum for the discussion and evaluation of all problems relating to water development, and serve as a clearing house for coordinating the activities of local agencies and 2 Dd the organization workedway magnically program services during the year which were not letted on the prof form 900 or 900 E2? If "vs." describe these new services on Scholub O If "vs." describe these new services on Scholub O If "vs." describe these charges on Scholub O If o promote the weel and Balanced development and conservation of Texas' water resources, provide a forum for the discussion and evaluation of Texas' water resources, provide a forum for the discussion and evaluation of Texas' water resources, provide a forum for the discussion and evaluation of all problems relating the activities of local agencies and groups.		
To promote the wise and balanced development and conservation of         Texas: water resources, provide a forum for the discussion and exve as         a clearing house for coordinating to water development, and serve as         a clearing house for coordinating the activities of local agencies and.         2 Odthe organization detake any significant program services duing the year which were not listed on the pror form 590 of 590 cf?       □ Yes [X] Ne         1 'vs. 'discribe these charges on Schedule 0       □ Ves [X] Ne         1 'vs. 'discribe these charges on Schedule 0       □ Ves [X] Ne         1 'vs. 'discribe these charges on Schedule 0       □ Ves [X] Ne         4 'vs. 'discribe these charges on Schedule 0       □ Ves [X] Ne         3 Odthe organization clear conduction development and conserves by expenses.       Section 50((g) and 501(%) (g) and 501(%) (g) and schedule 501 (%) (hast are required to report the amount of grants and abcattons to others. In for each of the organization's three largest program services 2       Ves [X] Ne         4 (Code:) (Expenses \$		
Texas' water resources, provide a forum for the discussion and evaluation of all problems relating to water development, and serve as a clearing house for coordinating the activities of local agencies and         2       Ddthe organization underkee wisphickup regram services dumg be year which were not killed on the pror form 990 or 990 E2?       □ Yes [X] No         8       0 dthe organization underkee wisphickup, or make significant changes in how 4 conducts, any program services?       □ Yes [X] No         10 'Yes, 'describe these changes on Schedule O       □ Yes [X] No       □ Yes [X] No         11 'Yes, 'describe these changes on Schedule O       □ Yes [X] No       □ Yes [X] No         12 'Oscillation of the source of the organization's three largest program services?       □ Yes [X] No         14 'Code:       ) (Expenses 8       871,159.	•	
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4e Total program service expenses ►         871,159.           032002         Form 990 (2010)	4d	Other program services. (Describe in Schedule O)
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032002	<u>4e</u>	
	03200	

	990 (2010) Texas Water Conservation Association 74-1051	<u>987</u>	P	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A			X
2	is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	•		v
	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		<u>X</u>
4	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			<u> </u>
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	x	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	<u> </u>		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8	Į	x
9	Did the organization report an amount in Part X, line 21; 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		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u> </u>	X
С	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	<u>11c</u>		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		}	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	v	
L	Schedule D, Parts XI, XII, and XIII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	X	
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	106		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<b></b>
-	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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		<u>X</u>
1 <del>9</del>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			[
	complete Schedule G, Part III	19	<u> </u>	<u>x</u>
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	<b> </b>	X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that		1	
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	1	1

Form **990** (2010)

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Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part iX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			<u> </u>
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
21	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions)			
а		28a	1	x
b		28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ū	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29 30	Did the organization receive more than \$20,000 in hor cash contributions in res, complete Schedule with Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		<u> </u>
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		<u> </u>
31	If "Yes," complete Schedule N, Part I	24		x
20	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	Schedule N, Part II	32	1	x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		- <u>~</u>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity?	<u>~</u>	1	
34	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	x	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	<u> </u>	X
		35		
а	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
26	Section 512(0)(13) / ii res, complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
36		20		
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	+	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0.7		v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	00	v	1
	Note. All Form 990 filers are required to complete Schedule O	38	X	1

Form 990 (2010)

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	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	Зb	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	_6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			l
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	ļ		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	1		
а	Did the organization make any taxable distributions under section 4966?	<u>9a</u>		ļ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			-
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	<u>14a</u>		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Form §	990	(2010)
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#### . Form 990 (2010)

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### Texas Water Conservation Association 74-1051987 Page 6

Part VI	Governance, Management, and Disclosure For each "Yes' response to lines 2 through 7th	below, and for a "No" response
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See insi	

	to and ba, bb, of tob below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 71			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 71			
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		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		<u>X</u>
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	<u>10a</u>		<u>X</u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	In Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X X
14	Does the organization have a written document retention and destruction policy?	14		<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v	
a	The organization's CEO, Executive Director, or top management official	15a	X	
D	Other officers or key employees of the organization	15b	X	
16 -	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions )			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		v
L	taxable entity during the year?	<u>16a</u>		<u> </u>
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	401		
Sec	tion C. Disclosure	16b	L	L
	List the states with which a copy of this Form 990 is required to be filed <b>TX</b>			<u> </u>
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
10	public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
1 <del>9</del>	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public.	d	. icidi	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization o	tion. 🖿	•	

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Texas Water Conservation Association

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's current key employees, if any See instructions for definition of "key 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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours per	(cl	heck	allt	that	арр	ly)	compensation	compensation	amount of
	week (describe	ctor						from the	from related	other
	hours for	or dire				ted		organization	organizations (W-2/1099-MISC)	compensation from the
	related	stee	Tuste		•	bense		(W-2/1099-MISC)	(11 2) 1000 (11100)	organization
	organizations	ual tr	onal		ploye	E C B				and related
	In Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
Sonia Kaniger Lambert			<u> </u>							
President	5.00			X				0.	0.	0.
Jeff Taylor										
Past President	1.00			X				0.	0.	0.
James M. Parks										
<u> President – Elect</u>	5.00			X				0.	0.	0.
Leroy Goodson			İ							
General Manager	24.00				x	L	L	195,515.	0.	34,400.
Dean Robbins										
Assistant General Manager	30.00	L			X			193,000.	0.	0.
Timothy L. Brown										
Vice President	1.00	<b> </b>	<b> </b>					0.	0.	0.
Patrick Brzozowski										
Director	1.00		L			<u> </u>		0.	0.	0.
Luana T. Buckner								_		_
Director	1.00					<u> </u>	<u> </u>	0.	0.	0.
Jerry W. Chapman										
Director	1.00	<u> </u>					-	0.	0.	0.
John Chrisholm	1								_	_
Director	1.00	<u> </u>				-	-	0.	0.	0.
Phillip J. Ford	1 00									
Director	1.00		<u> </u>				<u> </u>	0.	0.	0.
Charles Ganze	1 00								•	
Director	1.00		┣──					0.	0.	0.
R. Glenn Jarvis	1 1 00							•		
Director	1.00		<u> </u>				-	0.	0.	0.
Phill Kelley	1.00							0.	0.	0
Director	1.00						-	0.	U.	0.
Molly Cagle	1.00							0.	0.	
Member	1.00					┼─		<u> </u>		0.
Donna Howe Member	1.00							0.	0.	0.
Member Mike J. Mahoney	1.00	-	<u> </u>			<u> </u>		<u> </u>	0.	<u> </u>
Member	1.00							0.	0.	0.
Heimet	<b></b> 00	L	<u> </u>	I	L	·	·			- 000

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Form 990 (2010)

Form 990 (2010) . Texas Wa	ter Con	sei	rva	ati	io	<u>n 1</u>	As	<u>sociation</u>	74-10	5 <u>1</u>	987	P	age <b>8</b>
Part VII Section A. Officers, Directors, Tr		mplo I	oyee			High	est			- 1			
(A)	(B)			) Pos	C)			(D)	(E)		_	(F)	
Name and title	Average hours per	(c	heck				lv)	Reportable compensation	Reportable			timate	
	week	<u> </u>	T		1		.,,,	from	compensation from related			ount other	01
	(descnbe	rector						the	organizations			pensa	ition
	hours for	or di	8			zated		organization	(W-2/1099-MISC	)		om th	
	related	rustee	Itrust		8	ubeu		(W·2/1099-MISC)			-	anızat	
	organizations	Individual trustee or director	Institutional trustee		nploy	st cor	5					d relat	
	O)	Indivi	Instit	Officer	Key employee	Highest compensated emptoyee	Former				orga	inizati	ons
Jerry Newell				_					-				
Member	1.00	<b> </b>	<u> </u>			<u> </u>		0.		0.			0.
Juan F. Ruiz	1 1 00									_			~
Member	1.00							0.		0.			0.
Walt Sears, Jr. Member	1.00							0.		ο.			0.
Ed Shackelford	1.00					<u>†                                    </u>				-	_		
Member	1.00							0.		ο.			0.
Hope Wells													
Member	1.00							0.		ο.			0.
Michael D. Yost										_			
Member	1.00		<u> </u>					0.		0.			0.
Carolyn Ahrens	1.00					[		ο.		ο.			0
MemberAlfredo Arce	1.00					$\vdash$		0.					0.
Director	1.00							0.		ο.			ο.
Carlos C. Ayala, Jr		1				<u> </u>			·				
Director	1.00				L			0.		Ο.			0.
1b Sub-total								388,515.		0.	3	4,4	
c Total from continuation sheets to Part V	II, Section A							0.		0.			$\frac{0}{20}$
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but in the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second</li></ul>			hate					388,515.		0.		4,4	00.
2 Total number of individuals (including but is compensation from the organization		1058	iiste	a a	000	e) wi	10 14	eceived more than \$100	,000 in reportable				2
												Yes	No
3 Did the organization list any former officer	, director or tru	stee	e, ke	y en	nplo	yee,	or h	nighest compensated er	nployee on	[			
line 1a? If "Yes," complete Schedule J for	such individual									ļ	3		X
4 For any individual listed on line 1a, is the s									the organization				
and related organizations greater than \$15			-							ł	4	X	
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con							elat	ed organization or indivi	dual for services		-		v
Section B. Independent Contractors	ipiele Scheuul	eji	or si	JCH	pers	son					5		X
1 Complete this table for your five highest co	ompensated in	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of comp	ensa	ation f	rom	
the organization NONE	•							_					
(A)								(B)			(C	-	
Name and business	s address							Description of s	ervices	C	ompe	nsatio	n
							T						
							+	······································					
	. <u></u>												
2 Total number of independent contractors	(including but r	not li	mite	d to	tho	se li	sted	above) who received m	ore than				
\$100,000 in compensation from the organ					-	0		· · · · · · · · · · · · · · · · · · ·					
See Part VII. Sectio	n a Cont	r 11	n112	а <b>г</b> 1	ເດເ	n 🦸	a na	Perg			Earm (	uun /	2010

See Part VII, Section A Continuation sneets 032008 12-21-10

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Form **990** (2010)

Form 990 (20				Conservation	Association	74-10519
Part VIII	Statement	of Reven	ue	· · · · · · · · · · · · · · · · · · ·		

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					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
s, grants imounts	1 a b c	Federated campaigns Membership dues Fundraising events	1a 1b 1c	338,457.				
Contributions, gifts, grants and other similar amounts	d e f	Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo	ts, and					
Contr and o	9		1a-1f \$		338,457.			
<u> </u>	<u> </u>	Total. Add lines 1a-1f		Business Code				
Program Service Revenue	2 a b			561000	466,960.	466,960.		
am S event	c d							
5 BH	е							
•	f	All other program service reve	nue		466,960.		,	
	<u> </u>	_Total. Add lines 2a-2f Investment income (including	dividends, inter		400,900.			
	4	other similar amounts) Income from investment of ta	x-exempt bond p	broceeds	2,705.			2,705.
	5	Royalties	·····	▶				
	_	0 0 1	(i) Real	(II) Personal				
	6a			<u></u>				
	b	Rental income or (loss)						
	d	Net rental income or (loss)	L	•				
	-	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	с	Gain or (loss)	L					
	d	-		· · · · · ·				
enne	8 a	Gross income from fundraisin including \$	g events (not of					
Other Revenu		contributions reported on line	1c) See					
her		Part IV, line 18	а					
ð		Less direct expenses	b	L				
		Net income or (loss) from fund	-					
	ษล	Gross income from gaming ac Part IV, line 19	a automotion a					
	ь	Less direct expenses	b					
		Net income or (loss) from gan		►				
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less cost of goods sold	b	L				
	c	Net income or (loss) from sale		,▶				
		Miscellaneous Revenu		Business Code			01 662	
		Trust Managemer Other Managemer		561000 561000	<u>91,663.</u> 81,600.		<u>91,663.</u> 81,600.	
	D	Expense Reimbur		561000	63,416.		01,000.	
	с С	All other revenue	. DUMUILD	561000	66,270.		10,137.	
		Total. Add lines 11a-11d		►	302,949.			
	12	Total revenue. See instructions.			1111071.		183,400.	2,705.

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Form 990 (2010)Texas Water Conservation Association74-1051987Page 10Part IX Statement of Functional Expenses

	All other organizations must comp				
	not include amounts reported on lines 6b, 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 governments and	_			
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the US				
	See Part IV, lines 15 and 16	, <u> </u>			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	419,000.	315,518.	103,482.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	149,134.	94,038.	55,096.	
3	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	121,541.	81,283.	40,258.	
Э	Other employee benefits	37,196.	20,180.	17,016.	
)	Payroll taxes	31,264.	22,458.	<u>8,806.</u>	· · · · ·
1	Fees for services (non-employees)				
а	Management				
b	Legal .				<u> </u>
С	Accounting	9,025.	4,880.	4,145.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
2	Advertising and promotion				
3	Office expenses	75,157.	40,638.	34,519.	
4	Information technology				
5	Royalties				
6	Occupancy				
7	Travel				_
B	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials	015 001	015 005		
9	Conferences, conventions, and meetings	215,901.	215,901.		
0	Interest				
1	Payments to affiliates	11 004	<u> </u>		
2	Depreciation, depletion, and amortization	11,234.	6,074.	5,160.	
3		2,853.	1,543.	1,310.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	Dues and Subscriptions	37,685.	20,377.	17,308.	· · · · ·
	Printing and publicatio	23,963.	23,963.		
с	Equipment rent	23,637.	12,781.	10,856.	
	Miscellaneous	8,130.	4,397.	3,733.	
е	Auto Expense	5,304.	5,304.		
f	All other expenses	2,785.	1,824.	961.	
5	Total functional expenses. Add lines 1 through 24f	1,173,809.	871,159.	302,650.	
6	Joint costs Check here  Jif following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and fundraising				

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Form 990 (2010)

Form 990 (		
Part X	Balance	Sheet

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# Texas Water Conservation Association 74-1051987 Page 11

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	3,214.	1	10,256.
	2	Savings and temporary cash investments	270,995.	2	181,126.
	3	Pledges and grants receivable, net		3	· · ·
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			· <u> </u>
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	g		
		employers and sponsoring organizations of section 501(c)(9) voluntary	-		
		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	500.	9	500.
	10a	Land, buildings, and equipment: cost or other			
		basis Complete Part VI of Schedule D 10a 107	,683.		
	Ь	Less accumulated depreciation 10b 61	,629. 4,100.	10c	46,054.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	6,258.	12	6,258.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	285,067.	16	244,194.
	17	Accounts payable and accrued expenses	63,437.	17	85,302.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key emplo	yees,		
iab		highest compensated employees, and disqualified persons Complete	Part II		
-		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	<u> </u>	25	
	26	Total liabilities. Add lines 17 through 25	63,437.	26	85,302.
		Organizations that follow SFAS 117, check here 🕨 🖾 and con	mplete		
ces		lines 27 through 29, and lines 33 and 34.	221 620		150 000
lan	27	Unrestricted net assets	221,630.		158,892.
Ba	28	Temporarily restricted net assets		28	
Fund Balances	29	Permanently restricted net assets		29	
		•	and		
o s	20	complete lines 30 through 34.			
Net Assets or	30	Capital stock or trust principal, or current funds		30	
tA≲	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Nei	32 33	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	221,630.	32	150 000
	33	Total liabilities and net assets/fund balances	285,067.	<u>33</u> 34	<u>158,892.</u> 244,194.
			205,007.		Form <b>990</b> (2010)

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_	990 (2010) . Texas Water Conservation Association	74-	10519	87	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	11	1,0	71.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	17	3,8	09.
3	Revenue less expenses Subtract line 2 from line 1	3				38.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		22	1,6	30.
5	Other changes in net assets or fund balances (explain in Schedule O)	5				
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		15	8,8	92.
Pa	rt XII Financial Statements and Reporting					<u> </u>
	Check if Schedule O contains a response to any question in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		х
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	)			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both					
	X Separate basis Consolidated basis Both consolidated and separate basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dıt			
	Act and OMB Circular A-133?			3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	dıt 🗍			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			зь		

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Form 990 (2010)

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### SCHEDULE C.

(Form 990 or 990-EZ)

## Political Campaign and Lobbying Activities

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

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below Do not complete Part I-B.

Section 527 organizations. Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

Section 501(c)(4), (5), or (6) organizations Complete Part III.

lame of organization	Employer identification number
Texas Water Conservation Association	74-1051987
Part I-A Complete if the organization is exempt under section 501(c) or is a section	527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV	1	Provide a description of the or	ganization's direct and	indirect political campaigr	activities in Part IV.
------------------------------------------------------------------------------------------------------------	---	---------------------------------	-------------------------	-----------------------------	------------------------

2 Political expenditures 3 Volunteer hours

Pa	art I-B Complete if the organization is exempt under section 501(c)(3).		
1	Enter the amount of any excise tax incurred by the organization under section 4955	▶\$	
2	Enter the amount of any excise tax incurred by organization managers under section 4955	► \$	
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	Yes	No No
4a	a Was a correction made?	🛄 Yes	🛄 No
t	b If "Yes," describe in Part IV		
Pa	art I-C Complete if the organization is exempt under section 501(c), except sect	ion 501(c)(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	► \$	
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527		
	exempt function activities	▶ \$	
3	Total exempt function expenditures Add lines 1 and 2. Enter here and on Form 1120-POL,		
	line 17b	▶\$	
4	Did the filing organization file Form 1120-POL for this year?	Yes	

- 4 Did the filing organization file Form 1120-POL for this year?
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2010

OMB No 1545-0047

Open to Public

Inspection

▶ \$

Schedule C (Form 990 or 990 EZ) 2010	<u>Cexas Wate</u>	er Conservat	<u>cion Associa</u> on 501(c)(3) and fil	<u>tion 74-</u> ed Form 5768	1051987 Page 2
(election under section					
A Check      filling organization	belongs to an aff	iliated group.			<u> </u>
B Check 🕨 🛄 if the filing organization	n checked box A a	nd "limited control" pr	ovisions apply		
Limits of (The term "expenditu	on Lobbying Expe ires" means amoi		.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influen	ice public opinion (	(grass roots lobbying)			
b Total lobbying expenditures to influen	ice a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add lines	s 1a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (a	add lines 1c and 1	d) <u>.</u>			
f Lobbying nontaxable amount Enter t	he amount from th	e following table in bo	th columns		
If the amount on line 1e, column (a) or (b	) is: The lob	bying nontaxable an	nount is:		
Not over \$500,000	20% of	the amount on line 1e	)		
Over \$500,000 but not over \$1,000,0	00 \$100,00	00 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,500	,000 \$175,00	00 plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000			ess over \$1,500,000		
Over \$17,000,000	\$1,000,	000			
- Graansata pontavable amount (estar	OEV of loss 10				
g Grassroots nontaxable amount (enter	•		·		
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0-					
j If there is an amount other than zero of		tine 1, did the organi	l zation file Form 4720		
reporting section 4911 tax for this yea		inte n, dia the organiz			Yes No
		eraging Period Under	Section 501(b)		
	ons that made a s	section 501(h) electio	n do not have to comp es 2a through 2f on pa		
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
<u>c</u> Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	<u>.</u>				
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

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#### Schedule C (Form 990 or 990 EZ) 2010 Texas Water Conservation Association 74-1051987 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(i	a)	(b	)
		Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? If "Yes," describe in Part IV				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	)(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	X	
	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		Х
Par	t III-B Complete if the organization is exempt under section 501(c)(4), sect				
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes."	art III-A, li	ine 3 is a	nswered	
1	Dues, assessments and similar amounts from members		1		•••••••
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
ь	Carryover from last year		2b		
	Total		20		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?	pontioui	4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par			¥	L	
L	blete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; a	and Part II-R	line 1. Also	, complete	this nart
	additional information.			.,	

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SCHEDULE	D
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Department of the Treasury

(Form 9	90)
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## **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.



Internal	Revenue Service	Attach to Form	990. See separate instructions.			Inspec	tion
Name of the organization Texas Water Conser			wation Aggogiation	Emp		identificati 4-1051	
Par	t   Organiza		ed Funds or Other Similar Funds o				
	=	in answered "Yes" to Form 990, Part IV, line				Complete II	ule
	organizatio	11 answered 1 es to 1 0 m 350, 1 art 14, m	(a) Donor advised funds	(b) Fund	ds an	d other acco	unts
1	Total number at er	nd of year		(0) / 0			
2		outions to (during year)				-	
3	Aggregate grants						
4	Aggregate value a						
5		•	writing that the assets held in donor advised	l funds			
Ŭ	-	on's property, subject to the organization's	-			Yes	
6	-		advisors in writing that grant funds can be us	sed only		,	
•	-		or donor advisor, or for any other purpose co	•			
	impermissible priv					🔲 Yes	
Par			ganization answered "Yes" to Form 990, Par	t IV, line 7.			
1		servation easements held by the organizat					
	Preservation	n of land for public use (e g , recreation or e	education) Preservation of an histo	rically impo	rtant	land area	
	Protection of	of natural habitat	Preservation of a certifie	ed historic s	struct	ure	
	Preservation	n of open space					
2	Complete lines 2a	through 2d if the organization held a quali	fied conservation contribution in the form of	a conserva	tion e	easement on	the last
	day of the tax yea	r					
					Held	at the End of t	he Tax Year
а	Total number of c	onservation easements		2a			
b	Total acreage rest	tricted by conservation easements		2b			
C	Number of conser	rvation easements on a certified historic sti	ructure included in (a)	2c			
d	Number of conser	rvation easements included in (c) acquired	after 8/17/06, and not on a historic structure	1 1			
	listed in the Natio	-		2d			
3		rvation easements modified, transferred, re	eleased, extinguished, or terminated by the o	organization	durii	ng the tax	
	year 🕨						
4		where property subject to conservation ea					
5		ation have a written policy regarding the pe					<u> </u>
~		forcement of the conservation easements		and the year		Ves	└! No
6			, and enforcing conservation easements duri enforcing conservation easements during th			<u> </u>	
7 8			ve satisfy the requirements of section 170(h)		₽		
0	and section 170(h		ve satisfy the requirements of section 17 o(i)	<u>/</u> 4/(D)(I)		Yes	
٩	•		tion easements in its revenue and expense s	tatement a	and h		
5			ation's financial statements that describes th				
	conservation ease			o organizat		accounting	0.
Pa			of Art, Historical Treasures, or Oth	ner Simila	ar A	ssets.	
	Complete	if the organization answered "Yes" to Form	1 990, Part IV, line 8				
1a	If the organization	n elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue stateme	ent and bala	ince s	sheet works	of art,
	historical treasure	es, or other similar assets held for public ex	hibition, education, or research in furtherance	e of public	servi	ce, provide,	in Part XIV,
	the text of the foo	otnote to its financial statements that descr	ubes these items				
b	If the organization	n elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement a	ind balance	shee	t works of a	rt, historical
	treasures, or othe	r similar assets held for public exhibition, e	ducation, or research in furtherance of publi	ic service, p	provid	le the followi	ng amounts
	relating to these if	tems					
	(i) Revenues inc	luded in Form 990, Part VIII, line 1		•	\$		
	(ii) Assets includ	ed in Form 990, Part X		•	\$		
2	If the organization	n received or held works of art, historical tre	easures, or other similar assets for financial g				
	the following amo	ounts required to be reported under SFAS	116 (ASC 958) relating to these items				
а	Revenues include	ed in Form 990, Part VIII, line 1			\$		
b	Assets included ii	n Form 990, Part X		•	\$		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

	dule D (Form 990) 2010 Texas W t III • Organizations Maintaining C	ater Conse	rvation A	ssociation	74-	1051987 Page 2
3	Using the organization's acquisition, access					
Ŭ	(check all that apply):		is, check any of th	e ioliowing that are a	significant use of	his collection items
а	Public exhibition	c		change programs		
b						
c						
	-	allestions and surla		4L		De 4 MM
4	Provide a description of the organization's c					Part XIV
5	During the year, did the organization solicit of				ar assets	
Dar	to be sold to raise funds rather than to be m t IV Escrow and Custodial Arran					
[ F ai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organizat	ion answered "Yes" t	o Form 990, Part	IV, line 9, or
та	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	ons or other assets no	ot included	
_	on Form 990, Part X?					
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	blowing table		r	
						Amount
	Beginning balance				10	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				lf	
2a	Did the organization include an amount on F	orm 990, Part X, line	21?			Yes No
	If "Yes," explain the arrangement in Part XIV					
Par	t V Endowment Funds. Complete	f the organization ar	swered "Yes" to F	orm 990, Part IV, line	10.	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years b	ack (e) Four years back
1a	Beginning of year balance					
b	Contributions					
с	Net investment earnings, gains, and losses					
d	Grants or scholarships				1	
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
	End of year balance	· · · · · · · · · · · · · · · · · · ·				
2	Provide the estimated percentage of the year	r end balance held a		- <b>I</b>		, <b>I</b> , _ , <u> </u>
а	Board designated or guasi-endowment		%			
b	Permanent endowment	%				
c		<u></u> ^				
	Are there endowment funds not in the posse		ation that are held	and administered for	the organization	
	by				the organization	Yes No
	(i) unrelated organizations					
	(ii) related organizations					3a(i)
ь	If "Yes" to 3a(ii), are the related organization	s listed as required a	n Sahadula P2			3a(ii)
4	Describe in Part XIV the intended uses of the					3b
	t VI Land, Buildings, and Equipn					
[ <b>'</b> u	Description of investment				• • • • • • • • • • • •	
		(a) Cost or o basis (investi	• • •		Accumulated epreciation	(d) Book value
1a	Land .					
b	Buildings					
С	Leasehold improvements					
d	Equipment					
<u>e</u>	Other	107,	683.		61,629.	46,054.
Tota					46,054.	

Schedule D (Form 990) 2010

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Schedule D (Form 990) 2010 Texas Water	<u>Conservation</u>	Associatio	on 74-	-1051987	Page 3
Part VII · Investments - Other Securities. Se	e Form 990, Part X, line 12				
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation of valuation of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se		
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)		_			
(C)				<u> </u>	
(D)					
(E)					
(F) (G)	[				
(H)					
()					
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)					<u> </u>
Part VIII Investments - Program Related. s	ee Form 990, Part X, line 1				
(a) Description of investment type	(b) Book value		(c) Method of valua t or end-of-year mar		
(1)					
(2)					
(3)					
(4)			<u> </u>		
(5)					
(6) (7)					· <u> </u>
(8)					
(9)		·			
(10)					
Total (Col (b) must equal Form 990, Part X, col (B) line 13.)	· · · · · · · · · · · · · · · · · · ·		<u></u>		
Part IX Other Assets. See Form 990, Part X, line	15				
(a)	Description			(b) Book va	lue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
<u>(9)</u> (10)	·· · ·				
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15)				
Part X Other Liabilities. See Form 990, Part X,				· · · · · · · · · · · · · · · · · · ·	
1. (a) Description of liability		(b) Amount			
(1) Federal income taxes					
(2)					
(3)					
(5)					
(6) (7)					
(8)					
(9)					
(10)					
(11)					
Total. (Column (b) must equal Form 990, Part X, col (B) lini FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote t 2. FIN 48 (ASC 740)	e 25)				
FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote t 2. FIN 48 (ASC 740)	o the organization's financial statem	ents that reports the organiz	ation's liability for uncertai	n tax positions under	

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Sche	dule D (Form 990) 2010 Texas Water Conservation As	ssociation		74-3	1051987	Page <b>4</b>
Par	t XI Reconciliation of Change in Net Assets from Form 990 to		al State	ment	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		1,111	,071.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		1,173	,809.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		<62	,738.>
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)		8			
9	Total adjustments (net). Add lines 4 through 8		9			0.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 an		10			,738.>
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	ents With Revenu	e per R	leturn	n	
1	Total revenue, gains, and other support per audited financial statements			1	1,111	<u>,071.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	1,111	<u>,071.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	<u>4a</u>				
b	Other (Describe in Part XIV)	4b				
c	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	1,111	<u>,071.</u>
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents With Expen	ses per	Retu	in the second second second second second second second second second second second second second second second	
1	Total expenses and losses per audited financial statements			1	1,173	<u>,809.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
C	Other losses	2c		1 1		
d	Other (Describe in Part XIV)	2d		-		-
е	Add lines 2a through 2d			2e		<u> </u>
3	Subtract line 2e from line 1			3	1,173	<u>,809.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		4		
b	Other (Describe in Part XIV)	4b				_
C	Add lines 4a and 4b			<b>4</b> c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			_5	1,173	<u>,809.</u>
Pa	rt XIV Supplemental Information					

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information.

Schedule D (Form 990) 2010

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	HEDULE J	Compensation Information		OMB No 1545-0047		
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest		20	10	
		Compensated Employees Complete if the organization answered "Yes" to Form 990,		LV		,
	tment of the Treasury	Part IV, line 23.		Open to Public Inspection		
	al Revenue Service le of the organizatio	Attach to Form 990. See separate instructions.	Employer de	lentification number		
INAII	le of the organizatio					mber
Pa	rt I Question	<u>Texas Water Conservation Association</u> s Regarding Compensation	74-10	2130	<u>/</u>	
<u> </u>	iti daestoi				Vaa	
15	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed in Form	000	[	Yes	No
-		line 1a. Complete Part III to provide any relevant information regarding these items.	330,			
	First-class or		natuse			
	Travel for con					
	Tax indemnification and gross-up payments					
		spending account Personal services (e.g., maid, chauffeur, d				
ь	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	-	provision of all of the expenses described above? If "No," complete Part III to explain		16		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all officers, dir	ectors.			
		EO/Executive Director, regarding the items checked in line 1a?	,	2		
3	Indicate which, if a	ny, of the following the organization uses to establish the compensation of the organization'	5			
	CEO/Executive Dir	ector Check all that apply				
	Compensatio	n committee Written employment contract				
	Independent	compensation consultant Compensation survey or study				
	Form 990 of c	ther organizations III Approval by the board or compensation of	:ommittee			
4	During the year, di	d any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	elated organization.				
а	Receive a severan	ce payment or change-of-control payment from the organization or a related organization?		<u>4a</u>		X
b	-	ceive payment from, a supplemental nonqualified retirement plan?		<u>4b</u>		X
С	-	ceive payment from, an equity-based compensation arrangement?		<u>4c</u>	· -···	<u>x</u>
	If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III				
-		c)(3) and 501(c)(4) organizations must complete lines 5-9.				
5		In Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n			
_	contingent on the	evenues of				
a L	The organization?			5a		X X
D	Any related organi	zation? or 5b, describe in Part III.		<u>5b</u>		<b>⊢</b> ^
~		•	_			
6	contingent on the	In Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation and corrupts of:	41			
	-	ier earlings of.		6.		x
	=	ration?		6a		X
U	Any related organi	or 6b, describe in Part III		6b		+^
7		in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payment	5			1
'		the solution provide any non-fixed payment.	,	7	l	x
8		reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne	- <u>'</u>		<b>├</b> ^
0		eption described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III		8		x
9		id the organization also follow the rebuttable presumption procedure described in		- <b>°</b>		<u>  ^ </u>
9	Regulations section			9		
	negulations sectio	II JU. 4300'0(U) :		l a	L	<u>ــــــــــــــــــــــــــــــــــــ</u>

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

Schedule J (Form 990) 2010

74-1051987
Association
Conservation
Texas Water
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 Schedule J (Form 990) 2010
 Texas Water Conservation Association
 74-1051987
 Page 3

 Part II
 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed
 Page 3

 For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) and from related organizations, described in the instructions, on row (ii) and individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990. Part VII, line 1a.

Dimensional contraction (B)(0,(D) Dimensional cont			(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(D) Montochio	(E) Total of columns	(F)
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	neutrement and other deferred compensation	benefits	(B)(I)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
B         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00         00 </th <th></th> <th>Ξ</th> <th>191</th> <th>·o</th> <th>, 91</th> <th>•0</th> <th>0</th> <th></th> <th>0</th>		Ξ	191	·o	, 91	•0	0		0
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	2 Dean Robbins	9		0	0	0	•0	.0	•
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	16	(ii)							

032112 12-21-10

Page 2

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SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.	20	1545-0047 <b>10</b> to Public ction
Name of the organization	Texas Water Conservation Association	Employer identificati 74-1051987	
	rt I, Line 1, Description of Organization Mis		
Form 990, Pa: groups.	rt III, Line 1, Description of Organization M	ission:	
	rt VI, Section B, line 11: The Board of Direc		
	o discuss current issues and financial data.	The Board h	<u>as</u>
	and approval on all documents such as audite	ed financial	
statements a	nd tax returns.		
Form 990, Pa:	rt VI, Section B, Line 15: The Board of Direc	ctors will	
<u>evaluate the</u>	current performance of the Association and d	letermine if	<u>merit</u>
<u>increases in</u>	salary are appropriate.		
Form 990, Pa:	rt VI, Section C, Line 19: Upon Request		
Form 990, Pa	rt XII, Line 2C		<u> </u>
The Board of	Directors assumes responsibility for oversig	ght of the	_
audit and ap	proves hiring of the independent auditor.	······	

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SCHEDULE R (Form 990) Department of the Treasury Internal Reverue Service	Related Organizations and Unrelated Partnerships         ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.         ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.	anizations and Unrelated Partnerships ion answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 to Form 990.	artnerships ine 33, 34, 35, 36 uctions.	or 37.		OME No 1545-0047 2010 Open to Public Inspection
Name of the organization Texas Water	ter Conservation Association	ation			Employer identification number 74-1051987	ication number 987
Part I Identification of Disregarded Entities (Complete if the organization	es (Complete if the organization answered "Yes	1 answered "Yes" to Form 990, Part IV, line 33 )	3)			
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	r Total income	me End-of-year assets		(1) Direct controlling entity
Part II Identification of Related Tax-Exemp organizations during the tax year)	Identification of Related Tax-Exempt Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year )	answered "Yes" to Form 990	, Part IV, line 34 b	ecause it had one or	more related tax-exe	mpt
(a)	(q)	(c)	(q)	(e)	()	(6)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	Section 512(b(13) controlled entity?
Texas Ground Water Association - 74-2 221 E, 9th Street Austin, TX 78701	- 74-2093894 Dedicated to preserving ground water resources while advancing the	Texas	501(c)(6)			
<u>1rriga</u> 9th <u>5</u>						*
Т0/8/ XI /ШПВПИ	rignes,	lexas	( ( ) ( ) ) 109	-		4
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Instructions for Form 990.			-	Schedule R	Schedule R (Form 990) 2010

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032161 12-21-10 LHA

Schedule R (Form 990) 2010       Texas       Water       Conservation         Part III       Identification of Related Organizations Taxable as a Partnership organizations treated as a partnership during the tax year.)       (a)       (b)       (c)	s Water Con. anizations Taxable a thership during the ta	Conservation (able as a Partnership (( the tax year.)	tion Association ership (Complete if the organiza (d) (e)	<u>ation</u> e organization ansv (e)	Association     74-1051987       (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related       (d)     (e)     (f)     (f)	990, Part IV, line 3	4 because it {	74-1051987 ad one or more related (i) (i)	1987 related	Page 2 (k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	trolling y	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share	of year ts	rtion- tions? <b>No</b>	-UBI n box nedule 1065)	General or managing partnor?	u General or Percentage managing ownership <u>partnor?</u>
		:								
Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year)	anizations Taxable a poration or trust during	s a Corpo g the tax y		plete if the organiza	or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related	to Form 990, Part	IV, line 34 be	cause it had on	e or mor	e related
(a) Name, address, and EIN of related organization	7 -		<b>(b)</b> Primary activity	<ul> <li>(c)</li> <li>Legal domicile (state or foreign country)</li> </ul>	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(1) Share of total income	tal (9) ctal Share of end-of-year assets		(h) Percentage ownership
				-				Schedule	R (Form	Schedule R (Form 990) 2010

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Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)				
<ul> <li>Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.</li> <li>1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV⁷ a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity</li> <li>b Gift, grant, or capital contribution to other organization(s)</li> <li>c Gift, grant, or capital contribution from other organization(s)</li> <li>d Loans or loan guarantees to or for other organization(s)</li> </ul>	ns with one or more r	elated organizations listed	in Parts II-IV?	Yes No Contraction (Contraction
<ul> <li>Loans or loan guarantees by other organization(s)</li> <li>Sale of assets to other organization(s)</li> <li>Purchase of assets from other organization(s)</li> <li>Exchange of assets</li> <li></li> <li>Lease of facilities, equipment, or other assets to other organization(s)</li> </ul>				e 14 14 14 14 14 14 14 14 14 14 14 14 14
<ul> <li>J Lease of facilities, equipment, or other assets from other organization(s)</li> <li>k Performance of services or membership or fundraising solicitations for other organ</li> <li>l Performance of services or membership or fundraising solicitations by other organ</li> <li>m Sharing of facilities, equipment, mailing lists, or other assets</li> <li>n Sharing of paid employees</li> </ul>	organization(s) organization(s)			1i 1k X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
o Reimbursement paid to other organization for expenses Peimbursement paid by other organization for expenses				to X X
_	i			19 17 X
2       If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.         2       (b)       (c)       (c)       (d)         Name of other organization       Transaction       Transaction       Amount involved       Method of determitivolved	who must complete t (b) Transaction type (a-t)	his line, <u>including covered</u> Amount involved	relationships and transaction thresholds. (d) Method of determining amount involved	6
(1) Texas Ground Water Association	K	81,600.		
(2) Texas Ground Water Association	д	56,193.		
(2)				
(4)				
(b) 032163 12-21-10			Sched	Schedule R (Form 990) 2010

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Product the following reformation for each entry taxed as a partnership fricular more than from percent of the activities (measured by fatal assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant assets or grant a	ucted more than five percent of its activities (measured by total asset (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)	plete if the organization answered	d "Yes" to Form 990,	Part IV, Ine 3	(2)			-
(c)     (d)     (e)     (f)       ggal domicle     Are all partners atte or foreign organisations?     Are all partners sector solicity?     Share of end-of: atte or foreign organisations?     Dispropor- tions?       real     Vest assets     No     Vest assets       real     Vest assets     No       real     Image: Share of end-of: sector solicity?     Vest assets       real     Image: Share of end-of: sector solicity?     Image: Share of end-of: sector solicity?       real     Image: Share of end-of: sector solicity?     Image: Share of end-of: sector solicity?       real     Image: Share of end-of: sector solicity?     Image: Share of end-of: sector solicity?       real     Image: Share of end-of: sector solicity?     Image: Share of end-of: sector solicity?       real     Image: Share of end-of: sector solicity?	(c)     (d)     (e)     (f)     (f)     (g)       ggl domicle ate of foreign country)     Area in partness tate of end of: totamatients     Part assets     Code VUBI totamatients     Totamatients       Yes     No     Yes     No     Yes     No     Totamatients       Yes     No     Yes     No     Yes     No     Totamatients       Yes     No     Yes     No     Form 1055/1     Yes     Part Assets	Provide the following information for each entity taxed as a partnership that was not a related organization See instructions regarding exclusion	p through which the organization ion for certain investment partners	conducted more thai ships	n five percent	of its activities (me	asured by to	tal assets or gross re	evenue)
Primary activity         Legal domcle move watering scata         State of end of scata         Designation scata         State of end of scata         Designation scata         Designationetee         Designation scata         Designat	Finary activity     Legal domicle seven soliday considered control     State of chock constrained control     Constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constrained constraine constrained constrained constrained constrained constrain	(a)	(9)		(p)	(e)	e	(8)	મ
		Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Are all partners section 501(c)(3) organizations?		opor- ate ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partr
					-				
							- <u>-</u>		

032164 12-21-10

Part VII Section A. Officers, Directors	s, Trustees, Key Er	nplo	yee	es, ar	nd H	ligh	est	Compensated Employ	<u>74–105</u> ees (continued)	
(A)	(B)			(C	>)			(D)	(E)	(F)
Name and title	Average			Posr				Reportable	Reportable	Estimated
	hours	(ct	neck	alit	hat	арр	ly)	compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Carole D. Baker										
Director	1.00							0.	0.	
Jimmy Banks									_	
Director	1.00		L				L	0.	0.	(
Joe A. Barrera										
Director	1.00	<u> </u>	<u> </u>	┝─┦			<u> </u>	0.	0.	
David E. Bell										
Director	1.00							0.	0.	(
Michael J. Booth									-	
Director	1.00		<u> </u>					0.	0.	(
Robert J. Brandes									-	
Director	1.00					<u> </u>		0.	0.	(
Warren N. Brewer						İ.				
Director	1.00							0.	0.	(
Frank C. Brogan	1 00									
Director	1.00	-	<u> </u>					0.	0.	(
Timothy L. Brown	1 00								0	
Director	1.00	+						0.	0.	
Douglas G. Caroom	1 00				l				0	
Director	1.00	-	<u> </u>			-	-	0.	0.	(
Kim Carroll	1 00							0.	0.	
Director	1.00								υ.	(
Jerry. W. Chapman	1 00							0.	0	(
Director	1.00							0.	0.	······
Lyn Clancy	1.00							0.	0.	
Director	1.00						<u> </u>	0.	0.	(
James C. Conkwright	1.00							0.	0.	
Director	1.00						<u> </u>	<u>_</u>	0.	(
Glenda Dunn Director	1.00	1						0.	0.	(
	- 1.00	$\vdash$	<u> </u>			-			0.	
Reed Eichelberger Director	1.00							0.	0.	(
Harvey Everheart		t—	<u> </u>							'
Director	1.00							0.	0.	
Gary J. Gibbs		1				<b> </b>	1			
Director	1.00	1						0.	0.	(
Tom Gooch		1	<u> </u>			†	1	<b>.</b>		
Director	1.00	1						0.	0.	
John W. Grant		1					1	· · · · ·		
Director	1.00							0.	0.	

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Part VII Section A. Officers, Directors, (A)	(B)				<b>)</b>			(D)	(E)	(F)
Name and title	Average				rtion			Reportable	Reportable	Estimated
	hours	(cl	neck	all t	that	app	ly)	compensation	compensation	amount of
	per week	Individual bustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Scott Hall										-
Director	1.00							0.	0.	0
Sonny Hinojusa									-	-
Director	1.00							0.	0.	0
Kelley T. Holcomb	1 00									
Director	1.00		<b></b>					0.	0.	0
Carl Horecky	1 00							0	0	•
Director	1.00	-			-			0.	0.	0
Robert M. Johnson	1 00							0.	0	0
Director	1.00							0.	0.	0
(athy Jones	1.00							0.	0.	0
Director Phill Kelley	1.00							<u> </u>	0.	0
Director	1.00							0.	0.	0
James Kowis	1.00									0
Director	1.00							ο.	0.	0
Alan Moore								<b>v</b> .		¥
Director	1.00							0.	0.	0
Fito Nieto										
Director	1.00							0.	0.	0
Wayne P. Owen, Jr										
Director	1.00				:			0.	0.	0
Denis Qualls										
Director	1.00							0.	0.	0
J. Tom Ray										
Director	1.00							0.	0.	0
Bruce Rigler										_
Director	1.00				-			0.	0.	0
Martin Rochelle	1 00								_	-
Director	1.00	—	<b> </b>		-			0.	0.	0
J.L Rose	1 00									_
Director	1.00	-						0.	0.	0
Kent Satterwhite	1.00							0.	0.	_
Director	1.00				-			<b>U •</b> _	U.	0
Director	1.00							0.	0.	0
John Seifert		<u> </u>						<b>U</b> ·	<u> </u>	0
Director	1.00				ļ			ο.	0.	0
Robert Stroder			[							V
Director	1.00	ļ						0.	0.	0

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Part VII Section A. Officers, Directors	, Trustees, Key E	mplo	oyee	s, a	nd H	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours	(ci		Pos ail t				Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatio from the organization and related organizations
Paul D. Thornhill	1									
Director	1.00	-	<u> </u>					0.	0.	
Michael F. Thuss	1 00								~	
Director David I. Wiedman	1.00	<u> </u>	<u>-</u>		-	-		0.	0.	C
Director	1.00							0.	0.	C
Hope Wells	1.00							· · · ·	0.	
Director	1.00							0.	0.	C
George A. Willcox										<b>`</b>
Director	1.00							0.	0.	(
							·			
			<u> </u>							
		ŀ								
		†					<u> </u>			<u>_</u>
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For	<b>.</b> 99	90-EZ	Short Form Return of Organization Exempt From Income Tax			. 1545-1150
1 011			(except private foundations)		20	013
			Do not enter Social Security numbers on this form as it may be made public		Open	to Public
Depa Inter	artment o nal Reve	of the Treasury enue Service	Information about Form 990-EZ and its instructions is at www.irs.gov/form9	90.		pection
	For th	ne 2013 cal	endar year, or tax year beginning , 2013, and ending		,	
В		f applicable: s change	C Name of organization	D Emplo	oyer identification	n number
H	Name c		WESTERN COALITION OF ARID STATES, INC. (WESTCAS)		-1771487	
	Initial re		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	-	none number	
	Termina	ated	P.O. BOX 77561	(77	70) 424-8	3111
		ed return tion pending	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON DC 20013-7561		p Exemption	. ►
G		unting Meth	MIGHENOTON .	► X if	the organizat	tion is <b>not</b>
			estcas@mindspring.com require	ed to atta	ach Schedule	В
			(check only one) - 501(c)(3) X 501(c) ( 6 ) ◄(insert no.) 4947(a)(1) or 527 (Form	990, 990	D-EZ, or 990-F	PF).
ĸ		of organiza				
1	Add li	ines 5h 6c	and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total			5-
-	asset	s (Part II, co	blumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ			72,668.
Pa	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the inst	ruction	s for Part I	)
	-		ne organization used Schedule O to respond to any question in this Part I		1	•••••
	1		ons, gifts, grants, and similar amounts received		2	
	2	Program s	ervice revenue including government fees and contracts.	· · · -	3	28,565.
	3		ip dues and assessments		4	<u>44,100.</u> 3.
	4		t income			<u> </u>
			or other basis and sales expenses			
			) from sale of assets other than inventory (Subtract line 5b from line 5a).		5 c	
	6	Gaming a	nd fundraising events			
R			ome from gaming (attach Schedule G if greater than \$15,000) 6a			
REVENU	b		ome from fundraising events (not including \$ of contributions			
N U		from fundr	aising events reported on line 1) (attach Schedule G if the sum oss income and contributions exceeds \$15,000) 6 b		1	
E	6		ct expenses from gaming and fundraising events 6 c			
	1		e or (loss) from gaming and fundraising events (add lines 6a and			
		6b and su	btract line 6c)		6 d	
			es of inventory, less returns and allowances			
	t	Less: cost	of goods sold		7 c	
	1	: Gross pro	fit or (loss) from sales of inventory (Subtract line 7b from line 7a)	· · · · -	8	
	8	Other reve	enue (describe in Schedule O)		9	72,668.
	9	Orente en	d similar amounts paid (list in Schedule O)		10	12,000.
	10	Bonofits n	ad to or for members		11	2 3
E		Salaries	other compensation, and employee benefits		12	
X P	13	Profession	nal fees and other payments to independent contractors	[	13	77,910.
EXPENSES	14	Occupant	cy, rent, utilities, and maintenance	· · · ·	14	
SE	15	Drinting r			15	8,000.
S	16	Other exp	enses (describe in Schedule O)	Expenses	16	22,175.
	17	Total exp	enses. Add lines 10 through 16		17	108,085.
	18		(deficit) for the year (Subtract line 17 from line 9)	100	18	-35,417.
A S NSE T	19	Net asset	s or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year		10	
EETT		figure rep	orted on prior year's return).	· · · · L	19 20	39,107.
s	20	Other cha	anges in net assets or fund balances (explain in Schedule O)		20	3,690.
-	21		s or fund balances at end of year. Combine lines to unough 20			<b>990-EZ</b> (2013)
ы	MA F(	лгарегwo	an neuronon Act nonce, see the separate not address			. ,

	990-EZ (2013) WESTERN COALITIC		INC. (WESTCAS)	52-	177	1487 Page 2
Par	<b><u>t II</u></b> Balance Sheets (see the instr Check if the organization used Schedu	uctions for Part II)	on in this Part II			Π
	Check If the organization used Schedu	die O to respond to any question		) Beginning of year	<u></u>	(B) End of year
22	Cash, savings, and investments			39,107.	TT	3,690.
23	Land and buildings			0.	23	0.
24	Other assets (describe in Schedule O)			0.	24	0.
25	Total assets			39,107.	25	3,690.
26	Total liabilities (describe in Schedule O).			0.	26	0.
27	Net assets or fund balances (line 27 of co	olumn (B) <b>must</b> agree with line	21)	39,107.	27	3,690.
Par	t III Statement of Program Service A	ccomplishments (see the ins	structions for Part III)		<b>(D</b>	Expenses
	Check if the organization used Sche	edule O to respond to any ques	stion in this Part III.			uired for section 501 and 501(c)(4)
What	is the organization's primary exempt purpose? <u>AD</u>	VOCACY FOR WATER Q	UALITY IN ARID	WEST	organ	izations and section
mea	is the organization's primary exempt purpose? <u>AD</u> ribe the organization's program service acc sured by expenses. In a clear and concise r fited, and other relevant information for each	nanner, describe the services p	provided, the number of	bersons	4947( for oth	(a)(1) trusts; optional hers.)
	fited, and other relevant information for each	n program title.				
28						
	(Grants § ) If this	s amount includes foreign grar	nts. check here		28a	
29						
	(Grants \$ ) If thi	s amount includes foreign grar	nts, check here		29 a	
30						
	(Grants \$ ) If thi	s amount includes foreign grar	nts, check here	•	30 a	
31	Other program services (describe in Sched				24.0	
~~	(Grants \$ ) If thi Total program service expenses (add lin	s amount includes foreign grar			31a 32	
						a instructions for Dart IVA
Pa	t IV List of Officers, Directors,					
	Check if the organization used Sche	dule O to respond to any ques	stion in this Part IV.			
	Check if the organization used Sche			(d) Health benefits,		
	Check if the organization used Sche	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and defer	ree	(e) Estimated amount of other compensation
	(a) Name and Title	(b) Average hours per	(c) Reportable compensation	(d) Health benefits, contributions to employ	ree	(e) Estimated amount of
	(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer	ree Ted	(e) Estimated amount of other compensation
PRI	(a) Name and Title <u>CURLEY</u> <u>SIDENT</u>	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and defer	ree	(e) Estimated amount of
PRI KEI	(a) Name and Title	(b) Average hours per week devoted to position 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer	ree red	(e) Estimated amount of other compensation
PRI KEI VP	(a) Name and Title          CURLEY         SIDENT         LLY_COLLINS	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer	ree Ted	(e) Estimated amount of other compensation
PRI KEI VP STI	(a) Name and Title CURLEY SIDENT LLY COLLINS EVE_BIGLEY	(b) Average hours per week devoted to position 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer	ree red	(e) Estimated amount of other compensation
PRI KEI VP STI SE(	(a) Name and Title CURLEY SIDENT LLY COLLINS EVE_BIGLEY	(b) Average hours per week devoted to position 1.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0.	(d) Health benefits, contributions to employ benefit plans, and defer	ree red 0. 0.	(e) Estimated amount of other compensation 0. 0. 0.
PRI KEI VP STI SEC	(a) Name and Title CURLEY SIDENT LY_COLLINS EVE_BIGLEY CY	(b) Average hours per week devoted to position 1.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0.	(d) Health benefits, contributions to employ benefit plans, and defer	ree red 0.	(e) Estimated amount of other compensation 0.
PRI KEI VP STI SE( LAI TRI JEI	(a) Name and Title          CURLEY         ESIDENT         LLY_COLLINS         EVE_BIGLEY         CY         RRY_LIBEU         EASURER         REMY_MIKUS	(b) Average hours per week devoted to position 1.00 0.00 0.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0.	(d) Health benefits, contributions to employ benefit plans, and defer	ree red 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0.
PRI KEI VP STI SEC LAI TRI JEI DII	(a) Name and Title          CURLEY         SIDENT         LLY_COLLINS         EVE_BIGLEY         CY         RRY_LIBEU         EASURER         REMY_MIKUS         RECTOR	(b) Average hours per week devoted to position 1.00 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0.	(d) Health benefits, contributions to employ benefit plans, and defer	ree red 0. 0.	(e) Estimated amount of other compensation 0. 0. 0.
PRI KEI STI SEC LAI TRI JEI DII ROI	(a) Name and Title          CURLEY         SIDENT         LLY_COLLINS         EVE_BIGLEY         CY         RRY_LIBEU         EASURER         REMY_MIKUS         RECTOR         BERT_HOLLANDER	(b) Average hours per week devoted to position 1.00 0.00 1.00 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0.	(d) Health benefits, contributions to employ benefit plans, and defer	eee Ted 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
PRI KEI VP STI SE( LAI TRI JEI DII ROI PA:	(a) Name and Title          CURLEY         ESIDENT         LIY_COLLINS         EVE_BIGLEY         CY         RRY_LIBEU         EASURER         REMY_MIKUS         RECTOR         BERT_HOLLANDER         ST_PRESIDENT	(b) Average hours per week devoted to position 1.00 0.00 0.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0.	(d) Health benefits, contributions to employ benefit plans, and defer	ree red 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0.
PRI KEI STI SE( LAI TRI JEI DII ROI PA: MI	(a) Name and Title          CURLEY         ESIDENT         LLY_COLLINS         EVE_BIGLEY         CY         RRY_LIBEU         EASURER         REMY_MIKUS         RECTOR         BERT_HOLLANDER         ST_PRESIDENT         KE_EYTEL	(b) Average hours per week devoted to position 1.00 0.00 1.00 0.00 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employ benefit plans, and defer	ree red 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
PRI KEI VP STI SEC LAI TRI JEI ROI PAI MII DII	(a) Name and Title          CURLEY         ESIDENT         LLY_COLLINS         EVE_BIGLEY         CY         RRY_LIBEU         EASURER         REMY_MIKUS         BERT_HOLLANDER         ST_PRESIDENT         KE_EYTEL         RECTOR	(b) Average hours per week devoted to position 1.00 0.00 1.00 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0.	(d) Health benefits, contributions to employ benefit plans, and defer	eee Ted 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
PRI KEI VP STI SEC LAI TRI JEI DII ROI PAI MII DII NAI	(a) Name and Title          CURLEY         ESIDENT         LLY_COLLINS         EVE_BIGLEY         CY         RRY_LIBEU         EASURER         REMY_MIKUS         SECTOR         BERT_HOLLANDER         ST_PRESIDENT         KE_EYTEL         RECTOR         NCY_KELLER	(b) Average hours per week devoted to position 1.00 0.00 1.00 0.00 0.00 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employ benefit plans, and defer compensation	ree red 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
PRI KEI SEI SEI LAI TRI JEI ROI PAI DII NAI DII	(a) Name and Title          CURLEY	(b) Average hours per week devoted to position 1.00 0.00 1.00 0.00 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employ benefit plans, and defer compensation	ree       0.       0.       0.       0.       0.       0.       0.       0.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
PRI KEI VP STI SEC LAI TRI JEI DII ROI PAI NAI DII BRI	(a) Name and Title          CURLEY         SIDENT         LLY_COLLINS         EVE_BIGLEY         CY         RRY_LIBEU         EASURER         REMY_MIKUS         RECTOR         3ERT_HOLLANDER         ST_PRESIDENT         KE_EYTEL         RECTOR         NCY_KELLER         RECTOR         ENDA_POHLMANN	(b) Average hours per week devoted to position 1.00 0.00 1.00 0.00 0.00 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employ benefit plans, and defer compensation	ree       0.       0.       0.       0.       0.       0.       0.       0.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
PRI KEI VP STI SEC LAI TRI JEI DII ROI PAS MII DII NAI DII BRI DII	(a) Name and Title          CURLEY	(b) Average hours per week devoted to position 1.00 0.00 1.00 0.00 0.00 0.00 0.00 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employ benefit plans, and defer compensation	ree       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.	(e) Estimated amount of other compensation  0.  0.  0.  0.  0.  0.  0.  0.  0.  0
PRI KEI VP STI SEC LAI TRI JEI DII ROI PA MII NAI DII BRI DII JO	(a) Name and Title          CURLEY         SIDENT         LLY_COLLINS         EVE_BIGLEY         CY         RRY_LIBEU         EASURER         REMY_MIKUS         RECTOR         BERT_HOLLANDER         ST_PRESIDENT         KE_EYTEL         RECTOR         NCY_KELLER         RECTOR         ENDA_POHLMANN         RECTOR	(b) Average hours per week devoted to position 1.00 0.00 1.00 0.00 0.00 0.00 0.00 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employ benefit plans, and defer compensation	ree       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
PRI KEI VP STI SEC LAI TRI JEI JEI DII ROI PAI DII ROI DII DII DII DII DII	(a) Name and Title          CURLEY         SIDENT         LLY_COLLINS         EVE_BIGLEY         CY         RRY_LIBEU         EASURER         REMY_MIKUS         RECTOR         BERT_HOLLANDER         ST_PRESIDENT         KE_EYTEL         RECTOR         NCY_KELLER         RECTOR         ENDA_POHLMANN         RECTOR         HN_STOMP	(b) Average hours per week devoted to position 1.00 0.00 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employ benefit plans, and defer compensation	ree red 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
PRI KEI VP STI SEU LAI TRI JEI DII ROI PAA DII DII BRI JOI AL MB	(a) Name and Title  CURLEY  SIDENT  LLY COLLINS  EVE_BIGLEY  CY  RRY_LIBEU  ARY_LIBEU  ARY_LIBEU  ARY_MIKUS  RECTOR  BERT_HOLLANDER  ST_PRESIDENT  KE_EYTEL  RECTOR  NCY_KELLER  RECTOR  SNDA_POHLMANN  RECTOR  HN_STOMP  RECTOR  AN_DYER  R AT_LARGE	(b) Average hours per week devoted to position 1.00 0.00 1.00 0.00 0.00 0.00 0.00 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employ benefit plans, and defer compensation	ree       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.	(e) Estimated amount of other compensation  0.  0.  0.  0.  0.  0.  0.  0.  0.  0
PRI KEI VP SEI LAI TRI JEI DII ROI PA MII DII BRI JOI AL MB PE	(a) Name and Title  CURLEY  SIDENT  LLY_COLLINS  EVE_BIGLEY  CY  RRY_LIBEU  ARY_LIBEU  ARY_LIBEU  ARY_MIKUS  RECTOR  BERT_HOLLANDER  ST_PRESIDENT  KE_EYTEL  RECTOR  NCY_KELLER  RECTOR  NCY_KELLER  RECTOR  HN_STOMP  RECTOR  AN_DYER  R AT_LARGE  GGY_GLASS	(b) Average hours per week devoted to position           1.00           0.00           0.00           1.00           0.00           0.00           0.00           0.00           0.00           0.00           0.00           0.00           0.00           0.00           0.00           0.00           0.00           0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employ benefit plans, and defer compensation	ree 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
PRI KEI VP SEC LAI TRI JEI DII ROI DII ROI DII DII DII DII DII DII AL MB PE DI	(a) Name and Title  CURLEY  SIDENT  LIY_COLLINS  VE_BIGLEY  VY  RRY_LIBEU  ARY_LIBEU  ARY_MIKUS  RECTOR  BERT_HOLLANDER  ST_PRESIDENT  KE_EYTEL  RECTOR  NCY_KELLER  RECTOR  NCY_KELLER  RECTOR  HN_STOMP  RECTOR  AN_DYER  AT_LARGE  GGY_GLASS RECTOR	(b) Average hours per week devoted to position 1.00 0.00 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employ benefit plans, and defer compensation	ree red 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
PRI KEI VPTI SECILAI TRI JEI DII ROI PA MII DII NAI DII ALI ME PE WA	(a) Name and Title  CURLEY  SIDENT  LLY COLLINS  VY BIGLEY  VY RRY_LIBEU  ARY_LIBEU  ARY_MIKUS  RECTOR  BERT_HOLLANDER  ST_PRESIDENT  KE_EYTEL  RECTOR  NCY_KELLER  RECTOR  NCY_KELLER  RECTOR  NN DYER  RECTOR  AN_DYER  RECTOR  SGY_GLASS RECTOR	(b) Average hours per week devoted to position           1.00           0.00           0.00           1.00           0.00           0.00           0.00           0.00           0.00           0.00           0.00           0.00           0.00           0.00           0.00           0.00           0.00           0.00           0.00           0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employ benefit plans, and defer compensation	ree red 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
PRI KEI VP SEU LAI TRI JEI DII ROI PA DII DII DII DII AL MB PE DII VA DII	(a) Name and Title  CURLEY  SIDENT  LIY_COLLINS  VE_BIGLEY  VY  RRY_LIBEU  ARY_LIBEU  ARY_MIKUS  RECTOR  BERT_HOLLANDER  ST_PRESIDENT  KE_EYTEL  RECTOR  NCY_KELLER  RECTOR  NCY_KELLER  RECTOR  HN_STOMP  RECTOR  AN_DYER  AT_LARGE  GGY_GLASS RECTOR	(b) Average hours per week devoted to position           1.00           0.00           0.00           1.00           0.00           0.00           0.00           0.00           0.00           0.00           0.00           0.00           0.00           0.00           0.00           0.00           0.00           0.00           0.00           0.00           0.00           0.00           0.00           0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employ benefit plans, and defer compensation	ree 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.

Form	990-EZ (2013) WESTERN COALITION OF ARID STATES, INC. (WESTCAS) 52-177148	/	Pa	age 3
	<b>Other Information</b> (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	• · ·		. 🗌
22	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
	If Yes, provide a detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		x
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities			
004	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		X
h	If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		х
36	Did the organization undergo a liguidation, dissolution, termination, or significant			
	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions • 37 a 0.			
b	Did the organization file Form 1120-POL for this year?	37 b		X
38 a	Did the organization borrow from or make any loans to, any officer, director, trustee, or key employee or were			tessp. a.
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
Ł	o Gross receipts, included on line 9, for public use of club facilities		122	
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► ; section 4912 ► ; section 4955 ►	美田 。		
ŀ	Social 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	I Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
(	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.	40 e		X
41	List the states with which a copy of this return is filed 🕨			
42	a The organization's			
42.0	books are in care of DAWN MOORE, CMP			18
	Located at 1810 WYNTHROP MANOR DR., SW MARIETTA GA ZIP+4 30064	-283		
	the Atlenuting during the colorder year, did the organization have an interest in or a signature or other authority over a		Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		X

See the instructions for exceptions and filing requirements	for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
c At any time during the calendar year, did the org	anization maintain an office outside of the U.S.?
If 'Yes,' enter the name of the foreign country:	▶

If 'Yes,' enter the name of the foreign country:

43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here	'		
			Yes	No
44	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	. 44 a		X
	b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	. 44b		X
5	c Did the organization receive any payments for indoor tanning services during the year?	. 44 c		X
	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	. 44 d		
	a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?			X
	b 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	. 45 b		X
	TEEA0812 11/27/13	Form 99	<b>D-EZ</b> (2	2013)

Х

42 c

		F ARID STATES,	INC. (WESTCAS)	52-177	71487 Page 4 Yes No
	ne organization engage, directly or indirectly, dates for public office? If 'Yes,' complete Sc				and the states and
rt VI	Section 501(c)(3) organizations All section 501(c)(3) organizations for lines 50 and 51.	only			3
	Check if the organization used Schedule (	O to respond to any que	stion in this Part VI		
comp	ne organization engage in lobbying activities lete Schedule C, Part II .........		* * * * * * * * * * * * *		
	organization a school as described in section				
	ne organization make any transfers to an ex				
o Com	s,' was the related organization a section 52 plete this table for the organization's five hig oyees) who each received more than \$100,0	hest compensated emp	loyees (other than officer	s, directors, trustees and	l key
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
		2			
51 Com	I number of other employees paid over \$100 plete this table for the organization's five hig	hest compensated inde	pendent contractors who	each received more tha	n \$100,000 of
51 Com	I number of other employees paid over \$100 plete this table for the organization's five hig pensation from the organization. If there is n (a) Name and business address of each independent con	hest compensated inde one, enter 'None.'		each received more tha	In \$100,000 of (c) Compensation
51 Com	plete this table for the organization's five hig pensation from the organization. If there is n	hest compensated inde one, enter 'None.'			
51 Com	plete this table for the organization's five hig pensation from the organization. If there is n	hest compensated inde one, enter 'None.'			
51 Com	plete this table for the organization's five hig pensation from the organization. If there is n	hest compensated inde one, enter 'None.'			
51 Com	plete this table for the organization's five hig pensation from the organization. If there is n	hest compensated inde one, enter 'None.'			
51 Com	plete this table for the organization's five hig pensation from the organization. If there is n	hest compensated inde one, enter 'None.'			
51 Com	plete this table for the organization's five hig pensation from the organization. If there is n	hest compensated inde one, enter 'None.'			
51 Com	plete this table for the organization's five hig pensation from the organization. If there is n	hest compensated inde one, enter 'None.'			
51 Com	plete this table for the organization's five hig pensation from the organization. If there is n	hest compensated inde one, enter 'None.'			
51 Com com	plete this table for the organization's five hig pensation from the organization. If there is n (a) Name and business address of each independent con	hest compensated inde one, enter 'None.' tractor	(b) Type	of service	
51 Com com     d Tota 52 Did 1 char	plete this table for the organization's five hig pensation from the organization. If there is n (a) Name and business address of each independent con 	hest compensated inde         one, enter 'None.'         tractor	(b) Type	of service 	(c) Compensation
51 Com com     d Tota 52 Did t char	plete this table for the organization's five hig pensation from the organization. If there is n (a) Name and business address of each independent con 	hest compensated inde one, enter 'None.' tractor	(b) Type	of service 	(c) Compensation
51 Com com     d Tota 52 Did t char	plete this table for the organization's five hig bensation from the organization. If there is n (a) Name and business address of each independent con (a) Name and business address of each independent con (b) Constant of the organization complete schedule A? Note itable trusts must attach a completed Sched es of perjury, I declare that I have examined this return, inc and complete. Declaration of preparer (other than officer) is	hest compensated inde one, enter 'None.' tractor	(b) Type	of service )(1) nonexempt of my knowledge and belief, it is	(c) Compensation
51 Com com     d Tota 52 Did 1 char Inder penalti ue, correct, s Sign	plete this table for the organization's five hig bensation from the organization. If there is n (a) Name and business address of each independent con 	hest compensated inde one, enter 'None.' tractor	(b) Type	of service 	(c) Compensation
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Form	990-EZ	(2013)

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)	
CONFERENCE EXPENSE	16,981.
FEES	190.
BANK/CREDIT CARD CHARGES	3,041.
INSURANCE	350.
WEB HOSTING	1,263.
OFFICE EXPENSE	350.
Total	22,175.

## Form 990-EZ, Page 2, Part IV List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compen- sation
Business Person				
JIM KUDLINSKI Title . MBR AT LARGE	0.00	0.	0.	0.
Business Person X				
MIKE FLEURY Title . ASSOC DIRECTOR	0.00	Ο.	0.	0.
Business Person				
JOLENE MCCALEB, ESQUIRE	0.00	0.	0.	0.
Business Person				
JOLENE WALSH	0.00	0.	0.	0.
Title . DIRECTOR	1	1	In the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	

Fo	rm <b>Ç</b>	Short Form Return of Organization Exempt From Income Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C	e Tax	· · ·	OMB No. 1545-1150
		(except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds, organizations that operate one or more hose	snital facil	ities.	2011
Depa Inter	artmen nal Re	and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200 and total assets less than \$500,000 at the end of the year may use this form. venue Service	,000		Open to Public Inspection
A	For t	he 2011 calendar year, or tax year beginning , 2011, and ending			
		if applicable: C Name of organization		D Employer	dentification number
		ss change WESTERN COALITION OF ARID STATES, INC. (WESTCAS)		52-17	71487
H		change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone	number
	Initial Termi	P.O. BOX 77561	11 	(770)	424-8111
	Amen	City or town, state or country, and ZIP + 4       ation pending       WASHINGTON	561	F Group E	xemption
-l			Check		e organization is <b>not</b>
Ľ	Web	site: ► N/A	require	ed to attach	Schedule B (Form
J	Тах-е	xempt status (ck only one) — 501(c)(3) X 501(c) ( 6 ) ◄(insert no.) 4947(a)(1) or 527	990, 9	90-EZ, or 99	90-PF).
	Chec		organiza	ation and its	gross receipts are
s.	Instri	nally <b>not</b> more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990 actions). But if the organization chooses to file a return, be sure to file a complete return.			y be required (see
L	Add asse	lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or mor ts (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-	e, or if EZ	total ► \$	139,546.
Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the	ne inst	tructions t	
		Check if the organization used Schedule O to respond to any question in this Part I			X
	1	Contributions, gifts, grants, and similar amounts received		1	4,750.
	2	Program service revenue including government fees and contracts			35,746.
	3	Membership dues and assessments		3	99,047.
	4	Investment income		4	3.
		Gross amount from sale of assets other than inventory			
		Less: cost or other basis and sales expenses			
2		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	* ****
р	6	Gaming and fundraising events			
Ĕ		Gross income from gaming (attach Schedule G if greater than \$15,000)			
<b>ポミッドン</b>	b	Gross income from fundraising events (not including \$ of contribution	ns		
Ü		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)			
-	c	Less: direct expenses from gaming and fundraising events			÷
				10 A	
	a	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances			
1		Less: cost of goods sold			
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	n
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		► 9	139,546.
-	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members			
E X	12	Salaries, other compensation, and employee benefits		12	н л.с.
EXPENSE	13	Professional fees and other payments to independent contractors	•••••	13	73,695.
N S	14	Occupancy, rent, utilities, and maintenance		14	
E S	15	Printing, publications, postage, and shipping			193.
	16	Other expenses (describe in Schedule O)			64,356.
	17	Total expenses. Add lines 10 through 16			138,244.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	1,302.
A N S E E T S	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with e figure reported on prior year's return)	nd-of-y	ear <b>19</b>	7,220.
ΤĘ	20	Other changes in net assets or fund balances (explain in Schedule O)			
S	21	Net assets or fund balances at end of year. Combine lines 18 through 20			8,522.
RA		r Paperwork Reduction Act Notice, see the separate instructions.			Form 990-EZ (2011)

TEEA0812 02/14/12

TOH	n 990-EZ (2011) WEST	FERN COALITI	ON OF ARID STATES	, INC. (WESTCAS)	52	-177	1487 Page <b>2</b>
Pai	rt II Balance Shee Check if the orga	ets. (see the ins nization used Sche	structions for Part II.) Idule O to respond to any que	estion in this Part II			Π
8 g - 2				(A	) Beginning of ye		(B) End of year
22					7,220		8,522.
23					and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	. 23	0.
24							0.
25					7,220		8,522.
26					0	-	0.
27			column (B) must agree with		7,220	. 27	8,522.
Par			vice Accomplishments			0	Expenses
			nedule O to respond to any q			(Requ	uired for section )(3) and 501(c)(4)
Desc	ribe the organization's primary	exempt purpose? AD	VOCACY FOR WATER	QUALITY IN ARID	WEST	organ	izations and section
mea	sured by expenses. In a	a clear and concise	e manner, describe the servic ach program title.	es provided, the number	of persons	4947( for ot	a)(1) trusts; optional
28	efficed, and other relevan	nt information for ea	ach program title.				
28							
	(Grants \$					00-	
29	(Grants 5	) IT UT	is amount includes foreign g	rants, check here	········	28a	
29							
	(Grants \$		is amount includes foreign g			29a	
30	(Grants 5	<u>) II U</u>	lis amount includes foreign g	rants, check here	· · · · · · · · · · · · · · · · · · ·	29a	·····
50							
						20-	
21	(Grants \$		nis amount includes foreign g			30 a	
31			edule O) iis amount includes foreign g			21 -	
22			nes 28a through 31a)			31 a 32	
			Trustees, and Key Em				instructions for Part IV )
			hedule O to respond to any c				
		<u></u>	(b) Title and average	(c) Reportable compensation (Form W-2/1099-MISC)	(d) Health benefi		(e) Estimated amount of
	(a) Name and ad	idress	hours per week devoted to position	(Form W-2/1099-MISC) (If not paid, enter -0-)	contributions to emp benefit plans, ar		other compensation
					deferred compensa		
ED	CURLEY	2		- 1 ⁻¹			15
			PRESIDENT				
TUC	CSON	AZ 85280	1.00	0.			
KEI	LLY COLLINS					0.	0.
			10 U			0.	0.
			VP			0.	0.
	BUQUERQUE	 NM 87110	VP 0.00	0.		0.	0.
STE	BUQUERQUE	NM 87110	0.00	0.			
STE			0.00 SECY			0.	0.
COF	EVE_BIGLEY ACHELLA		0.00	0.			
COF	EVE_BIGLEY		0.00 SECY 0.00			0.	0.
COF	EVE_BIGLEY ACHELLA RRY_LIBEAU	CA 92236	0.00 SECY 0.00 TREASURER	0.		0.	0.
CO7 LAF	EVE_BIGLEY ACHELLA RRY_LIBEAU MECULA		0.00 SECY 0.00			0.	0.
CO7 LAF	EVE_BIGLEY ACHELLA RRY_LIBEAU	CA 92236	0.00 SECY 0.00 TREASURER 1.00	0.		0.	0.
CO7 LAF	EVE_BIGLEY ACHELLA RRY_LIBEAU MECULA	CA 92236	0.00 SECY 0.00 TREASURER 1.00 DIRECTOR	0.		0.	0. 0. 0.
CO7 LAI TEN JEF	EVE_BIGLEY ACHELLA RRY_LIBEAU MECULA REMY_MIKUS	CA 92236	0.00 SECY 0.00 TREASURER 1.00	0.		0.	0.
CO7 LAI TEN JEF	EVE_BIGLEY ACHELLA RRY_LIBEAU MECULA	CA 92236	0.00 SECY 0.00 TREASURER 1.00 DIRECTOR 0.00	0.		0.	0. 0. 0.
CO7 LAI TEN JEF	EVE_BIGLEY ACHELLA RRY_LIBEAU MECULA REMY_MIKUS	CA 92236 CA 92589 	0.00 SECY 0.00 TREASURER 1.00 DIRECTOR 0.00 PAST PRESIDENT	0.		0. 0. 0.	0. 0. 0. 0.
COZ LAF JEF JEF ROF	EVE_BIGLEYACHELLA RRY_LIBEAU MECULA REMY_MIKUS BERT_HOLLANDER	CA 92236	0.00 SECY 0.00 TREASURER 1.00 DIRECTOR 0.00	0.		0.	0. 0. 0.
COZ LAF JEF JEF ROF	EVE_BIGLEY ACHELLA RRY_LIBEAU MECULA REMY_MIKUS	CA 92236 CA 92589 	0.00 SECY 0.00 TREASURER 1.00 DIRECTOR 0.00 PAST PRESIDENT 0.00	0.		0. 0. 0.	0. 0. 0. 0.
COZ LAF JEF JEF ROF	EVE_BIGLEYACHELLA RRY_LIBEAU MECULA REMY_MIKUS BERT_HOLLANDER	CA 92236 CA 92589 AZ	0.00 SECY 0.00 TREASURER 1.00 DIRECTOR 0.00 PAST PRESIDENT 0.00 DIRECTOR	0. 0. 0. 0.		0. 0. 0.	0. 0. 0. 0. 0.
COZ LAH JEH JEH ROH MIH	EVE_BIGLEYACHELLA RRY_LIBEAU MECULA REMY_MIKUS BERT_HOLLANDER KE_EYTEL	CA 92236 CA 92589 	0.00 SECY 0.00 TREASURER 1.00 DIRECTOR 0.00 PAST PRESIDENT 0.00	0.		0. 0. 0.	0. 0. 0. 0.
COZ LAH JEH JEH ROH MIH	EVE_BIGLEYACHELLA RRY_LIBEAU MECULA REMY_MIKUS BERT_HOLLANDER	CA 92236 CA 92589 AZ	0.00 SECY 0.00 TREASURER 1.00 DIRECTOR 0.00 PAST PRESIDENT 0.00 DIRECTOR 0.00	0. 0. 0. 0.		0. 0. 0.	0. 0. 0. 0. 0.
COZ LAH JEH JEH ROH MIH	EVE_BIGLEYACHELLA RRY_LIBEAU MECULA REMY_MIKUS BERT_HOLLANDER KE_EYTEL	CA 92236 CA 92589 AZ AZ CO	0.00 SECY 0.00 TREASURER 1.00 DIRECTOR 0.00 PAST PRESIDENT 0.00 DIRECTOR 0.00 DIRECTOR	0. 0. 0. 0. 0.		0. 0. 0. 0.	0. 0. 0. 0. 0. 0.
COA LAH TEN JEH ROP MIH	EVE_BIGLEYACHELLA RRY_LIBEAU MECULA REMY_MIKUS BERT_HOLLANDER SERT_HOLLANDER KE_EYTEL NCY_KELLER	CA 92236 CA 92589 AZ	0.00 SECY 0.00 TREASURER 1.00 DIRECTOR 0.00 PAST PRESIDENT 0.00 DIRECTOR 0.00	0. 0. 0. 0.		0. 0. 0.	0. 0. 0. 0. 0.
COA LAH TEN JEH ROP MIH	EVE_BIGLEYACHELLA RRY_LIBEAU MECULA REMY_MIKUS BERT_HOLLANDER KE_EYTEL	CA 92236 CA 92589 AZ AZ CO	0.00 SECY 0.00 TREASURER 1.00 DIRECTOR 0.00 PAST PRESIDENT 0.00 DIRECTOR 0.00 DIRECTOR 0.00	0. 0. 0. 0. 0.		0. 0. 0. 0.	0. 0. 0. 0. 0. 0.
COA LAH TEN JEH ROP MIH	EVE_BIGLEYACHELLA RRY_LIBEAU MECULA REMY_MIKUS BERT_HOLLANDER SERT_HOLLANDER KE_EYTEL NCY_KELLER	CA 92236 CA 92589 AZ AZ CO CO CO	0.00 SECY 0.00 TREASURER 1.00 DIRECTOR 0.00 PAST PRESIDENT 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR	0. 0. 0. 0. 0. 0.		0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0.
COA LAH JEH ROF MIH NAN BRH	EVE_BIGLEY ACHELLA RRY_LIBEAU MECULA REMY_MIKUS BERT_HOLLANDER BERT_HOLLANDER KE_EYTEL NCY_KELLER CY_KELLER ENDA_POHLMAN_	CA 92236 CA 92589 AZ AZ CO CO CO NV	0.00 SECY 0.00 TREASURER 1.00 DIRECTOR 0.00 PAST PRESIDENT 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00	0. 0. 0. 0. 0.		0. 0. 0. 0.	0. 0. 0. 0. 0. 0.
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COA LAH JEH ROF MIH NAN BRH	EVE_BIGLEY ACHELLA RRY_LIBEAU MECULA REMY_MIKUS BERT_HOLLANDER BERT_HOLLANDER KE_EYTEL NCY_KELLER CY_KELLER ENDA_POHLMAN_	CA 92236 CA 92589 AZ AZ CO CO CO NV	0.00 SECY 0.00 TREASURER 1.00 DIRECTOR 0.00 PAST PRESIDENT 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00	0. 0. 0. 0. 0. 0.		0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 0.

Forn	990-EZ (2011) WESTERN COALITION OF ARID STATES, INC. (WESTCAS) 52-177148	7	Page 3
Pa	<b>Other Information</b> (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V		
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33	Yes No X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	x
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a	x
Ł	If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 b	X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36	x
37 a t	Enter amount of political expenditures, direct or indirect, as described in the instructions  37a 0. Did the organization file Form 1120-POL for this year?		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	37 b	X
t	If /yes,' complete Schedule L, Part II and enter the total	38 a	X
39	Section 501(c)(7) organizations. Enter:		
	Initiation fees and capital contributions included on line 9		
	Gross receipts, included on line 9, for public use of club facilities		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ►; section 4912 ►; section 4955 ►;		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 Ь	
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed		
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e	X
42 a	The organization's books are in care of ► DAWN MOORE, CMP Located at ► 1810 WYNTHROP MANOR DR., SW MARIETTA GA ZIP + 4 ► 30064-		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes No X
	If 'Yes,' enter the name of the foreign country: ►		
C	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c	X
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> — Check here	Þ	· 🗌
44 a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44a	Yes No X
		44 b	. X
С	Did the organization receive any payments for indoor tanning services during the year?	44 c	X
	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d	
		45 a	X
b		45 b	X
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Form 990-EZ (2011)

Form <b>990-</b> I	EZ (2011) WESTERN COALITION	OF ARID STATES	, INC. (WESTCAS)	52-17	71487 Page 4
					Yes No
46 Did t	the organization engage, directly or indirective or indirective or indirective of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	tly, in political campaig	n activities on behalf of o	or in opposition to	<b>46</b> X
Part VI	Section 501(c)(3) organizations	s and section 4947	(a)(1) nonexempt c	haritable trusts or	IV. All section
	501(c)(3) organizations and sec	ction 4947(a)(1) no	nexempt charitable	trusts must answe	er questions
	47-49b and 52, and complete th	ne tables for lines !	50 and 51.	2 8 x -	
	Check if the organization used Schedul	e O to respond to any o	uestion in this Part VI		
					Yes No
47 Did t	the organization engage in lobbying activit plete Schedule C, Part II	ies or have a section 50	01(h) election in effect du	iring the tax year? If 'Y	es,' <b>47</b>
	e organization a school as described in se				
	the organization make any transfers to an				and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s
	es,' was the related organization a section				
50 Com	plete this table for the organization's five	nighest compensated er	mployees (other than offi	cers, directors, trustee	s and key
empl	loyees) who each received more than \$10	0,000 of compensation	1		one.'
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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e Tota	I number of other employees paid over \$1	00.000			
51 Com	I number of other employees paid over \$1 plete this table for the organization's five	highest compensated in	ndependent contractors w	ho each received more	e than \$100,000 of
51 Com	plete this table for the organization's five pensation from the organization. If there is	highest compensated ir s none, enter 'None.'			-
51 Com	plete this table for the organization's five	highest compensated ir s none, enter 'None.'	ndependent contractors w		e than \$100,000 of (c) Compensation
51 Com	plete this table for the organization's five pensation from the organization. If there is	highest compensated ir s none, enter 'None.'			-
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51 Com	plete this table for the organization's five pensation from the organization. If there is	highest compensated ir s none, enter 'None.'			-
51 Com	plete this table for the organization's five pensation from the organization. If there is	highest compensated ir s none, enter 'None.'			-
51 Com	plete this table for the organization's five pensation from the organization. If there is	highest compensated ir s none, enter 'None.'			-
51 Com	plete this table for the organization's five pensation from the organization. If there is	highest compensated ir s none, enter 'None.'			-
51 Com	plete this table for the organization's five pensation from the organization. If there is	highest compensated ir s none, enter 'None.'			-
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51 Com comp (a)	nplete this table for the organization's five pensation from the organization. If there is Name and address of each independent contractor paid	highest compensated in s none, enter 'None.' d more than \$100,000	(b) Type of (b) Type of (b) Type of (b) Type of (b) Type of (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	of service	(c) Compensation
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51 Com comp (a)	In number of other independent contractors the organization complete Schedule A? No itable trusts must attach a completed Sch is of perjury, I declare that I have examined this return and complete. Declaration of preparer (other than office Signature of officer Type or print name and title. Print/Type preparer's name KATHLEEN R. LANE	highest compensated in s none, enter 'None.' d more than \$100,000	(b) Type of (b) Type of (b) Type of (c) Type of (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	of service	(c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensa
51 Com comp (a)	And the organization of the organization. If there is Name and address of each independent contractor paid address of each independent contractor paid of the organization of the organization complete schedule A? Note itable trusts must attach a completed Sch itable trusts must attach a completed Sch is of perjury. I declare that I have examined this return and complete. Declaration of preparer (other than office Signature of officer Type or print name and title.  Print/Type preparer's name KATHLEEN R. LANE Firm's name KATHLEEN R. LANE Firm's address KATHLEEN R. LANE Firm's address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Address Ad	highest compensated in s none, enter 'None.' d more than \$100,000	(b) Type of (b) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Ty	of service 7(a)(1) nonexempt e best of my knowledge and be edge. Date Date Check if f self-employed ] Firm's EIN ► Phone no. 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51 Com comp (a)	In number of other independent contractors the organization of the organization. If there is Name and address of each independent contractor paid I number of other independent contractors the organization complete Schedule A? No itable trusts must attach a completed Sch ies of perjury, I declare that I have examined this return and complete. Declaration of preparer (other than office Signature of officer Type or print name and title. Print/Type preparer's name KATHLEEN R. LANE Firm's name ► KATHLEEN R. LANE Firm's address ► 7520 Montgomery	highest compensated in s none, enter 'None.' d more than \$100,000	(b) Type of (b) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Type of (c) Ty	of service 7(a)(1) nonexempt e best of my knowledge and be edge. Date Date Check if f self-employed ] Firm's EIN ► Phone no. (50)	(c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensa

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)	ko a la la la la la la la la la la la la l
ADMINISTRATIVE SERVICES	18,000.
ASSOCIATE FUND EXPENSE	3,885.
BANK/CREDIT CARD CHARGES	2,077.
CONFERENCE EXPENSE	28,879.
DUES AND SUBSCRIPTIONS	8,000.
INSURANCE	350.
MISCELLANEOUS	186.
COMMITTEE EXPENSE	175.
TRAVEL	610.
WEB HOSTING/MANAGEMENT	1,797.
OFFICE EXPENSE	39.
FEES	358.
Total	64,356.

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

	average hours per week devoted to position	compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	benefits, contributions to employee benefit plans, and deferred compensation	amount of other compen- sation
Business				
RANDY KIRKPATRICK	Title			
	DIRECTOR	л Т		8
ALBUQUERQUE NM 87110	a 2 2		1	а а ^н а
Foreign City	Hours/Week			
Foreign Count <u>ry</u>	0.00	0.	0.	0.
Business Person		1	1	
ALAN DYER	Title			> , •
	MBR AT LARGE	8 a ⁶		
Foroign City			4 ²³ 4	
Foreign City Foreign Country	Hours/Week	0		
Business Person	0.00	0.	0.	0.
PEGGY GLASS	Title			2 N N
	DIRECTOR			
TX	<u>BIRDOIOR</u>		a *	n 1 54
Foreign City	Hours/Week			
Foreign Country	0.00	0.	0.	0.
Business Person				12 TH
WAYNE OWEN	Title			
	DIRECTOR			
TX	2			
Foreign City	Hours/Week			2 a
Foreign Country	0.00	0.	0.	0.
	<b>T</b> :11-		a 61 51	
CHARLIE NYLANDER	Title			×
SANTA FE NE 87506	MBR AT LARGE			*
Foreign City	Hours/Week		· · · · · · · · · · · · · · · · · · ·	
Foreign Country		0	0	0

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# WESTERN COALITION OF ARID STATES, INC. (WESTCAS)

52-1771487

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Continued

### Form 990-EZ, Page 2, Part IV List of Officers, Directors, Trustees, & Key Employees Stmt

	average hours per week devoted to position	compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	benefits, contributions to employee benefit plans, and deferred compensation	amount of other compen- sation
Business       Person       X         MIKE       FLEURY         LAS       VEGAS       NV         Foreign City       Foreign Country         Business       Person       Jolene         JOLENE       MCCALEB,       ESQUIRE         Foreign City       Person       Jolene         Foreign City       Person       Jolene         Foreign City       Person       Jolene         Foreign Country       Person       Jolene         Foreign Country       Person       Jolene	Title <u>ASSOC DIRECTOR</u> Hours/Week <u>0.00</u> Title <u>ASSOC DIRECTOR</u> Hours/Week <u>0.00</u> Title Hours/Week	0. 0.	<u> </u>	0. 0.

	~		Short Form		OMB No. 1545-1150
Foi	m 9	90-EZ	Return of Organization Exempt From Income Tax		
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	n.	2012
			Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities.	and certain	
Dep	artmer	t of the Treasury	controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organiz gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this fo	ations with	Open to Public
-		evenue Service	The organization may have to use a copy of this return to satisfy state reporting requirements.		Inspection
A B			dar year, or tax year beginning , 2012, and ending		,
		ess change		D Employer	identification number
	Name	change WE	STERN COALITION OF ARID STATES, INC. (WESTCAS)	52-17	71487
	Initial	return		E Telephone	number
	Term	inated P.	0. BOX 77561	(770)	424-8111
		aca rotani	City or town, state or country, and ZIP + 4	F Group E	xemption
		cation pending WA	SHINGTON DC 20013-7561		····· ►
G		ounting Method:			organization is not
÷.					Schedule B
J		exempt status (che			Z, or 990-PF).
κ	Che	ck ► 🔄 if the c	rganization is not a section 509(a)(3) supporting organization or a section 527 organization	on and its g	ross receipts are
	norn	nally <b>not</b> more t	than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-no	ostcard) ma	ay be required (see
L			the organization chooses to file a return, be sure to file a complete return. Ind 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	1-1	
-	asse	ets (Part II, line	25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	otal ►S	158,110.
Pa	irt I	Revenue,	Expenses, and Changes in Net Assets or Fund Balances (see the instr	ructions -	for Part I)
		Check if the d	organization used Schedule O to respond to any question in this Part I		
	1	Contributions,	gifts, grants, and similar amounts received	1	
	2		ice revenue including government fees and contracts		29,183.
	3		lues and assessments		128,924.
	4		come	4	3.
	5 a	Gross amount	from sale of assets other than inventory 5a		<u> </u>
	t	Less: cost or	other basis and sales expenses 5 b		
	C	; Gain or (loss) fro	m sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and f	undraising events		
REVENU			from gaming (attach Schedule G if greater than \$15,000) 6 a		
E	Ł		from fundraising events (not including \$ of contributions		
		from fundraisi	ng events reported on line 1) (attach Schedule G if the sum		
E			income and contributions exceeds \$15,000) 6 b		
			xpenses from gaming and fundraising events		
	C	Net income or	(loss) from gaming and fundraising events (add lines 6a and ct line 6c)	C -1	
	7 a		f inventory, less returns and allowances 7 a	6d	
			goods sold		
			(loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8		(describe in Schedule O)		······································
	9	Total revenue	Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		158,110.
	10		nilar amounts paid (list in Schedule O)		
	11		to or for members		
E	12	Salaries, othe	r compensation, and employee benefits	12	
PE	13		ees and other payments to independent contractors		94,655.
шХРШХ <b>УШ</b> О	14		nt, utilities, and maintenance		54,055.
E	15	Printing, public	cations, postage, and shipping	15	8,032.
5	16	Other expense	es (describe in Schedule O)	enses 16	24,838.
	17	Total expense	s. Add lines 10 through 16	► 17	127,525.
۵	18	Excess or (def	icit) for the year (Subtract line 17 from line 9)	18	30,585.
A NSSE TTS	19	Net assets or	fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-yea	ar	
E T T		figure reported	l on prior year's return)	19	8,522.
S	20		in net assets or fund balances (explain in Schedule O)		
	21		fund balances at end of year. Combine lines 18 through 20	► 21	39,107.
BAY	FOI	Paperwork Re	duction Act Notice, see the separate instructions.		Form 990-EZ (2012)

Forn Par	n 990-EZ (2012) WESTERN COALIT 11 Balance Sheets. (see the in Check if the organization used Sch	structions for Part II.)			1771487	Page 2
	Check in the organization used Sch	equie O to respond to any que		A) Beginning of year	(B) End	
22	Cash, savings, and investments		~	8,522.		
23	Land and buildings				23	<u>39,107.</u>
24	Other assets (describe in Schedule O)			0.	23	0.
25	Total assets			0.		0.
26	Total liabilities (describe in Schedule O	)		8,522.		39,107.
27	Net assets or fund balances (line 27 of			0.	26	0.
	t III Statement of Program Service A			8,522.	27 Expens	39,107.
1 4	Check if the organization used So	bedule O to respond to any o	ustion in this Part III		Required for sec	
What	is the organization's primary exempt purpose? All				c)(3) and 501(c	)(4)
Desc	ribe the organization's program service	accomplishments for each of i	ts three largest program	services, as	organizations an	
mea	cribe the organization's program service a sured by expenses. In a clear and concis fited, and other relevant information for e	e manner, describe the servic	es provided, the number	of persons f	1947(a)(1) trusts or others.)	; optional
28		each program the.				
20						
	(Grants \$) If t	his amount includes foreign g	rants check here		28 a	
29		ins amount includes foreign g			20 a	
	(Grants \$) If t	his amount includes foreign g	rants check here		29 a	
30					2.5 0	
	(Grants \$) If t	his amount includes foreign g	rante chock horo		30 a	
31	Other program services (describe in Sch				50 a	#144
51		his amount includes foreign g			21 -	
32	Total program service expenses (add 1	nis amount includes loreign g			31 a 32	
Second second second						
Fai		Trustees, and Key Em	ployees. List each one eve	en if not compensated. (s	ee the instructions f	or Part IV )
	('book it the organization used Sc	bodulo O to reasond to any	upphing in this Daut IV			of that they
	Check if the organization used So		uestion in this Part IV	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Martin and a		(b) Average hours per	uestion in this Part IV	(d) Health benefits, contributions to employe	ee (e) Estimate	d amount of
	(a) Name and Title		(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	<u> </u>	ee (e) Estimate	d amount of
ED	(a) Name and Title	(b) Average hours per week devoted to	uestion in this Part IV	(d) Health benefits, contributions to employe benefit plans, and deferr	ee (e) Estimate	d amount of
	(a) Name and Title	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferr	ee (e) Estimate red other com	d amount of pensation
PRE	(a) Name and Title       CURLEY       SIDENT	(b) Average hours per week devoted to position	uestion in this Part IV	(d) Health benefits, contributions to employe benefit plans, and deferr	ee (e) Estimate	d amount of
PRE	(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferr	ee (e) Estimate red other com	d amount of pensation
<u>PRE</u> KEI VP	(a) Name and Title CURLEY SIDENT LY_COLLINS	(b) Average hours per week devoted to position 1.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0.	(d) Health benefits, contributions to employe benefit plans, and deferr	ee (e) Estimate other com	d amount of pensation
<u>PRE</u> KEI VP	(a) Name and Title CURLEY ILY_COLLINS VE_BIGLEY	(b) Average hours per week devoted to position 1.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0.	(d) Health benefits, contributions to employe benefit plans, and deferr	ee (e) Estimate other com	d amount of pensation 0.
PRE KEI VP STE SEC	(a) Name and Title CURLEY SIDENT ILY_COLLINS VE_BIGLEY Y	(b) Average hours per week devoted to position 1.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0.	(d) Health benefits, contributions to employe benefit plans, and deferr	ee (e) Estimate other com	d amount of pensation
PRE KEI VP STE SEC LAF	(a) Name and Title CURLEY ILY_COLLINS VE_BIGLEY	(b) Average hours per week devoted to position 1.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0.	(d) Health benefits, contributions to employe benefit plans, and deferr	ee (e) Estimate other com	d amount of pensation 0.
PRE KEI VP STE SEC LAF TRE	(a) Name and Title CURLEY SIDENT LY_COLLINS VE_BIGLEY XRY_LIBEU	(b) Average hours per week devoted to position 1.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0.	(d) Health benefits, contributions to employe benefit plans, and deferr	ee (e) Estimate other com	d amount of pensation 0.
PRE KEI VP STE SEC LAF TRE JEF	(a) Name and Title CURLEY SIDENT LY_COLLINS VE_BIGLEY RY_LIBEU ASURER REMY_MIKUS	(b) Average hours per week devoted to position 1.00 0.00 0.00 1.00	uestion in this Part IV         (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.	(d) Health benefits, contributions to employe benefit plans, and deferr compensation	ee character (e) Estimate other com	d amount of pensation 0. 0. 0. 0. 0. 0.
PRE KEI VP STE SEC LAF TRE JEF DIF	(a) Name and Title CURLEY SIDENT LY_COLLINS VE_BIGLEY RY_LIBEU CASURER	(b) Average hours per week devoted to position 1.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0.	(d) Health benefits, contributions to employe benefit plans, and deferr compensation	ee (e) Estimate other com	d amount of pensation 0.
PRE KEI VP STE SEC LAF TRE JEF DIF ROE	(a) Name and Title CURLEY SIDENT ULY COLLINS VE_BIGLEY RY RY_LIBEU CASURER REMY_MIKUS EECTOR BERT_HOLLANDER	(b) Average hours per week devoted to position 1.00 0.00 1.00 1.00 0.00	uestion in this Part IV         (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.	(d) Health benefits, contributions to employe benefit plans, and deferr compensation	ee         (e) Estimate other com           0.         .           0.         .           0.         .           0.         .           0.         .	d amount of pensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
PRE KEI VP STE SEC LAF TRE JEF DIF ROE PAS	(a) Name and Title CURLEY SIDENT ULY COLLINS VE_BIGLEY CY RRY_LIBEU CASURER REMY_MIKUS EECTOR EERT_HOLLANDER T_PRESIDENT	(b) Average hours per week devoted to position 1.00 0.00 0.00 1.00	uestion in this Part IV         (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.	(d) Health benefits, contributions to employe benefit plans, and deferr compensation	ee character (e) Estimate other com	d amount of pensation 0. 0. 0. 0. 0. 0.
PRE KEI VP STE SEC LAF TRE JEF DIF ROE PAS	(a) Name and Title CURLEY SIDENT ULY_COLLINS VE_BIGLEY VE_BIGLEY CASURER REMY_MIKUS ECTOR EECTOR EERT_HOLLANDER T_PRESIDENT CE_EYTEL	(b) Average hours per week devoted to position 1.00 0.00 1.00 1.00 0.00	uestion in this Part IV         (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.	(d) Health benefits, contributions to employe benefit plans, and defer compensation	ee         (e) Estimate other com           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.	d amount of pensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
PRE KEI VP STE SEC LAF TRE JEF DIF ROE PASE MIE	(a) Name and Title          CURLEY	(b) Average hours per week devoted to position 1.00 0.00 1.00 1.00 0.00	uestion in this Part IV         (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.	(d) Health benefits, contributions to employe benefit plans, and defer compensation	ee         (e) Estimate other com           0.         .           0.         .           0.         .           0.         .           0.         .	d amount of pensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
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PRE VP STE LAF JEF DIF PAS MIE DIF BRE	(a) Name and Title CURLEY	(b) Average hours per week devoted to position 1.00 0.00 1.00 0.00 0.00 0.00 0.00 0.00 0.00	uestion in this Part IV         (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.	(d) Health benefits, contributions to employe benefit plans, and defer compensation	ee         (e) Estimate other com           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.	d amount of pensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
PRE KEI VP STE LAF TRE JEF ROF PAS MIF DIF BRE DIF	(a) Name and Title CURLEY	(b) Average hours per week devoted to position 1.00 0.00 1.00 0.00 0.00 0.00 0.00	uestion in this Part IV         (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.	(d) Health benefits, contributions to employe benefit plans, and defer compensation	ee         (e) Estimate other com           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.	d amount of pensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
PRE KEI VP STE SEC LAF TRE JEF DIF ROE NAF DIF NAF DIF BRE DIF RAF	(a) Name and Title CURLEY	(b) Average hours per week devoted to position 1.00 0.00 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	uestion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) (If not paid, enter -0-) 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0	(d) Health benefits, contributions to employe benefit plans, and defer compensation	ee         (e) Estimate other com           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.	d amount of pensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
PRE KEI VP STE SEC LAF TRE JEF DIF ROE MIF DIF BRE DIF RAN DIF	(a) Name and Title          CURLEY         SIDENT         LLY_COLLINS         LY_EBIGLEY         SY         RRY_LIBEU         BASURER         SEMY_MIKUS         RET_HOLLANDER         ST PRESIDENT         GECTOR         SECTOR         NDA_POHLMANN         SECTOR         DY_KIRKPATRICK         SECTOR	(b) Average hours per week devoted to position 1.00 0.00 1.00 0.00 0.00 0.00 0.00 0.00 0.00	uestion in this Part IV         (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.	(d) Health benefits, contributions to employe benefit plans, and defer compensation	ee         (e) Estimate other com           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.	d amount of pensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
PREI VP STEC LAF TRE JEF DIF PAS MIF DIF BRE DIF RAN DIF RAN DIF ALA	(a) Name and Title          CURLEY         SIDENT         LY_COLLINS         LY_COLLINS         WE_BIGLEY         Y         RY_LIBEU         RY_MIKUS         EECTOR         BERT_HOLLANDER         T_PRESIDENT         CY_KELLER         SECTOR         NDA_POHLMANN         SECTOR         IDY_KIRKPATRICK         N_DYER	(b) Average hours per week devoted to position 1.00 0.00 1.00 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	uestion in this Part IV           (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.	(d) Health benefits, contributions to employe benefit plans, and defer compensation	ee         (e) Estimate other com           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.	d amount of pensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
PREI VP SEC LAF TRE JEF DIF PAS MIF DIF BRE ROF DIF BRE RAME DIF ALA MBE	(a) Name and Title          CURLEY         SIDENT         LY_COLLINS         UY_BIGLEY         YY         RY_LIBEU         RY_LIBEU         CASURER         REMY_MIKUS         EECTOR         BERT_HOLLANDER         T_PRESIDENT         CE_EYTEL         EECTOR         RECTOR         ECTOR         RECTOR         NDA_POHLMANN         ECTOR         DY_KIRKPATRICK         NDYER         AT_LARGE	(b) Average hours per week devoted to position 1.00 0.00 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	uestion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) (If not paid, enter -0-) 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0	(d) Health benefits, contributions to employe benefit plans, and defer compensation	ee         (e) Estimate other com           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.	d amount of pensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
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PREI VP STEC SEAF JEF JEF PAS MIF DIF BDIF RAME DIF ALAF DIF DIF DIF DIF DIF DIF DIF DIF DIF DI	(a) Name and Title          CURLEY         SIDENT         LY_COLLINS         UY_BIGLEY         YY         RY_LIBEU         CASURER         REMY_MIKUS         EECTOR         BERT_HOLLANDER         T_PRESIDENT         CE_EYTEL         RECTOR         ROA_POHLMANN         EECTOR         DY_KIRKPATRICK         NDA_POHLMANS         ECTOR         DY_KIRKPATRICK         N DYER         AT_LARGE         GY_GLASS         ECTOR	(b) Average hours per week devoted to position 1.00 0.00 1.00 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	uestion in this Part IV           (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.	(d) Health benefits, contributions to employe benefit plans, and defer compensation	ee         (e) Estimate other com           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.	d amount of pensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
PREI VP STEC SEAF JEFF DIFF PASS MIFF DIFF DIFF DIFF DIFF DIFF DIFF DIFF	(a) Name and Title          CURLEY         SIDENT         LY_COLLINS         UY_BIGLEY         Y         RRY_LIBEU         CASURER         RAY_MIKUS         EECTOR         EERT_HOLLANDER         T_PRESIDENT         CY_KELLER         EECTOR         ECTOR         ECTOR         ECTOR         ECTOR         ECTOR         ECTOR         ECTOR         ECTOR         NDA_POHLMANN         ECTOR         IDY_KIRKPATRICK         ECTOR         N DYER         AT LARGE         GY_GLASS         ECTOR         NE_OWEN	(b) Average hours per week devoted to position 1.00 0.00 1.00 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	uestion in this Part IV           (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.	(d) Health benefits, contributions to employe benefit plans, and defer compensation	ee         (e) Estimate other com           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.	d amount of pensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
PREI VP STEC SEAF JEFF BASS DIAF PASS DIAF PASS DIAF PASS DIAF DIAF DIAF DIAF DIAF DIAF DIAF DIAF	(a) Name and Title          CURLEY         SIDENT         LY_COLLINS         UY_BIGLEY         YY         RY_LIBEU         CASURER         REMY_MIKUS         EECTOR         BERT_HOLLANDER         T_PRESIDENT         CE_EYTEL         RECTOR         ROA_POHLMANN         EECTOR         DY_KIRKPATRICK         NDA_POHLMANS         ECTOR         DY_KIRKPATRICK         N DYER         AT_LARGE         GY_GLASS         ECTOR	(b) Average hours per week devoted to position 1.00 0.00 1.00 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	uestion in this Part IV           (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.	(d) Health benefits, contributions to employe benefit plans, and defer compensation	ee         (e) Estimate other com           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.	d amount of pensation

Form 990-EZ (2012)

Form 990-EZ (2012) WESTERN COALITION OF ARID STATES, INC. (WESTCAS)	52-177148	17	Pa	age <b>3</b>
Part V Other Information (Note the Schedule A and personal benefit contract statement require the instructions for Part V) Check if the organization used Schedule O to respond to any que	rements in			П
33 Did the organization engage in any activity not previously reported to the IPS2 If Vac			Yes	No
provide a detailed description of each activity in Schedule O		33		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the am a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	ended documents if they reflect	34		
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year fro	om business activities	34		X
(such as those reported on lines 2, 6a, and 7a, among others)?		35 a	~	X
<b>b</b> If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an expl <b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section	anation in Schedule O	.35 b		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	·····	35 c		Х
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		36		v
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions > 37 a	7a 0.			X
b Did the organization file Form 1120-POL for this year?		37 b		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key emp any such loans made in a prior year and still outstanding at the end of the tax year covered by the	oloyee or were	38 a		X
b If 'Yes,' complete Schedule L, Part II and enter the total				A
<b>39</b> Section 501(c)(7) organizations. Enter:	8b			
	9 a			
	9 b			
<b>40</b> a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year section 4911 ► : section 4912 ► : section 4912 ►				
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4558	avcass hanafit			
transaction during the year or did it engage in an excess benefit transaction in a prior year that h	has not been reported			
on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part Ic Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization		40 b	No. State	10. AP
managers or disqualified persons during the year under sections 4912, 4955, and 4958	►			
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	•			
e All organizations. At any time during the tax year, was the organization a party to a prohibited ta shelter transaction? If 'Yes,' complete Form 8886-T	x			X
41 List the states with which a copy of this return is filed ►	********	40 e		
42 a The organization's				
books are in care of DAWN MOORE, CMP	Telephone no. ► (505)	770-	-424	8
Located at < 1810 WYNTHROP MANOR DR., SW MARIETTA	GA ZIP + 4 ► 30064	-2831		
b At any time during the calendar year, did the organization have an interest in or a signature or o financial account in a foreign country (such as a bank account, securities account, or other finan	ther authority over a	r	Yes	No
If 'Yes,' enter the name of the foreign country: >		42 b	E det	<u>X</u>
See the instructions for executions and filling requirements for Form TD F 00, 20,1, D				
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financia c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	al Accounts.	42 c		X
If 'Yes,' enter the name of the foreign country:				
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check	here	•	-	
and enter the amount of tax-exempt interest received or accrued during the tax year				
		Malacia de la	Yes	No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must of Form 990-EZ	be completed instead	44 a		Х
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 m	ust be completed			
c Did the organization receive any payments for indoor tanning services during the year?		44b 44c		X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?				Λ
If 'No,' provide an explanation in Schedule O		44 d		
45 a Did the organization nave a controlled entity of the organization within the meaning of section 51. b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of		45 a	L	X
Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		45 b		X
TEEA0812 103/14/13	Fo	rm 990-	EZ (2	012)

Form 99	90-EZ (2012) WESTERN COALITION	OF ARID STATES	, INC. (WESTCAS)	52-17	71487 Page <b>4</b>
	id the organization engage, directly or indirec andidates for public office? If 'Yes,' complete				Yes No
Part \		s only			
	Check if the organization used Schedul	e O to respond to any q	uestion in this Part VI .		······
CC	id the organization engage in lobbying activit				47
	the organization a school as described in se		2		
	id the organization make any transfers to an 'Yes,' was the related organization a section		-		
50 C	omplete this table for the organization's five mployees) who each received more than \$10	highest compensated er	nployees (other than off	icers, directors, trustee	s and key
	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
			· · · · · · · · · · · · · · · · · · ·	5	
		_			
		_	ä		5
		-	×		
			s		
<u>с</u> т.	otal number of other employees paid over \$1	00.000 ►			
51 C	omplete this table for the organization's five	highest compensated in	dependent contractors v	vho each received more	e than \$100,000 of
51 Co		highest compensated in s none, enter 'None.'	2	who each received more	e than \$100,000 of
51 Co	omplete this table for the organization's five ompensation from the organization. If there is	highest compensated in s none, enter 'None.'	2		
51 Co	omplete this table for the organization's five ompensation from the organization. If there is	highest compensated in s none, enter 'None.'	2		
51 Co	omplete this table for the organization's five ompensation from the organization. If there is	highest compensated in s none, enter 'None.'	2		
51 Co	omplete this table for the organization's five ompensation from the organization. If there is	highest compensated in s none, enter 'None.'	2		
51 Co	omplete this table for the organization's five ompensation from the organization. If there is	highest compensated in s none, enter 'None.'	2		
51 Cd cc 	omplete this table for the organization's five ompensation from the organization. If there is (a) Name and address of each independent contractor paid	highest compensated in s none, enter 'None.' d more than \$100,000	(b) Type	of service	
51 C. cc	omplete this table for the organization's five ompensation from the organization. If there is	highest compensated in s none, enter 'None.' d more than \$100,000	(b) Type 00,000 ) organizations and 494	of service	
51 Cc cc 	omplete this table for the organization's five ompensation from the organization. If there is (a) Name and address of each independent contractor paid of a state of each independent contractor paid of a state of each independent contractors id the organization complete Schedule A? No	highest compensated in s none, enter 'None.' d more than \$100,000	(b) Type 00,000	of service	(c) Compensation
51 Cc cc 	omplete this table for the organization's five ompensation from the organization. If there is (a) Name and address of each independent contractor paid of the organization complete Schedule A? Not haritable trusts must attach a completed Sch nalties of perjury. I declare that I have examined this return ect, and complete. Declaration of preparer (other than offic	highest compensated in s none, enter 'None.' d more than \$100,000	(b) Type 00,000	of service	(c) Compensation
51 Cc cc 	omplete this table for the organization's five ompensation from the organization. If there is (a) Name and address of each independent contractor paid of the organization complete Schedule A? No haritable trusts must attach a completed Sch nalties of periury. I declare that I have examined this return	highest compensated in s none, enter 'None.' d more than \$100,000	(b) Type 00,000	of service	(c) Compensation
51 C. cc 	omplete this table for the organization's five ompensation from the organization. If there is (a) Name and address of each independent contractor paid of the organization complete schedule A? No haritable trusts must attach a completed Sch nalties of perjury. I declare that I have examined this return ect, and complete. Declaration of preparer (other than office Signature of officer	highest compensated in s none, enter 'None.' d more than \$100,000	(b) Type (b) Type	of service	(c) Compensation
51 C. cc 	omplete this table for the organization's five ompensation from the organization. If there is (a) Name and address of each independent contractor paid of the organization complete schedule A? No haritable trusts must attach a completed Sch malties of perjury, I declare that I have examined this return ect, and complete. Declaration of preparer (other than office Signature of officer Type or print name and title?	highest compensated in s none, enter 'None.' d more than \$100,000 	(b) Type (b) Type (b) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c) Type (c)	of service	(c) Compensation
51 C. cc 	omplete this table for the organization's five ompensation from the organization. If there is (a) Name and address of each independent contractor paid (b) Name and address of each independent contractor paid (c) Name and address of each independent contractor paid (c) Name and address of each independent contractor paid (c) Name and address of each independent contractors (c) Name and address of each independent contractors (c) Name and the organization complete Schedule A? No haritable trusts must attach a completed Sch natives of perjury. I declare that I have examined this return ect, and complete. Declaration of preparer (other than offic Signature of officer Type or print name and title? Print/Type preparer's name KATHLEEN R. LANE (c) Firm's name ► KATHLEEN R. LANE	highest compensated in s none, enter 'None.' d more than \$100,000 	(b) Type	of service	(c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) C
51 C. cc 	omplete this table for the organization's five ompensation from the organization. If there is (a) Name and address of each independent contractor paid (b) Name and address of each independent contractor paid (c) Name and address of each independent contractor paid (c) Name and address of each independent contractor paid (c) Name and address of each independent contractors (c) Name and address of each independent contractors (c) Name and the organization complete Schedule A? No haritable trusts must attach a completed Sch natives of perjury. I declare that I have examined this return ect, and complete. Declaration of preparer (other than offic Signature of officer Type or print name and title? Print/Type preparer's name KATHLEEN R. LANE (c) Firm's name ► KATHLEEN R. LANE	highest compensated in s none, enter 'None.' d more than \$100,000 	(b) Type	of service	(c) Compensation

Form	990-EZ	(2012)

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Part I, Line 16 Other Expenses

Other	expenses	(describe	in	Schedule	0	)
Othor	010011000	(acourbo		oundand	~,	· ·

FEES	734.
BANK/CREDIT CARD CHARGES	2,707.
CONFERENCE EXPENSE	19,533.
WEB HOSTING	1,514.
INSURANCE	350.

### Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

( <b>a)</b> Name and title	<b>(b)</b> Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC)	be con to e	(d) Health Enefits, tributions mployee efit plans,	(e) Estimated amount of other compen- sation
	n N	(if not paid, enter -0-)	and	deferred pensation	
Business				9	
CHARLIE NYLANDER	0				
Title MBR AT LARGE	0.00	0.		0.	0.
Business Person X					č.
MIKE FLEURY	0.00	0.		0.	0.
Business Person	0.00	0.		0.	
JOLENE MCCALEB, ESQUIRE Title ASSOC DIRECTOR	0.00	0.		0.	0.
Business Person	0.00	0.			<u>.</u>
JOLENE_WALSH					
Title DIRECTOR	0.00	0.		0.	0.

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