#### COMMITTEE ON NATURAL RESOURCES

#### **Disclosure Form**

# As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

#### Before the Natural Resources Subcommittee on Water and Power

"Creating Abundant Water and Power Supplies and Job Growth by Restoring Common Sense to Federal Regulations"

# **April 5, 2011**

For Individuals:	
1. Name:	Wade Noble
2. Address:	1405 W. 16 <sup>th</sup> Street Suite A Yuma, AZ 85364
3. Email Address:	[Information redacted for privacy]
4. Phone Number:	928-343-9447
	* * * *

For Witnesses Representing Organizations:

- 1. Name: Wade Noble
- 2. Name of Organization(s) You are Representing at the Hearing: National Water Resources Association (NWRA)
- 3. Business Address: 1405 W. 16<sup>th</sup> Street, Ste. A, Yuma, AZ 85364
- 4. Business Email Address: [Information redacted for privacy]
- 5. Business Phone Number: (928) 343-9447

Name/Organization: National Water Resources Association

Title/Date of Hearing: "Creating Abundant Water and Power Supplies and Job Growth by Restoring Common Sense to Federal Regulations" - April 5, 2011

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.

None

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.

None

- 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.
- 1. President National Water Resources Association
- 2. General Counsel for Wellton-Mohawk Irrigation and Drainage District, Yuma Irrigation District, North Gila Valley Irrigation and Drainage District and Unit "B" Irrigation District. All of the irrigation districts are located in the USBR Gila Project, Arizona.
- 3. Gila Gravity Canal Administrative Board alternate member. The Administrative Board is the operating and maintenance entity for the Gila Gravity Main Canal of the Gila Project, Arizona.
- 4. Water Resources Development Commission for Arizona. A statewide commission to study water resources in Arizona and forecast use for the next 100 years.
- 5. Steering Committee member for the Lower Colorado Multi-Species Conservation Program. Mr. Noble represents the City of Yuma, North Gila Valley Irrigation and Drainage District, Unit "B" Irrigation and Drainage District, Wellton-Mohawk Irrigation and Drainage District, Yuma Irrigation District and Yuma Mesa Irrigation and Drainage District and alternately Yuma County Water Users' Association on the Steering Committee.
- 6. Yuma Area Water Resources Management Group member.
- 7. Imperial Dam Advisory Board alternate member.
- 8. International Boundary and Water Commission Colorado River Citizens' Forum member.
- 9. Agri-Business Council of Arizona Executive Committee member and Chairman of the Agri-Business Council Legislative Committee.
- 10. Governor's Colorado River Advisory Council member.

- 11. Arizona Department of Water Resources Statewide Water Advisory Group member
- 12. Vice Chairman of the Resolutions Committee of the Colorado River Water Users' Association.
- 13. Family Farm Alliance Advisory Committee member.

#### Past Service as:

- 1. Arizona Colorado River Management Work Group member.
- 2. Governor's Clean Colorado River Alliance member.
- d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior (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. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

None

Name/Organization: National Water Resources Association

Title/Date of Hearing: "Creating Abundant Water and Power Supplies and Job Growth by Restoring Common Sense to Federal Regulations" - April 5, 2011

# <u>In addition, for witnesses representing organizations:</u>

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

President 2011-2012

h. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior (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

i. 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

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

None

k. 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)).

# , Form 990

**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)

OMB No 1545 0047 2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

		For th	ne 2009 calend	dar year, o	or tax year beginn	ning		,	2009,	, and er	nding				,	
			if applicable		C Name of organiza				·				D Employ	er Identi	fication Number	
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	May	tne II	KS aiscuss thi	s return w	ith the preparer s	nown above? (s	ee ins									

BAA For Privacy Act and Paperwork Reduction Act Notice, see the sen

	1 990 (2009) NATIONAL WATER RESOURCES ASSOC.	23-011006	Page 2
Pai	t III ' Statement of Program Service Accomplishments		<del></del>
1	Briefly describe the organization's mission.		
	WATER RESOURCE MANAGEMENT		_
2	Did the organization undertake any significant program services during the year which were not listed on the	e prior	. $\square$
	Form 990 or 990-EZ?		Yes X No
	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 service	es?	Yes X No
	If 'Yes,' describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by	expenses Sec	tion 501(c)(3)
·	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and all expenses, and revenue, if any, for each program service reported	locations to other	ers, the total
	oxposisos, and revenue, if any, for each program service reported		
4 8	a (Code) (Expenses \$193,952. including grants of \$) (Re	evenue \$	373,502.)
	PUBLICATIONS, CONFERENCES, SEMINARS, MEETINGS, PUBLIC AND		
	LEGISLATIVE AWARENESS RELATED TO WATER RESOURCE	<del>-</del>	
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4	(Code) (Expenses \$ including grants of \$) (Ri	evenue \$	)
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	·		
Δ,	Other program services (Describe in Schedule O )	<del></del>	
71	· · · · · · · · · · · · · · · · · · ·		`
46	e Total program service expenses ► 193, 952.		

			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	i	х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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>x</u> _
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; 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		х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or $X$ as applicable	11	Х	Ĺ
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	٤, ١		
•	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			
•	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			×
	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			
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	,,		
	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? If 'Yes,' complete Schedule D, Part X			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		х
12	A Was the organization included in consolidated, independent audited financial statement for the tax  year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional  12 A X	,		
13	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	ļ	х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		х
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, Part II	15		х
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, Part III	16		х
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		<u>x</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		Х

	Total Control of the dation of			
			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		х
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		х
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? <i>If 'Yes,' complete Schedule J</i>	23	х	
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and 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		<b>X</b> _
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		-
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a 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		х
ı	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		X
26	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 contributor, or a grant selection comittee 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 transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
ä	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	·	X
ı	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
•	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line $2$	35		х
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 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		х
BAA		Form	990 (	2009

	Total Control August and Control and Contr									
_			Yes	No						
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable  1 a 0									
t	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 reportable gaming (gambling) winnings to prize winners?	1 c		_ X						
2 8	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									
2Ł	olf at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u>.</u> .							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)									
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		х						
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O										
48	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		х						
t	If 'Yes,' enter the name of the foreign country'									
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts									
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х						
t	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
(	lf 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c								
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		х						
t	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
ā	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services									
	provided to the payor?	7 a		Х						
	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b								
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		х						
	If 'Yes,' indicate the number of Forms 8282 filed during the year  7d			<b></b>						
•	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		х						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х						
ç	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g								
ł	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	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									
9	holdings at any time during the year?  Sponsoring organizations maintaining dense eduled funds	8		<u> </u>						
	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a								
	Did the organization make any taxable distributions under section 4906?  Did the organization make any distribution to a donor, donor advisor, or related person?	9b								
	Section 501(c)(7) organizations. Enter	30		l						
	Initiation fees and capital contributions included on Part VIII, line 12									
	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter									
	Gross income from other members or shareholders									
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )									
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	of Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b									

BAA

Form 990 (2009)

1 a Enter the number of voting members of the governing body

**Governing Body and Management** 

Section A.

1a 8

No

Yes

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

ŧ	Enter the number of voting members that are independent	1b 0	]		j						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation business relationship or a business relation business	ationship with any other	2		X						
3	Did the organization delegate control over management duties customarily performed by or un of officers, directors or trustees, or key employees to a management company or other person	der the direct supervision	3		<u> </u>						
4	Did the organization make any significant changes to its organizational documents		4		_X						
	since the prior Form 990 was filed?										
5	Did the organization become aware during the year of a material diversion of the organization'	s assets?	5		X						
6	Does the organization have members or stockholders?		6		<u>X</u>						
7 a	a Does the organization have members, stockholders, or other persons who may elect one or migoverning body?	ore members of the	7a		х						
ŧ	<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or oth	er persons?	7b		<u>X</u>						
8	Did the organization contemporaneously document the meetings held or written actions under the following	aken during the year by			1						
á	The governing body?										
ŀ	b Each committee with authority to act on behalf of the governing body?		8b	Х							
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who can organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	not be reached at the	9		х						
Sec	ction B. Policies (This Section B requests information about policies not	required by the Interna	1								
Reve	enue Code )										
			$\Box$	Yes	No						
10 a	a Does the organization have local chapters, branches, or affiliates?		10a	X							
ı	b If 'Yes,' does the organization have written policies and procedures governing the activities of and branches to ensure their operations are consistent with those of the organization?	such chapters, affiliates,	10Ь	Х							
11	Has the organization provided a copy of this Form 990 to all members of its governing body be	efore filing the form?	11	Х							
11/	A Describe in Schedule O the process, if any, used by the organization to review this Form 990		~ ~;	,							
12 8	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13		12a		<u>X</u>						
ı	Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?	nat could give rise	12b								
•	c Does the organization regularly and consistently monitor and enforce compliance with the poli- Schedule O how this is done	cy? If 'Yes,' describe in	12c								
13	Does the organization have a written whistleblower policy?		13		<u>X</u>						
14	Does 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 a persons, comparability data, and contemporaneous substantiation of the deliberation and deci	pproval by independent sion?	,								
á	a The organization's CEO, Executive Director, or top management official		15a		<u> </u>						
ŀ	b Other officers of key employees of the organization		15b		<u>X</u>						
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)				;						
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar a entity during the year?	irrangement with a taxable	16a	- \	X						
ı	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to in joint venture arrangements under applicable federal tax law, and taken steps to safeguard t	o evaluate its participation he organization's exempt									
-	status with respect to such arrangements?		16b								
	ction C. Disclosures	***************************************									
	List the states with which a copy of this Form 990 is required to be filed Virginia										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an inspection Indicate how you make these available. Check all that apply  Own website	d 990-T (501(c)(3)s only) ava	ıılable	for pu	blic						
19	Describe in Schedule O whether (and if so, how) the organization makes its governing docume statements available to the public	ents, conflict of interest policy	, and f	financ	ıal						
20	State the name, physical address, and telephone number of the person who possesses the bo	•	zation 03)_5		3828						

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Form 990 (2009)

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

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

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

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

Check this box if the organization did not	t compens	ate an	у сі	ırrer	nt of	ficer, e	direc	ctor, or trustee		
(A)	(B)			((	c)			(D)	(E)	(F)
Name and Title	Average hours							Reportable	Reportable	Estimated
	per week	adividi el frustee or director	mshluhonel trustee	Offi-ei	Key employee	High est confirmated employee	Forner	Reportable compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
THOMAS F DONNELLY									*	
SECRETARY	40.00	х						157,608.	0.	0.
				<u> </u>						
					!					
						_				
		-								
							-			

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Part VII   Section A. Officers, Directors, Trus	tees, K	(ey	Em	plo	oye	es,	and	d Highest Con	pensated Emp	loyees (cont.)
(A)	(B)			(0	c)			(D)	(E)	<b>(F)</b>
Name and Title	Average hours per week	L	$\overline{}$	_	_	_		Reportable compensation from	Reportable compensation from	Estimated amount of other compensation
	per week	divide	Institutional trustee	Officer	y em	Highest compensated employee	Former	the organization (W 2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization
		lai tru	onal t		employee	comp				and related organizations
		trustee	ruste		in i	bensa				
			e			ted				
			-		<del>                                     </del>					<del></del>
					<u></u>					
	-									
					<u> </u>					
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					L					_
	_									
	<del></del>	-		-						
	-									
	-									
	<u> </u>									
	1								i	
					-					
					<del> </del>	-	-			
	-									
				<u> </u>			<u> </u>	455 400		
2 Total number of individuals (including but not limited	to these	o liei	lod i	abo	(O) 1	ubo.	<u> </u>	157,608.	0.	0.
2 Total number of individuals (including but not limited from the organization 1	to those	e iisi	tea i	abov	ve) v	VIIQ	rece	eived more than \$	100,000 in reportable	e compensation
										Yes No
3 Did the organization list any former officer, director	or truste	e, k	еу е	mpl	oye	e, or	r higi	hest compensated	l employee	
on line 1a <sup>5</sup> If 'Yes,' compléte Schedule J for such in. <b>4</b> For any individual listed on line 1a, is the sum of rec		com	nen	satio	on a	nd c	athei	r compensation fro	om	3 X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th individual	an \$150	0,000	7 11	'Ye	s' c	этр	lete	Schedule J for su	ch	4 X
5 Did any person listed on line 1a receive or accrue co	mnence	ation	fror	m ar	21/ 11	nrol:	atad	organization for s	ervices	7 1
rendered to the organization? If 'Yes,' complete School	edule J	for s	uch	per	son					5 X
Section B. Independent Contractors  1 Complete this table for your five highest compensate	d indon	ond.	nt c	onti	racto	orc t	hat	recoved more tha	n \$100 000 of	
compensation from the organization		Cride		.0110	racio	,,,,	inat	received more tha		
(A) Name and business addres	_							(B	) of Samusas	(C)
rvaine and business addres	<u> </u>		-					Description	O Selvices	Compensation
2 Total number of independent contractors (including b	out not li	mite	d to	tho	se I	ste	d ab	ove) who received	more than	
\$100,000 in compensation from the organization										

		n Statement of Ne		<del></del>			<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 .	1 a	Federated campaigns		1 a			:			
AN		Membership dues	j	1 b	275,341	<u> </u>				
2 §		Fundraising events	Ī	1 c	•					
R A		Related organizations	Ī	1 d						
S.G		Government grants (contribution	ons)	1 e						
S S			- 1							
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	'	All other contributions, gifts, g similar amounts not included a	sbove	1 f			•			
E S	g	Noncash contribns included in	Ins 1a-1f	\$						
$\overline{}$	h	Total. Add lines 1a-1f				•	275,341.			
Ä					Business Code					
EVE		SEMINARS			541700		158,578.	158,578.	0.	0.
iii		CONFERENCE			541700		214,925.	214,925.	0.	0.
2		MISC. & REIMB.			541700		935.	935.	0.	0.
PROGRAM SERVICE REVENUE		SALE OF DIRECTO			541700		1,720.	1,720.	0.	0.
RAR		INTERN_SCHOLARS			541700		9,321.	9,321.	0.	0.
ő		All other program servic	e revenue	:			40.	40.	0.	0.
<u>-</u>		Total. Add lines 2a-2f				•	385,519.	`		
	3	Investment income (inclination other similar amounts)	uding divi	dends	, interest and	•	2,015.	2,015.	0.	0.
	4	Income from investment	of tax-ex	empt	bond proceeds	•		2,013.	•	
	5	Royalties		<b>,-</b> .	20a p. 000000	•		<del></del>		
- 1		[	(i) Re	al	(II) Personal		` `	3 7 77		
1	6a	Gross Rents							**	,
	b	Less rental expenses						*	;	,
	С	Rental income or (loss)					. *	,	* <b>\$</b> *	
	d	Net rental income or (los	ss)			•				
	7a	Gross amount from sales of assets other than inventory	(ı) Secu	rities	(II) Other	-	,		1,7 4	, ;
	b	Less cost or other basis and sales expenses					,	, , & «	4 * ,	
	С	Gain or (loss)								,
		Net gain or (loss)			·····	•	tane termina an armanism afan			
NUE	8a	Gross income from fund (not including \$	raising ev	ents			4-0			`
VEN		of contributions reported	on line 1	c)				, v	,	
OTHER REVE		See Part IV, line 18		•	$_{a} $		, , ,	,	·	,
王	Ь	Less direct expenses			ь		. *	*		
0	С	Net income or (loss) from	m fundrais	sing e	vents	•			a part _ table	
	9a	Gross income from gam See Part IV, line 19	ing activit		a				w / \ #	3
	b	Less direct expenses			b			<u>.</u>	*	
	С	Net income or (loss) from	m gaming	activ	ties	•				
	10a	Gross sales of inventory and allowances	, less retu	irns	a		, *	,		
	b	Less cost of goods sold			ь					
	С	Net income or (loss) from	n sales of	<u>inve</u> i	ntory	•				
		Miscellaneous Reveni	ue		Business Code					
	11 a		<del>-</del>							
	b					_				
	С					_				
ļ		All other revenue		Ī	<u> </u>	$\perp$				
		Total. Add lines 11a-11d						885		
	12	Total revenue. See instri	uctions			•	662,875.	387,534.	0.	0.

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).

Do i	All other organizations must com	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	7b, 8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21			· ·	1
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				t
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16			,	
4	Benefits paid to or for members			,	
5	Compensation of current officers, directors, trustees, and key employees	157,608.	133,967.	23,641.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	110,512.	110,512.	0.	0.
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	24,000.	20,400.	3,600.	0.
10	Payroll taxes	16,410.	14,888.	1,522.	0.
11	Fees for services (non-employees)				
ā	a Management				
t	<b>L</b> egal				
•	Accounting	2,575.	2,189.	386.	0.
•	Lobbying				
•	Prof fundraising svcs See Part IV, In 17				
1	Investment management fees				
ç	g Other				
12	Advertising and promotion				
13	Office expenses	3,449.	2,932.	517.	0.
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				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,129.	5,608.	521.	0.
23	Insurance	7,363.	6,258.	1,105.	0.
24	covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25				
	below)		<u> </u>	36/- 多強災。	/ 1/8/14 V
	TEL/CELL/FAX/INTERNET	7,363.	6,259.	1,104.	0.
	DIRECTORIES	3,423.	3,423.	0.	0.
	EQUIP LEASE	9,850.	9,013.	837.	0.
	I POSTAGE	96.	82.	14.	0.
	BANK CHARGES	35.	30.	5.	0.
	All other expenses	265,033.	261,112.	3,921.	0.
25		613,846.	576,673.	37,173.	0.
26	Joint costs. Check here ►				
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Pa	<u>irt X</u>	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			318,704.	2	309,091.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors and highest compensated employees. Complete Part I	s, trust I of Sc	ees, key employees, hedule L		5	
	6	Receivables from other disqualified persons (as define	d unde	er section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B) Comp	lete P	art II of Schedule L		6	
Š	7	Notes and loans receivable, net		7			
A S S E T S	8	Inventories for sale or use				8	
s	9	Prepaid expenses and deferred charges			9		
	10 a	Land, buildings, and equipment cost or other basis	10 a	289,000.			
		Complete Part VI of Schedule D					
	j b	Less accumulated depreciation	10 ь	178,217.	126,749.	10 c	110,783
	11	Investments - publicly-traded securities			212,657.	11	213,798
	12	Investments - other securities See Part IV, line 11				12	
	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)		658,110.	16	633,672
	17	Accounts payable and accrued expenses	•	-		17	
	18	Grants payable			18		
	19	Deferred revenue			19		
Ļ	20	Tax-exempt bond liabilities				20	
B	21	Escrow or custodial account liability Complete Part IV		21			
I L I T I E S	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified personal compensations.	tees, l	key employees, Complete Part II			
į		of Schedule L				22	
S	23	Secured mortgages and notes payable to unrelated this	rd par	ties		23	
	24	Unsecured notes and loans payable to unrelated third	parties	5		24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
N E T		Organizations that follow SFAS 117, check here ▶	a	nd complete lines	`,		
		27 through 29 and lines 33 and 34.					- w a
Ş	27	Unrestricted net assets				27	
Ĕ	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
R		Organizations that do not follow SFAS 117, check her	re ►	X and complete			
FUZD		lines 30 through 34.	_			Commence of the same of the sa	
Ŋ	30	Capital stock or trust principal, or current funds			30		
B	31	Paid-in or capital surplus, or land, building, and equipro	und		31		
BALANCES	32	Retained earnings, endowment, accumulated income,	or oth	er funds	658,110.	32	633,672.
Č	33	Total net assets or fund balances			658,110.	33	633,672.
Š	34	Total liabilities and net assets/fund balances			658,110.	34	633,672.

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633, 672. Form **990** (2009)

rait At   Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 X Cash Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		-	
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 the 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 Schedule O			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate 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 Single Audit Act and OMB Circular A-133?	3a		х
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	it 3b		

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Form **990** (2009)

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

# **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions 2009

Open to Public Inspection
Employer Identification number

NAT	IONAL WATER RESOURCES ASSOC.		53-0	0116060	
Par		Advised Funds or Other Similar Fun	ds or Accounts	Complete	ıf
	the organization answered 'Yes' to	o Form 990, Part IV, line 6.			
		(a) Donor advised funds	(b) Funds a	and other accor	unts
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 funds are the organization's property, subject to	or advisors in writing that the assets held in don to the organization's exclusive legal control?	nor advised	Yes	☐ No
6	Did the organization inform all grantees, donorsused only for charitable purposes and not for the purpose conferring impermissible private benefits the conferring the	ne benefit of the donor or donor advisor or for a	s may be ny other	Yes	No
Par	t II Conservation Easements Comple	ete if the organization answered 'Yes'	to Form 990, Pa	art IV, line 7	7.
1	Purpose(s) of conservation easements held by	the organization (check all that apply)			
	Preservation of land for public use (e g , re	creation or pleasure) Preservation of	of an historically imp	portant land are	ea
	Protection of natural habitat	Preservation o	of certified historic s	structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organizatio last day of the tax year	n held a qualified conservation contribution in the	he form of a conser	vation easemei	nt on the
				at the End of t	the Year
	Total number of conservation easements		2a		
	Total acreage restricted by conservation easen		_2b		
	Number of conservation easements on a certifi		2c		
	Number of conservation easements included in	• • •	2d		
3	Number of conservation easements modified, to	ransferred, released, extinguished, or terminate	d by the organization	on during the ta	ìХ
4	Number of states where property subject to cor	servation easement is located ►	_		
5	Does the organization have a written policy reg and enforcement of the conservation easement	arding the periodic monitoring, inspection, hand it holds?	dling of violations,	Yes	No
6	Staff and volunteer hours devoted to monitoring during the year ▶				_
7	Amount of expenses incurred in monitoring, ins during the year ►	specting, and enforcing conservation easements	\$		_
8	Does each conservation easement reported on $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	line 2(d) above satisfy the requirements of sect	tion	Yes	☐ No
9	In Part XIV, describe how the organization repo include, if applicable, the text of the footnote to conservation easements	the organization's financial statements that de	scribes the organiza	ation's accounti	sheet, and ing for
Par	Till Organizations Maintaining Colle Complete if the organization answers	ctions of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line	r Other Similar <i>i</i> 8.	Assets	
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial statement	c exhibition, education, or research in furtheran	nt and balance shee ce of public service	et works of art, , provide, in Pa	historical art XIV,
b	If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items	c exhibition, education, or research in furtheran	nd balance sheet wo ce of public service	orks of art, history, provide the fo	orical bllowing
	(i) Revenues included in Form 990, Part VIII, I	ine 1		<b>►</b> \$	
	(ii) Assets included in Form 990, Part X			<b>►</b> \$	
	If the organization received or held works of art amounts required to be reported under SFAS 1	16 relating to these items:	r financial gain, pro	vide the followi	ng
а	Revenues included in Form 990, Part VIII, line	1		<b>►</b> \$	
b	Assets included in Form 990, Part X			▶\$	

Schedule <b>D</b> (Form 990) 2009 NATIO	אואד הוא תואי	ER RESOURCES A	SSOC		53-01	116060		Page 2
Part III Organizations Maintai				es. or (				
Using the organization's acquisition items (check all that apply)		<del></del>						
a Public exhibition		<b>d</b> Loar	or exchange prog	rams				
<b>b</b> Scholarly research		e Othe						
c Preservation for future genera	itions							
4 Provide a description of the organ Part XIV		ections and explain hov	v they further the o	rganızatı	ion's exempt purpo	se in		
5 During the year, did the organizat assets to be sold to raise funds ra						Yes		No
Part IV Escrow and Custodia 9, or reported an amo	Arrangen unt on For	nents Complete if m 990, Part X, line	organization ar e 21.	nswere	d 'Yes' to Form	990, Pa	art IV, 	line
1 a Is the organization an agent, trust included on Form 990, Part X?	ee, custodiar	n, or other intermediary	for contributions of	r other a	essets not	Yes	ş [	No
<b>b</b> If 'Yes,' explain the arrangement	n Part XIV a	nd complete the followi	ng table <sup>.</sup>					
						Amour	nt	
<b>c</b> Beginning balance					1 c			
<b>d</b> Additions during the year					1 d			
<ul> <li>Distributions during the year</li> </ul>					1 e			
f Ending balance					1f			
2a Did the organization include an ar	mount on For	m 990, Part X, line 217				Yes	ŝ	No
<b>b</b> If 'Yes,' explain the arrangement in	n Part XIV						_	_
Part V Endowment Funds Con	mplete if o	rganization answe	red 'Yes' to Fo	rm 990	, Part IV, line 1	0.		
	(a) Current				(d) Three years ba		Four year	rs back
1 a Beginning of year balance		(1)		`	(., ,	* 1 ·	`	,
<b>b</b> Contributions				·				-
c Net Investment earnings, gains, and losses	<del></del>		* 4	·				
<b>d</b> Grants or scholarships								
Other expenditures for facilities and programs			* * .	*/ *				
f Administrative expenses			* %	*	*			
<b>g</b> End of year balance		···			<u> </u>	-	` .	*
2 Provide the estimated percentage	of the year e	end balance held as						
a Board designated or quasi-endow	ment 🕨							
<b>b</b> Permanent endowment	8							
c Term endowment ►	<b>%</b>							
3a Are there endowment funds not in organization by	the possess	ion of the organization	that are held and a	ndmınıste	ered for the		Yes	No
(i) unrelated organizations						3a(i)		
(ii) related organizations						3a(ii)	1	
<b>b</b> If 'Yes' to 3a(ii), are the related or	nanizations I	isted as required on So	hadula R2			3b	<del>                                     </del>	<u> </u>
4 Describe in Part XIV the intended						00	<u> </u>	<u> </u>
Part VI Investments—Land, B				art V I	line 10			<del></del>
Description of investment	unumgs, a	(a) Cost or other basis (investment)	<del></del>	er	(c) Accumulated Depreciation	(d)	Book V	alue
1 a Land		46,200.	·	·	/	<del>,</del>	46	,200.
<b>b</b> Buildings		242,800.			178,217			,583.
c Leasehold improvements		242,000.			1,0,217	<del></del>		, 000.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

**d** Equipment **e** Other

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110,783.
Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 NATIONAL WATER RES	SOURCES ASSOC.	53-011	6060 Page 3
Part VII Investments-Other Securities See Fo			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion set value
Financial derivatives			
Closely-held equity interests			
Other			
		<del></del>	
		<u> </u>	<del></del>
			<del></del>
		<del></del>	
		-	
			-
Total. (Column (b) must equal Form 990 Part X, col (B) line 12)			
Part VIII Investments-Program Related (See F	orm 990, Part X, line	e 13)	
(a) Description of investment type	(b) Book value	(c) Method of valuat	ion
10		Cost or end-of-year mark	tet value
	<del></del>		
Total (Column (b) must equal Form 990, Part X, Col (B) line 13) ► Part IX Other Assets (See Form 990, Part X, I	uno 15)		
	scription		(b) Book value
(a) DC	Scription		(b) Book Value
194			<del></del>
Total. (Column (b) must equal Form 990, Part X, col (B), line	1 <i>E</i> \	<b>•</b>	
Part X Other Liabilities (See Form 990, Part X)			
(a) Description of Liability	(b) Amount		× 8
Federal Income Taxes	Cay r striount	-  ·	
		_	

(a) Description of Liability (b) Amount

Federal Income Taxes

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

BAA TEEA3304 02/02/10		Schedule <b>D</b> (Forr	n 990) 2009
<del></del>		- <b></b>	
	<del>-</del>		
	<b></b>	=	
···· <del>··········</del>			
line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d information	and 4b Also complete	this part to provide any ad	ditional
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, F	Part III, lines 1a and 4: F	Part IV, lines 1b and 2b. Pa	art V,
Part XIV   Supplemental Information			
5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18	)	5	
c Add lines 4a and 4b		4c	
<b>b</b> Other (Describe in Part XIV)	4b	annama.	
a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
3 Subtract line 2e from line 1		3	
e Add lines 2a through 2d		2 e	
d Other (Describe in Part XIV)	2 d		
c Other losses	2c		
<b>b</b> Prior year adjustments	2b		
a Donated services and use of facilities	2a		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		1	
1 Total expenses and losses per audited financial statements	mento Mini Exhens	1	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XIII Reconciliation of Expenses per Audited Financial States			
	<b>,</b>	4c 5	<del></del>
b Other (Describe in Part XIV) c Add lines 4a and 4b	40	- 46	
a Investments expenses not included on Form 990, Part VIII, line 7b     b Other (Describe in Part XIV)	4a 4b		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	42		
	1 1	5	
e Add lines 2a through 2d  3 Subtract line 2e from line 1		2 e	
d Other (Describe in Part XIV)	[ 40	20	
c Recoveries of prior year grants	2c 2d		
b Donated services and use of facilities	2b		
a Net unrealized gains on investments	2a		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
1 Total revenue, gains, and other support per audited financial statements		1	
Part XII   Reconciliation of Revenue per Audited Financial Statem	ents With Revenue	per Return	
10 Excess or (deficit) for the year per audited financial statements. Combine lines			
9 Total adjustments (net) Add lines 4 through 8			
8 Other (Describe in Part XIV)		-	
7 Prior period adjustments		<del></del>	
6 Investment expenses			<del></del>
<ul><li>4 Net unrealized gains (losses) on investments</li><li>5 Donated services and use of facilities</li></ul>			
3 Excess or (deficit) for the year Subtract line 2 from line 1			
2 Total expenses (Form 990, Part IX, column (A), line 25)			
1 Total revenue (Form 990, Part VIII,column (A), line 12)			
Part XI Reconciliation of Change in Net Assets from Form 990 to	o Financial Stateme	ents	
Schedule D (Form 990) 2009 NATIONAL WATER RESOURCES ASSOC.		53-0116060	Page 4

Schedule D (Form 990) 2009 NATIONAL WATER RESOURCE	S ASSOC.	53-0116060 Page 5
Part XIV   Supplemental Information (continued)		
~		
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#### SCHEDULE J (Form 990)

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2009

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
 Attach to Form 990.
 See separate instructions.

Inspection

Employer identification number

53-0116060 NATIONAL WATER RESOURCES ASSOC. Part I Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain 1 b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? 4a b Participate in, or receive payment from, a supplemental nongualified retirement plan? Х 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4 c Х If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5 a b Any related organization? 5b X If 'Yes' to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? X 6a b Any related organization? 6Ь Х If 'Yes' to line 6a or 6b, describe in Part III

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

section 53 4958-6(c)?

For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III

If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If 'Yes,' describe in Part III

Schedule J (Form 990) 2009

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## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

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

	( <b>B</b> ) Breakdown (	of W-2 and/or 1099-MIS		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation
(A) Name	(i) Base compensation	(ii) Bonus and incentive compensation	(in) Other reportable compensation	compensation	benefits		(F) Compensation reported in prior Form 990 or Form 990-EZ
(i)	157,608.	0.	0.	0.	0.	157,608.	0.
THOMAS F DONNELLY (ii)	0.	0.	0.	0.	0.	0.	0.
(i)				<b></b>			- <b></b>
(ii)							<del> </del>
(0)				<del>-</del>			
(ii)							
(0)							<del></del>
(ii)			<del></del>				
(i)	<b></b>			<del></del>			
(i)							
(i)				<b></b>			
(i)	···-·	•			· · · · · · · · · · · · · · · · · · ·		
(ii)							<del></del> -
(i)							
(ii)							. <u>.</u>
(0)							
(ii)							
(0)							<b></b>
(ii)							
(i)	<b></b>						
(ii)	<del></del>	<del></del>				-	
(1)	<b></b>						<del></del>
(i)			**		<del></del>		
(ii)						<del></del>	
(i)							
(ii)						<b></b>	
(i)							
(ii)				<b></b>			
(i)							
(ii)							

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Schedule J (Form 990) 2009

### SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

NATIONAL	WATER RESOURCES ASSOC.	53-0116060
	Line 10b ALL CHAPTERS & AFFILIATES ARE CONSISTENT WITH T	
Pt_VI-B,	Line 11A THE TOTAL COMMITTEE REVIEWS THE REPORTS	
<b></b> -		

# Form **4562**

Department of the Treasury Internal Revenue Service

**Depreciation and Amortization** (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. OMB No 1545-0172

2009

Name(s) shown on return NATIONAL WATER RESOURCES ASSOC.

Attachment Sequence No 67 Identifying number

53-0116060

Business or activity to which this form relates Form 990 / Form 990EZ Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I. Part I \$250,000. 1 1 Maximum amount. See the instructions for a higher limit for certain businesses. 2 Total cost of section 179 property placed in service (see instructions) 2 3 \$800,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 separately, see instructions 6 (a) Description of property (b) Cost (business use only) (c) Elected cost Listed property Enter the amount from line 29 7 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property ) (See instructions) MACRS deductions for assets placed in service in tax years beginning before 2009 6,129. 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B — Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (a) (b) Month and (c) Basis for depreciation (f) Method (d) (g) Depreciation (e) Classification of property year placed in service (business/investment use Recovery period Convention only - see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15 year property f 20-year property g 25 year property 25 yrs S/L h Residential rental 27.5 yrs MM S/L property 27.5 vrs MM S/L i Nonresidential real S/L 39 yrs MM property MM S/L Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20 a Class life S/L b 12-year 12 yrs S/L c 40-year S/L 40 yrs MM Part IV | Summary (See instructions ) Listed property Enter amount from line 28 21 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations — see instructions 22 6,129 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Form 4562 (2009) NATIONAL WATER RESOURCES ASSOC. 53-0116060

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment recreation, or amusement.)

	Note: Fo	r any vehicle fo (a) through (c)	r which you ai	re usina t	he stand	lard mile	eage rati	e or	deduc	cting le	ase expe	ense, co	omplete	only 24	a, 24b,	
		n A – Deprecia									mits for i	passeno	ner auto	mobiles	)	
24 8	a Do you have evidence						Yes				es, is the				Yes	No
Ту	(a) rpe of property (list vehicles first)	(b)  Date placed in service	Business/ investment use percentage	(d) Cost other b	or	(busine	(e) or deprecia ess/investri se only)	ation nent		(f) ecovery period	Met	g) hod/ ention	Depr	( <b>h)</b> eciation uction	El- sect	(i) ected ion 179 cost
25	Special depreci	ation allowance	for qualified I	isted proj	perty pla	iced in s	ervice c	iurin	g the	tax ye	ar and	25				-
26	Property used n															
			-	<del>-</del>	-	<u> </u>			ļ	_	+				+	
		<u> </u>														
27	Property used 5	0% or less in a	qualified busi	ness use		-			·							
															_	
				<del></del>					-						-	
28	Add amounts in	column (h), lın	es 25 through	27 Enter	r here ar	nd on lin	e 21, pa	age 1	<u> </u> 			28			┪	
29	Add amounts in	column (ı), lıne	26 Enter her											29		
C	and a fine and a second	. <b>.</b>		Section									1.0			-1
	iplete this section our employees, fi															cies
				Т.	a)		<b>b)</b>	T	(c)		(d			∌)		f)
30		/investment miles driven r ( <b>do not</b> include les)		Veh	Vehicle 1		cle 2	<u> </u>	Vehic	le 3	Vehic	le 4	Vehi	cle 5	Vehi	cle 6
31	Total commuting m	iles driven during tl	ne year													
32	Total other pers miles driven	sonal (noncomm	nuting)													
33	Total miles driv lines 30 through	en during the yen 32	ear Add				ı									<del></del>
24	Man the colores			Yes	No	Yes	No	Ye	es	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle during off-duty l	hours?														
35	Was the vehicle than 5% owner	e used primarily or related perso	by a more													
36	Is another vehice personal use?	cle available for														
		Section	C – Question	s for Emp	ployers \	Who Pro	vide Ve	hicle	es for	Use b	y Their E	mploye	es			
Ansv 5% (	wer these question wners or related	ons to determine I persons (see i	e if you meet a nstructions)	n except	ion to co	mpleting	g Sectio	n B	for ve	hicles	used by	employ	ees who	are not	more t	han
37	Do you maintair by your employe	n a written polic	y statement th	at prohib	oits all pe	ersonal u	use of v	ehicl	es, ın	cludino	commu	tıng,			Yes	No
38	Do you maintair employees? See	n a written polic e the instruction	y statement th	nat prohib used by	its perso	onal use e officer	of vehic	cles, tors,	excep or 19	pt com % or m	muting, l	by your ers				
39	Do you treat all															
40	Do you provide vehicles, and re	more than five	vehicles to you	ur employ	ees, obt	taın ınfor	rmation	from	your	emplo	yees ab	out the	use of t	he		
41	Do you meet the Note: If your an											es				
Pai	rt VI Amorti	zation														
	Desc	(a) cription of costs		Date an	(b) nortization egins		(c) Amortizab amount	le		Co sec	de	Amor	e) tization lod or entage		<b>(f)</b> mortizatio or this yea	
42	Amortization of	costs that begin	ns during your	2009 tax	year (se	ee instru	ictions)	•					·			
	<del></del>		<del></del>				· · ·					-				
43	Amortization of	costs that bega	an before your	2009 tax	year	!							43		<del></del>	
44	Total. Add amo	-	•		•	ere to re	port						44			

# **Supporting Statement of:**

## Form 990 p 9/Membership Dues

Description	Amount
STATE DUES	237,900.
CAUCUS DUES	37,441.
Total	275,341.

Form 990, Page 10, Line 24f See All Other Expenses Smart Worksheet

		(T)	40)	
	(A)	(B)	(C)	(D)
Description	Total	Program	Management	Fundraising
		services	and general	
LOCAL TRAVEL	1,193.	1,014.	179.	0.
INFORMATION SERVICES	8,434.	7,169.	1,265.	0.
COURIER SERVICES	28.	28.	0.	0.
LEGISLATIVE ON-LINE	5,382.	5,382.	0.	0.
MBRSHP/REGISTRATION	1,685.	1,685.	0.	0.
INTERN TRAINING & SUPPORT	1,150.	1,150.	0.	0.
REAL ESTATE TAXES	3,566.	3,031.	535.	0.
BUSINESS PROPERTY TAX	1,521.	1,293.	228.	0.
CONDO FEE	6,999.	<u>5,949.</u>	1,050.	0.
PARKING	800.	680.	120.	0.
LEADERSHIP FORUM	6,524.	6,524.	0.	0.
FEDERAL WATER SEMINAR	28,894.	28,894.	0.	0.
WESTERN WATER SEMINAR	57,601.	57 <b>,</b> 601.	0.	0.
ANNUAL CONFERENCE	97,934.	97,934.	0.	0.
FUTURE YEAR SEM/CONF	3,000.	3,000.	0.	0.
MISCELLANEOUS	2,712.	2,305.	407.	0.
RESERVE FUND ALLOTMENT	18,800.	18,800.	0.	0.

#### **National Water Resources Association**

#### **OFFICERS**

Larry Libeu, President 40243 Atmore Court Temecula, CA 92591 (951) 676-9782 Ilibeu@roadrunner.com

Wade Noble, Vice President 1405 W. 16<sup>th</sup> Street Yuma, AZ 85364 (928) 343-9447 noblew@mindspring.com

Thomas Donnelly, Secretary 3800 N. Fairfax Drive, Suite 4 Arlington, VA 22203 (703) 524-1544 tdonnelly@nwra.org

Tom Myrum, Treasurer 606 Columbia Street Olympia, WA 98501 (360) 754-0756 tmyrum@wswra.org

#### **STAFF**

Thomas Donnelly, Executive Vice President 3800 N. Fairfax Drive, Suite 4 Arlington, VA 22203 (703) 524-1544 tdonnelly@nwra.org

Adrian Coffey, Director of Federal Affairs 3800 N. Fairfax Drive, Suite 4
Arlington, VA 22203
(703) 524-1544
acoffey@nwra.org

## **BOARD OF DIRECTORS**

STATE (votes)	DIRECTORS	ADDRESS	PHONE	FAX	E-MAIL
AZ (3)	Noble, Wade	1405 W. 16 <sup>th</sup> St., Yuma, AZ 85364	(928)343-9447	(928)343-9483	noblew@mindspring.com
	Plummer, Bill		(480)922-4645		plummernw@aol.com
	Sullivan, John	1521 N Project Drive, Tempe, AZ 85281	(602)236-5812	(602)683-0963	ifsulliv@srpnet.com
CA (4)	Breninger, David	PO Box 6570, Auburn, CA 95604	(530)823-4860	(530)823-4960	dbreninger@pcwa.net
	Libeu, Larry	PO Box 1839, Redlands, CA 92373	(909)793-2503	(909)793-0188	llibeu@sbvwcd.dst.ca.us
CO (3)	Colosimo, Andy	PO Box 1103, MC950, Colorado Springs, CO 80947	(719)668-8005	(719)668-8020	acolosimo@csu.org
	Sara Duncan		(303)628-6565		Sara.duncan@denverwater.org
	Treese, Chris	PO Box 1120, Glenwood Springs, CO 81602-1120	(970)945-8522	(970)945-8799	ctreese@crwcd.org
ID (2)	Semanko, Norm	205 N 10 <sup>th</sup> St., Suite 530, Boise, ID 83702	(208)344-6690	(208)344-2744	norm@iwua.org
	Swensen, Dale	PO Box 15, St. Anthony, ID 83445	(208)624-3381	(208)624-3990	fmid@fretel.com
MT (1)	Murphy, Mike	PO Box 4927, Helena, MT 59604	(406)235-4555	(406)468-6487	MWRA@uswest.net
NE (2)	Johnson, Glenn	PO Box 83581, Lincoln, NE 68501	(402)476-2729	(402)476-6454	glenn@lpsnrd.org
NV	Pat Mulroy		(702)258-3104		Pat.Mulroy@snwa.com
	Schank, Ernie	2475 Austin Highway, Fallon, NV 89406	(775)221-1743		eschank@aiinc.com
NM (2)	Cunningham, Wayne	PO Box 1167, Tucumcari, NM 88401	(505)461-2351	(505)461-4061	phylcjwpc@msn.com
ND(1)	Koland, David	PO Box 140, Carrington, ND 58421	(701)652-3194	(701)652-3195	davek@daktel com
OR (2)	Chamberlain, Jay	17 S First Street, Nyssa, OR 97913	(541)372-3540	(541)372-2437	Oidh20@fmtc.com
SD (1)	Jake Fitzgerald	PO Box 407, Murdo, SD 57559	(605)669-2931	(605)669-3022	jfitzgerald@wrlj.com
TX (4)	Clark, Jerry	PO Box 579, Orange, TX 77631	(409)746-3200	(409)746-3780	jclark@sra.dst.tx.us
	Ray, Tom	PO Box 7555, Waco, TX 76714	(254)753-9585	(254)753-9593	jtray@lan-ınc.com
	Jim Oliver	P.O. Box 4508, Fort Worth, TX 76164-4508	(817)335-2491		joliver@trwd.com
	West, Bill	933 E. Court Street, Seguin, TX 78155-5872	(830)379-5822	(830)379-1766	bwest@gbra.org
UT (2)	Grimley, Terel	471 West 2 <sup>nd</sup> Street, Ogden, UT 84404	(801)621-6555	(801)621-6558	tgrimley@relia net
	Thompson, Ron	136 N 100 East Suite 1, St. Georges, UT 84771	(435)673-3617	(435)673-4971	rwthompson@utah.gov
WA (3)	Myrum, Tom	606 Columbia St., NW Suite 100, Olympia, WA 98501	(360)754-0756	(360)586-4205	
	Trull, James	PO Box 239, Sunnyside, WA 98944	(509)837-6980	(509)837-2088	trullj@svid.org
GW (2)	Bishop, Ron	215 N Kaufman Ave. Grand Island, NE 68803	(308)385-6282	(308)385-6285	rbishop@cpnrd.org
	Pennington, Dean	PO Box 129, Stoneville, MS 38776	(601)686-7712	(601)686-9078	dean@ymd.org
IR (2)	Esslinger, Gary	PO Drawer1509, Las Cruces, NM 88004	(505)526-6671	(505)523-9666	gesslinger@ebid-nm.org
	Knutson, Tom	PO Box 137, Farewell, NE 68838	(308)336-3341	(308)336-3208	T819@mainstaycomm.net
MI (2)	Gingrich, Roger	155 West 14 <sup>th</sup> Street, Yuma, AZ 85364	(928)373-4500		Roger.Gingrich@ci.yuma.az.us
	Breninger, David	PO Box 6570, Auburn, CA 95604	(530)823-4860	(530)823-4960	dbreninger@pcwa.net
PS (2)	Eldridge, Greg	2485 Natomas Park Drive, Suite 600, Sacramento, CA 95833	(916)286-0437	(916)920-8463	Greg.eldridge@ch2m.com
	Myers, Ken	2365 Iron Point Road, Suite 300	(916)817-4860	(916)849-3860	Ken.Myers@hdrinc.com
SE (1)	Goodson, Leroy	221 E 9 <sup>th</sup> Street, #206, Austin, TX 78701	(512)472-7216	(512)472-0537	goodson@twca.org
HON	Martinez, Eluid	221 Villeros Street, Santa Fe, NM 87501	(505)670-6345		eluid@excite.com
	Ziglar, James	8900 Falls Road, Potomac, MD 20854	(561)622-4869	(561)622-4868	jziglarsr@aol.com

# Porm 990

**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)

OMB No 1545-0047 2008

Department of the Treasury

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

Open to Public Inspection

-				ay have to use a copy t					<del></del>			
For the 2008 calendar year, or tax year beginning , 2008, and ending ,												
В		if applicable Please use	C Name of organization				D Employer Identification Number					
	Ac Ac	ddress change IRS label or print		NATIONAL WATER RESOURCES ASSOC.			54-0116060					
	⊢ Na	Name change or type.			suite	E Telephone number						
	in	itial return specific Instruc-	3800 N. FAII			4		(703) 5	24-1544			
	Ħ	ermination tions.	City, town or country		State		4	l_				
	<b>=</b>	mended return	ARLINGTON	<del> </del>	VA	22203	Tuz x	G Gross receipts		<del></del>		
	LJ AF	.,	and address of principal of					a group return for af affiliates included?	103	No No		
			DONNELLY 3800 N FA			A 22201		attach a list (see in	structions) X Yes	∐ No		
1		-exempt status X 501	(c) (4 )◀ (ır	sert no )	4947(a)(1) or	527	-		/-			
<u>-:-</u>		bsite: ► N/A	<u> </u>				-	exemption number				
K		of organization X Corpora	ation Trust A	Association Other	·  L	Year of Forma	ation 199	U M State of	legal domicile VA			
Pa	rt I	Summary			t anti-ution. M	ום משתא	COUDCE	MANACEME	NTTP			
	1	Briefly describe the org	janization's mission	or most significan	t activities. w	ATER_RE	SOURCE	_ MANAGEME	<u>NT</u>			
Çe							. – – – -					
Activities & Governance										·		
Ş	2	Check this box ▶	Check this box ► If the organization discontinued its operations or disposed of more than 25% of its assets									
Ğ		Number of voting mem	•	· ·	•	0000 01 1110			1 - 1-			
۵ 90		Number of independen				1b)		4	0			
įţį		Total number of emplo						5				
Ę		Total number of volunt	-	• •		•		6	1			
•		Total gross unrelated b						7a		<u>0.</u>		
_	<u>D</u>	Net unrelated business	taxable income from	n Form 990-1, line	2 34		<u>-</u>		† · · · · · · · · · · · · · · · · · · ·			
≅								Prior Year	Current Yea			
e o ∠uus Revenue	l .	Contributions and gran						286,523.	256, 374,			
<u>ş</u> 6	9 10	Program service reven Investment income (Pa	-	•	•		<del></del>	373,776. 4,399.		450.		
∌હ	11	Other revenue (Part VI						4,399.	2,1	<del>100.</del>		
<u></u>	12	Total revenue — add III				ne 12)		664,698.	633,	286.		
	13	Grants and similar am				,	<u> </u>					
Xpenses	14	Benefits paid to or for members (Part IX, column (A), line 4)										
년 7 .	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)					350,947.	311,	979.			
See	16a	Professional fundraising fees (Part IX, column (A), line 11e)										
Sen Sen		Total fundraising exper				0.				$\neg$		
<b>Z</b> ă	ŀ	Other expenses (Part I				<u> </u>	<u>-                                    </u>	304,321.	349,976			
	18	Total expenses Add lu	oc 12 17 (must ogu	ol Part IVI column	(A) line 25)		·	655,268.	661,			
	19	Total expenses. Add lii Revenue less expense	s Subtract line 18 fr	om line 10	<b>RECEIVE</b>	$D_{o}$		9,430.	-28,			
- × 8		Trevenue less expense	Subtract line to from line 12			<del></del>	Basi	nning of Year	End of Yea			
Net Assets or Fund Balancos	20	Total assets (Part X, II	no 16)	393	SEP 28 20	009   9	Беді	536,728.	658,			
A B	21	Total liabilities (Part X	•	3	J	S	•	330,720.	030,	<u> </u>		
ž.	22	Net assets or fund bala	•	21 from line 20 =	·	<u></u> 7 <u>⊾</u>		536,728.	658,	110		
	rt II	Signature Blo		21 110111 1111111 20	<del>)CDEN, l</del>	<del>]                                     </del>	1	330, 120.	0307	<u> </u>		
<u> </u>		<del> </del>		up and their ratures, and under		hadulas and st	atamants an	d to the best of my k	nowledge and belief it			
		Under penalties of perjury, true, correct and complete	Declaration of preparer (	other than officer) is bar	sed on all information	n of which pre	parer has any	knowledge	lowledge and belief, it	15		
Sig	ın	1.9-1:							59			
He	re	Signature of officer	- J. E.M.				D	ate				
		THOMAS F D	ONNELLY	()								
		Type or print name an										
Paid Pre- parer's Use Only		Preparer's		<b>\</b>								
		signature -										
		Firm's name (or 1 2 X	Malters Ass	ociates								
		yours if self- employed), ► 360	1 N. Fairfax									
	·· <i>y</i>	laddress and	ington									
Ma	the I	IRS discuss this return v		own above? (see i	nstri							

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separ

	990 (2008) NATIONAL WATER RESOURCES ASSOC.	54-01		Page 2		
Pai	rt III Statement of Program Service Accomplishments (see Instructions)					
1						
	WATER RESOURCE MANAGEMENT					
2	3	the prior			_	
	Form 990 or 990-EZ?	•		Yes	X	No
	If 'Yes,' describe these new services on Schedule O.					
3	3,, p, p, p, p	vices?	Ш	Yes	X	No
	If 'Yes,' describe these changes on Schedule O					
	Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported.	by expenses d allocations	Section	on 501 s, the	(c)(3) total	
4 8	a (Code:) (Expenses \$ 661,955. including grants of \$ 0.)					<u>36.</u> )
	PUBLICATIONS, CONFERENCES, SEMINARS, MEETINGS, PUBLIC AND LEGISLATIVE AWARENESS RELATED TO WATER RESOURCE			 		
	MANAGEMENT.					- <del></del> -
						- <del></del> -
41	(Code) (Expenses \$ including grants of \$)	(Revenue	\$			)
			<b>-</b>			
		<del></del>				
40	c (Code) (Expenses \$ including grants of \$)	(Revenue	\$			)
			<del>-</del>			
	d Other program services (Describe in Schedule O.)			-		
4(	(Expenses \$ including grants of \$ ) (Revenue	Ś			`	
Δ.	e Total program service expenses > \$ 661,955. (Must equal Part IX, Line 25, column					
	OUT 755. (Must equal 1 art IA, Line 25, Column	<u> </u>				

Part 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 Is the organization required to complete Schedule B, Schedule of Contributors? . 2 Х 3 3 Х Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 Х Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I 6 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 8 Х complete Schedule D, Part III 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 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 Х Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 11 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII. 12 Х 13 Х Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the U.S.? 14a X **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If 'Yes,' complete Schedule F, Part I 14b Х 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, Part II 15 Х 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, Part III 16 16 Х 17 Х Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I Х Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 18 19 Х Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H 20 Х 20 Did the organization report more than \$5,000 on Part IX, column (A), line 17 If 'Yes,' complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 Х 22 23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete 23 Х Schedule J 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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K If 'No,'go to question 25 24a Х 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) 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 Х b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I 25b Х 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 Х

X

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Form 990 (2008) NATIONAL WATER RESOURCES ASSOC.

Part IV | Checklist of Required Schedules (continued)

	p.		res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively			
	with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV			Х
	b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х_
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
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 and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		x_

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Form 990 (2008)

		Yes	No	
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable	0			
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		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				
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)				
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?				
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b			
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)?				
<b>b</b> If 'Yes,' enter the name of the foreign country:			ŀ	
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , 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	ļ	Х	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .	5b		Х	
: If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?				
a Did the organization solicit any contributions that were not tax deductible?			X	
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?				
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?			X	
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?				
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		х	
d If 'Yes,' indicate the number of Forms 8282 filed during the year	_			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	<u>.</u>	Х	
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		<u> </u>		
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7 h		<u> </u>	
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?	9a			
<b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter				
a 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				
a Gross income from other 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.)			<u></u>	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	l	<u></u>	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	<del></del> _	- 000	(2000)	
BAA	Forn	n <b>990</b>	(としひめ)	

Form 990 (2008) NATIONAL WATER RESOURCES ASSOC. 54-0116060 Page Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A.	Governing Body and Management				
		'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, de s, or changes in Schedule O. See instructions	escribe the circumstances,		Yes	No
1 8	Enter the	number of voting members of the governing body .	1a 8	] [		
ı	Enter the	number of voting members that are independent	<b>1b</b> 0	1 1		
2	Did any o officer, di	fficer, director, trustee, or key employee have a family relationship or a business rela rector, trustee or key employee?	itionship with any other	2		X
3	Did the or of officers	rganization delegate control over management duties customarily performed by or unis, directors or trustees, or key employees to a management company or other person	der the direct supervision ?	3		х
4	Did the or	rganization make any significant changes to its organizational documents		4		X
	since the	prior Form 990 was filed?				
5	Did the or	rganization become aware during the year of a material diversion of the organization's	s assets?	5		<u>X</u>
6	Does the	organization have members or stockholders?		6		X
7 8	Does the governing	organization have members, stockholders, or other persons who may elect one or mo body?	ore members of the	7a		<u>x</u>
ı	Are any d	decisions of the governing body subject to approval by members, stockholders, or other	er persons?	7b		X
8	Did the or the follow	rganization contemporaneously document the meetings held or written actions undertaing.	aken during the year by			
ä	The gove	rning body? .		8a	Х	
ı	<b>c</b> Each com	nmittee with authority to act on behalf of the governing body?		8b	X	
9 :	Does the	organization have local chapters, branches, or affiliates? .		9a	Х	
ı	o If 'Yes,' d and brand	oes the organization have written policies and procedures governing the activities of ches to ensure their operations are consistent with those of the organization?	such chapters, affiliates,	9b	х	
10	Was a co describe i	py of the Form 990 provided to the organization's governing body before it was filed? in Schedule O the process, if any, the organization uses to review the Form 990	All organizations must	10	х	
11	Is there a organizat	ny officer, director or trustee, or key employee listed in Part VII, Section A, who canrion's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	not be reached at the	11		х
Sec	tion B.	Policies				
					Yes	No
12:	Does the	organization have a written conflict of interest policy? If 'No,' go to line 13		12a		<u>X</u>
I	Are office to conflict	ers, directors or trustees, and key employees required to disclose annually interests the $^{\circ}$	nat could give rise	12b		
•	Does the Schedule	organization regularly and consistently monitor and enforce compliance with the polic ${\it O}$ how this is done	cy? If 'Yes,' describe in	12c		
13	Does the	organization have a written whistleblower policy?	•	13		<u>X</u>
14	Does the	organization have a written document retention and destruction policy?		14		_X
15	Did the property	rocess for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and decis	oproval by independent sion:			
i	a The organ	nization's CEO, Executive Director, or top management official?		15a		_X
ı		cers of key employees of the organization?		15b		_X_
	Describe	the process in Schedule O (see instructions)				
16:	Did the or entity dur	rganization invest in, contribute assets to, or participate in a joint venture or similar a ing the year?	rrangement with a taxable	16a		X
ı	in joint ve	as the organization adopted a written policy or procedure requiring the organization to enture arrangements under applicable federal tax law, and taken steps to safeguard the respect to such arrangements?	o evaluate its participation ne organization's exempt	16b		
Sec		Disclosures			_	
		tates with which a copy of this Form 990 is required to be filed Virginia				
18	Section 6	104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and Indicate how you make these available. Check all that apply	d 990-T (501(c)(3)s only) av	aılable	for pu	blic
		website Another's website X Upon request				
19	Describe statemen	in Schedule O whether (and if so, how) the organization makes its governing docume ts available to the public	ents, conflict of interest polic	y, and	financ	ıal
20	State the	name, physical address, and telephone number of the person who possesses the boo	oks and records of the organ	ızatıon		
1	TAX MAT	TERS ASSOCIATES PC 3601 N FAIRFAX DRIVE ARLINGTON V	A 22201 (7	03)_5	22-3	<u>3828</u>
BAA	<u> </u>			Form	990 (	2008)

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

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

- 1 a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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) or 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 the organization did not	compens	ate an	y of	ficer	r, dıı	rector,	trus	stee, or key employee		
(A)	(B)			-	c)			(D)	(E)	(F)
Name and Title	Average hours per week		_	_	c all t	hat appl		Reportable	Reportable	Estimated amount of other compensation
	per week	adividual forces or director	anstitutional trust <del>ice</del>	Officer	Key amphyee	High est compensated employee	Former	Reportable compensation from the organization (W-2/1099 MISC)	Reportable compensation from related organizations (W-2/1099 MISC)	compensation from the organization and related organizations
THOMAS F DONNELLY										
SECRETARY	40.00	Х						148,500.	0.	0.
										4
										,

(A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours			check	k all f	hat a	pply)	Reportable	Reportable	Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
	•									
		ļ								
1 b Total							<b>•</b>	148,500.	_0.	0
2 Total number of individuals (including those in 1a) will organization ► 1	ho recei	ved	mor	re th	an :	\$100	,000	) in reportable cor	npensation from the	·····
<ul> <li>3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such inc</li> <li>4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the individual</li> </ul>	dividual		•		•			·	· •	3 X 4 X
5 Did any person listed on line 1a receive or accrue co rendered to the organization? If 'Yes,' complete Sche	mpensa edule J f	ition for s	fror uch	n ar per	ny u son	nrela	ated	organization for s	ervices	5 X
Complete this table for your five highest compensate compensation from the organization	d indep	ende	ent o	conti	ract	ors t	hati	received more tha	n \$100,000 of	
(A)  Name and business address	s							( <b>B</b> ) Description (	) of Services	(C) Compensation
						_				
					-					

compensation from the organization ►

Pai	rt VIII   Statement of Revenue		(A)	(B)	(C) Unrelated	(D)
			Total revenue	Related or exempt function	Unrelated business revenue	Revenue excluded from tax under sections
<u></u>	1a Federated campaigns 1a			revenue		512, 513, or 514
E S	b Membership dues 1b	256,225.				
S D	c Fundraising events 1c	230,223.				
TS,	d Related organizations 1d					
<u>5</u> ₹	e Government grants (contributions)		'	}		
SIS	e dovernment grants (contributions)					
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above					
E 0	g Noncash contribns included in lns 1a-1f' \$					
SÃ	h Total. Add lines 1a-1f	<b>•</b>	256,225.			
핗		Business Code			<del></del>	
Ē	2a CONVENTION/EXHIBIT	541700	216,577.	216,577.	0.	0.
8	b SEMINARS/WORKSHOPS	541700	149,635.	149,635.	0.	0.
Ş	c MISC. & REIMB.	541700	23.	23.	0.	0.
SER	d SALE OF DIRECTORY	541700	220.	220.	0.	0.
AM.	e INTERN SCHOLARSHIPS	541700	8,100.	8,100.	0.	0.
S.	f All other program service revenue		56.	56.	0.	0.
PR	g Total. Add lines 2a-2f	<b>&gt;</b>	374,611.			
	3 Investment income (including dividends	, interest and				
	other similar amounts) .	. ▶	2,450.	2,450.	<u>0.</u>	0.
	4 Income from investment of tax-exempt	ond proceeds	-			
	5 Royalties	<u> </u>			<del></del>	
	(i) Real	(ii) Personal				
ľ	6a Gross Rents	<del>                                     </del>				
	<b>b</b> Less: rental expenses					
	c Rental income or (loss)				<del>-                                    </del>	
	d Net rental income or (loss)	(v) Other				
	7a Gross amount from sales of assets other than inventory	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	<b>•</b>				
UE	8a Gross income from fundraising events (not including \$					
OTHER REVEN	of contributions reported on line 1c)					
R.	See Part IV, line 18	a				
표		b	<del></del>		<del></del>	
Ŭ	c Net income or (loss) from fundraising e	vents				
	9a Gross income from gaming activities See Part IV, line 19	al				
		<b>D</b>				
	c Net income or (loss) from gaming activi	ties				
	10a Gross sales of inventory, less returns and allowances					
	b Less cost of goods sold	a)	-			
	c Net income or (loss) from sales of inver	ntory >				
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	<b>&gt;</b>				
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5	i, 6d, 7d, 8c, 9c,			<del></del>	
	10c, and 11e	•	633,286.	377,061.	0.	0.

Page 10

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).

Do a	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		5.1757.335	general	
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 U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	148,500.	133,650.	14,850.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages .	111,800.	100,620.	11,180.	0.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	37,203.	33,501.	3,702.	0.
10	Payroll taxes	14,476.	13,028.	1,448.	0.
11	Fees for services (non-employees)				
ā	Management				
ŀ	Legal .				
•	Accounting				
•	<b>I</b> Lobbying .				
•	Prof fundraising svcs See Part IV, In 17				
f	Investment management fees .				
ç	g Other	1,682.	1,514.	168.	0.
12	Advertising and promotion .		·		
13	Office expenses	20,091.	18,082.	2,009.	0.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	21,102.	18,992.	2,110.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	·			
20	Interest				
21	Payments to affiliates .				
22	Depreciation, depletion, and amortization	6,128.	5,515.	613.	0.
	Insurance Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
ā	NEWSLETTER & REPORTS	173.	156.	17.	0.
ŧ	LEGISLATIVE ON-LINE	4,102.	3,692.	410.	0.
•	FEDERAL WATER SEMINAR	24,327.	21,894.	2,433.	0.
	WESTERN WATER SEMINAR	46,543.	41,889.	4,654.	0.
•	ANNUAL CONFERENCE	114,349.	102,914.	11,435.	0.
f	All other expenses	111,479.	100,330.	11,149.	0.
25	Total functional expenses. Add lines 1 through 24f	661,955.	595,777.	66,178.	0.
26	Joint Costs. Check here ► ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA		•			Form 990 (2008)

<u> </u>				(A) Beginning of year		(E End o	<b>)</b> f year	
	1	Cash - non-interest-bearing			1			
	2	Savings and temporary cash investments		195,306.	2	3:	18,7	704.
	3	Pledges and grants receivable, net .			3			
	4	Accounts receivable, net .	[		4			
	5	Receivables from current and former officers, directors or other related parties. Complete Part II of Schedule	s, trustees, key employees, L		5			
	6	Receivables from other disqualified persons (as define	ed under section 4958(f)(1))					
		and persons described in section 4958(c)(3)(B). Comp	olete Part II of Schedule L		6			
S	7	Notes and loans receivable, net			7			
A S E T S	8	Inventories for sale or use			8			
s	9	Prepaid expenses and deferred charges			9			
	10 a	Land, buildings, and equipment, cost basis	10a 232,087.					
	b	Less accumulated depreciation. Complete Part VI of						
		Schedule D	10b 105,338.	48,030.	10 c	12	26,7	49.
	11	Investments - publicly-traded securities		213,205.	11	2:	12,6	557.
	12	Investments - other securities See Part IV, line 11			12	_		
	13	Investments - program-related See Part IV, line 11	. ,, , .		13			
	14	Intangible assets .	[		14			
	15	Other assets See Part IV, line 11		80,187.	15			
	16	Total assets Add lines 1 through 15 (must equal line	34)	536,728.	16	6.	58,1	10.
	17	Accounts payable and accrued expenses			17			
	18	Grants payable .			18			
	19	Deferred revenue .			19			
ŀ	20	Tax-exempt bond liabilities			20			
A	21	Escrow account liability Complete Part IV of Schedule	e D	· · · =	21			
LIABILITIES	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified per-	stees, key employees, sons. Complete Part II					
į		of Schedule L			22			
š	23	Secured mortgages and notes payable to unrelated th	ırd parties		23			
	24	Unsecured notes and loans payable			24	<u>.</u>		
	25	Other liabilities Complete Part X of Schedule D	·		25			
	26	Total liabilities. Add lines 17 through 25		0.	26			0.
N E T		Organizations that follow SFAS 117, check here ▶	and complete lines					
		27 through 29 and lines 33 and 34.	-					
ASSET	27	Unrestricted net assets	-		27			
Ĭ	28	Temporarily restricted net assets	•		28			
s o	29	Permanently restricted net assets		<del></del>	29			
ğ		Organizations that do not follow SFAS 117, check he	re ► X and complete					
E DZD		lines 30 through 34.	-	· · · · · · · · · · · · · · · · · · ·				
	30	Capital stock or trust principal, or current funds		·	30			
Ä	31	Paid-in or capital surplus, or land, building, and equip		505 500	31			
Ā	32	Retained earnings, endowment, accumulated income,	or other funds	536,728.	32			10.
<b>B女し女Zひ近の</b>	33	Total net assets or fund balances.		536,728.	33			10.
	34	Total liabilities and net assets/fund balances.		536,728.	34	6.	58,1	10.
Pa	rt X	Financial Statements and Reporting					,, T	
1	Acc	counting method used to prepare the Form 990 🛛 🗓	Cash Accrual	Other			Yes	No
2	<b>a</b> We	re the organization's financial statements compiled or ${f r}$	reviewed by an independent ac	countant?		2a	Х	
		re the organization's financial statements audited by ar	•		•	2b		Х
		res' to 2a or 2b, does the organization have a committed iew, or compilation of its financial statements and select				2c	Х	
3	a As Au	a result of a federal award, was the organization requir dit Act and OMB Circular A-133?		ts as set forth in the Sii	ngle	_3a		Х
_		res,' did the organization undergo the required audit or	audits?			3b		
BA	Α -	<del></del>	<del></del>	<del></del>		Form	990 (	(2008)

#### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

1141110	or the organization				Linployer	identinication	Hambel	
NA:	TIONAL WATER RESOURCES ASSOC.		54-0116060					
Pai	Organizations Maintaining Dono the organization answered 'Yes'	or Advised Funds or Other to Form 990, Part IV, line	er Similar Funds e 6.	s or Acco	ounts C	omplete	: If	
		(a) Donor advised	funds	(b) F	unds and	other acc	ounts	
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							
_	,	or advicore in writing that the	accote hold in done.	advicad				
5	Did the organization inform all donors and dor funds are the organization's property, subject	to the organization's exclusive	legal control?	•	[	Yes		Vо
6	Did the organization inform all grantees, dono used only for charitable purposes and not for t impermissible private benefit??	rs, and donor advisors in writin the benefit of the donor or dono	ig that grant funds m or advisor or other 	nay be	Г	Yes		No
Pai	t II Conservation Easements Compl	ete if the organization ar	nswered 'Yes' to	Form 99	0, Part	IV, line	7.	
1	Purpose(s) of conservation easements held by	the organization (check all that	at apply).			· ·		
	Preservation of land for public use (e.g., r	ecreation or pleasure)	Preservation of a	an historica	lly import	lant land a	rea	
	Protection of natural habitat		Preservation of d	ertified his	toric struc	cture		
	Preservation of open space		_					
2	Complete lines 2a-2d if the organization held a	a qualified conservation contrib	oution in the form of	a conserva	tion ease	ment on th	ne last d	day
	of the tax year			<del>, , , ,</del>				
					Held at	the End of	the Ye	ar
	a Total number of conservation easements			2a				
ı	Total acreage restricted by conservation ease	ments		2b				
(	Number of conservation easements on a certif	fied historic structure included i	ın (a)	2c				
(	d Number of conservation easements included in	n (c) acquired after 8/17/06 .		2 d				
3	Number of conservation easements modified, year ►	transferred, released, extinguis	shed, or terminated t	by the orga	nization d	during the	taxable	
4	Number of states where property subject to co							
5	Does the organization have a written policy re enforcement of the conservation easement it have a second or the conservation of the conservation easement in the conservation of the conse					Yes		No
6	Staff or volunteer hours devoted to monitoring					<del></del>		
7	Amount of expenses incurred in monitoring, in	ispecting, and enforcing easem	nents during the year	r <b>&gt;</b> \$				_
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the red	quirements of section	n		Yes		No
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote t conservation easements	ports conservation easements in the organization's financial s	n its revenue and ex tatements that descr	pense state libes the or	ement, ar ganizatio	nd balance n's accour	sheet, nting for	and
Pa	Organizations Maintaining Collection Complete if the organization and	ections of Art, Historical swered 'Yes' to Form 990	Treasures, or Co., Part IV, line 8.	Other Sin	ilar As	sets		
1 :	a If the organization elected, as permitted under treasures, or other similar assets held for pub the text of the footnote to its financial stateme	lic exhibition, education, or res	revenue statement a earch in furtherance	and balance of public s	e sheet w ervice, pr	orks of art ovide, in f	t, histor Part XIV	ıcal /,
1	b If the organization elected, as permitted under treasures, or other similar assets held for pub amounts relating to these items.	r SFAS 116, not to report in its lic exhibition, education, or res	revenue statement a earch in furtherance	and balance of public s	e sheet w ervice, pr	orks of art ovide the	t, histor followin	ıcal ıg
	(i) Revenues included in Form 990, Part VIII,	line 1			<b>►</b> \$	<u> </u>		
	(ii) Assets included in Form 990, Part X				<b>►</b> \$	}		
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other 116 relating to these items:	r sımılar assets for fı	nancial gai	n, provid	e the follow	wing	
;	a Revenues included in Form 990, Part VIII, line	<u> </u>			<b>►</b> \$	\$		
1	Assets included in Form 990, Part X				<b>►</b> \$	}		

Cabadda B (Faura 2000) 2000 MARITON		DEGOUDOEG A	1909	F.4. 01.1	6060		D
Schedule D (Form 990) 2008 NATION Part III Organizations Maintain				54-011		ntinii	Page 2
3 Using the organization's accession a that apply).							
a Public exhibition		<b>d</b> □ Loan	or exchange programs				
b Scholarly research		e Other	- , -				
c Preservation for future generation	ons	<b>₽</b> ☐ Ounce		· · · · · · · · · · · · · · · · · · ·			
4 Provide a description of the organiza		ns and explain how	they further the organiz	ation's exempt purpose	ın		
5 During the year, did the organization assets to be sold to raise funds rath	n solicit or rece ier than to be m	ive donations of art naintained as part o	, historical treasures, or f the organization's colle	other similar ection?	Yes	٢	No
Part IV Trust, Escrow and Cust IV, line 9, or reported ar	odial Arran	gements Compl	ete if organization		Form 99	)0, Pa	art
1 a Is the organization an agent, trustee included on Form 990, Part X?	e, custodian, or	other intermediary	for contributions or othe	r assets not	☐ Yes		
<b>b</b> If 'Yes,' explain the arrangement in					₩		
and the second s			.5		Amount		
c Beginning balance				1c	7 11100111		
<b>d</b> Additions during the year	·			1d			-
e Distributions during the year							
f Ending balance							
2a Did the organization include an amount on Form 990, Part X, line 21?					Yes		No
b If 'Yes,' explain the arrangement in Part XIV							
Part V Endowment Funds Com		nization answer	ed 'Yes' to Form 99	90 Part IV line 10			
	(a) Current year	1			1	our years	s back
1 a Beginning of year balance	(a) current year	(B) Ther year	(c) The years bac	(a) Three years back	1 (0) 1.	our your.	3 Buon
<b>b</b> Contributions					+		-
c Investment earnings or losses			·		<del> </del>		
d Grants or scholarships		<del></del>		<del></del>	+		
e Other expenditures for facilities and programs					+		
f Administrative expenses					1		
<b>q</b> End of year balance							
2 Provide the estimated percentage of	f the vear end t	palance held as:	•				
a Board designated or quasi-endowment		8					
<b>b</b> Permanent endowment ►							
c Term endowment ►	8						
3a Are there endowment funds not in the organization by	ne possession (	or the organization t	nat are neid and admini	stered for the	Γ	Yes	No
(i) unrelated organizations					. 3a(i)		
(ii) related organizations					3a(ii)		
<b>b</b> If 'Yes' to 3a(II), are the related orga	anizations lister	d as required on Sci	hedule R?		3b		
Describe in Part XIV the intended uses of the organization's endowment funds							
Part VI Investments-Land, Bui				. line 10.			
Description of investment		Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	<b>(d)</b> B	Book Va	alue
1a Land	·	48,030.	\			48.	,030.
<b>b</b> Buildings	,	184,057.		105,338.			,719.
c Leasehold improvements				,			<del></del>

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c) ) BAA

**d** Equipment **e** Other

Schedule **D** (Form 990) 2008

126,749.

Part VII.	Investments-Other Securities See F	Form 990, Part X, line	e 12.
,	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial c	derivatives and other financial products		
Closely-he	Id equity interests		
Other			
		_	
		-	
=		-	
	mn (b) should equal Form 990 Part X, col (B) line 12)	[ ]	12)
Part VIII	Investments—Program Related (See		
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		<u> </u>	
		+	
		-	
_			
Total. Colum	n (b)(should equal Form 990, Part X, Col (B) line 13)		
Part IX	Other Assets (See Form 990, Part X	, line 15)	
	(a) [	Description	(b) Book value
		·	
		<del></del>	
Total. Colu	ımn (b) Total (should equal Form 990, Part X, co	ol.(B), line 15)	<b>▶</b>
Part X	Other Liabilities (See Form 990, Par	t X, line 25)	
	(a) Description of Liability	(b) Amount	
Federal Inc	come Taxes		
	_ <del></del>		
	····		_
			<del></del>
<del> </del>			$\dashv$
<del></del>			$\dashv$
Total Colum	on (b) Total (should equal Form 990, Part X, col (B) line 25)	<b>•</b>	$\dashv$
			that reports the organization's liability for uncertain tax
			print and a game and a manifest of an electron take

Schedule D (Form 990) 2008 NATIONAL WATER RESOURCES ASSOC.

54-0116060

Page 3

Schedule D (Form 990) 2008 NATIONAL WATER RESOURCES ASSOC.		54-0116060	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to	Financial Statements	5	
1 Total revenue (Form 990, Part VIII,column (A), line 12)			
2 Total expenses (Form 990, Part IX, column (A), line 25)			
3 Excess or (deficit) for the year Subtract line 2 from line 1			
4 Net unrealized gains (losses) on investments .			
5 Donated services and use of facilities		•	
6 Investment expenses .	,		
7 Prior period adjustments	•		
8 Other (Describe in Part XIV)	•	<del></del>	
9 Total adjustments (net) Add lines 4-8	,	• • • • • • • • • • • • • • • • • • • •	
•	• •		
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	nts With Davanua na	r Dotum	
Part XII   Reconciliation of Revenue per Audited Financial Stateme	nts with Revenue pe	Return	
1 Total revenue, gains, and other support per audited financial statements	•	· <del>                                    </del>	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1		
a Net unrealized gains on investments	2a		
<b>b</b> Donated services and use of facilities	2b		
<b>c</b> Recoveries of prior year grants	2c		
d Other (Describe in Part XIV)	2d		
e Add lines 2a through 2d .		_2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
<b>b</b> Other (Describe in Part XIV)	4b		
c Add lines 4a and 4b		4c	
5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12	,	5	
Part XIII   Reconciliation of Expenses per Audited Financial Staten		per Return	
1 Total expenses and losses per audited financial statements	TOTAL TARIT EXPONSES	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		<del></del>	
	ا مو		
a Donated services and use of facilities	2a	<del> </del>	
<b>b</b> Prior year adjustments	2b		
c Losses reported on Form 990, Part IX, line 25	2c		
d Other (Describe in Part XIV)	2d		
e Add lines 2a through 2d	•	2 e	
3 Subtract line 2e from line 1	1 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
<b>b</b> Other (Describe in Part XIV)	. 4b		
c Add lines 4a and 4b		4c	
5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18	3.)	5	
Part XIV   Supplemental Information			
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; P line 4, Part X; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b	art III, lines 1a and 4; Part I	IV, lines 1b and 2b; Pa	rt V,
	. – – – – – – – – –		<del>-</del> -
	· <b></b>		
	. – – – – – – – – –		
BAA TEEA3304 12/23/08		Schedule <b>D</b> (Forr	n 990) 2008

•	Schedule D (Form 990) 2008 NATIONAL WATER RESOURCES ASSOC.  Part XIV, Supplemental Information (continued)	54-0116060	Page 5
	Part XIV, Supplemental Information (continued)		<del>-</del>
	•		
		- <b>-</b>	
			. <b></b> .
			- <i></i>

# Form **4562**

Department of the Treasury Internal Revenue Service (99

# Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172

2008

Attachment Sequence No 67

Name(s) shown on return

NATIONAL WATER RESOURCES ASSOC.

Identifying number 54-0116060

Business or activity to which this form relates Form 990 / Form 990EZ Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I 1 Maximum amount. See the instructions for a higher limit for certain businesses. 1 \$250,000 Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 \$800,000 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions 5 6 (a) Description of property (b) Cost (business use only) (c) Elected cost Listed property Enter the amount from line 29 ... 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 8 9 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562. 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions) 15 Property subject to section 168(f)(1) election Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property ) (See instructions) Section A 6,128 MACRS deductions for assets placed in service in tax years beginning before 2008 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Assets Placed in Service During 2008 Tax Year Using the General Depreciation System Section B -(c) Basis for depreciation (a) (b) Month and (e) (g) Depreciation Classification of property (business/investment use year placed in service Recovery period Convention deduction only - see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 25 yrs S/L g 25-year property h Residential rental 27.5 yrs MM S/L property 27.5 yrs MM S/L i Nonresidential real 39 yrs MM S/L property MM S/L Section C -- Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20 a Class life S/L b 12-year 12 vrs S/L 40 yrs S/L c 40-year MM Part IV | Summary (See instructions ) 21 Listed property Enter amount from line 28 21 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions 22 6,128. For assets shown above and placed in service during the current year, enter 23 the portion of the basis attributable to section 263A costs

Form 4562 (2008) NATIONAL WATER RESOURCES ASSOC 54-0116060 Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles 24 a Do you have evidence to support the business/investment use claimed? No 24b If 'Yes,' is the evidence written? Yes Yes No (b) (i) (c) Business/ (h) Basis for depreciation (business/investment use only) Elected section 179 cost Type of property (list vehicles first) Date placed in service Cost or other basis Recovery period Method/ Convention Depreciation deduction investment percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B — Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (d) **(f)** (a) (b) (c) (e) Total business/investment miles driven 30 Vehicle 5 Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 6 during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 Yes Yes Yes No Yes No Yes No Yes Νo No No Was the vehicle available for personal use during off-duty hours? Was the vehicle used primarily by a more 35 than 5% owner or related person Is another vehicle available for 36 personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) Yes No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, 37 by your employees? Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners. 38 39 Do you treat all use of vehicles by employees as personal use? . Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles |Part VI Amortization (b) (c) (d) (e) **(f)** (a) Description of costs Date amortization Amortizable Code section Amortization Amortization period or percentage begins for this year Amortization of costs that begins during your 2008 tax year (see instructions)

43 44

43

44

Amortization of costs that began before your 2008 tax year

Total. Add amounts in column (f) See the instructions for where to report

#### **Supporting Statement of:**

Form 990 p 9/Membership Dues

Description	Amount
STATE DUES	222,100.
CAUCUS DUES	34,125.
Total	256,225.

#### **Supporting Statement of:**

Form 990 p 10/Line 9 col (A)

Description	Amount
INSURANCE	12,083.
PARKING	953.
RETIREMENT	24,167.
Total	37,203.

#### **Supporting Statement of:**

Form 990 p 10/Line 11g col (A)

Description	Amount
PROPERTY INSURANCE AND TAX	1,682.
Total	1,682.

#### **Supporting Statement of:**

Form 990 p 10/Line 13 col (A)

Description	Amount
TELEPHONE & FAX	5,151.
ACCOUNTING AND AUDIT	3,600.
OFFICE SUPPLIES	1,357.
EQUIPMENT LEASE	2,037.
EQUIPMEMT R&M	6,836.
POSTAGE	300.
BANK CHARGES	78.
CREDIT CARD CHARGES	732.

Total 20,091.

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GW	Dean Pennington	(601) 686-7712	(601) 686-9078	dean@ymd.org	
MI (2)	John "Terry" Mylne	(909) 682-3222	(213) 576-5213	johmyl@att net	
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# STATE EXECUTIVES

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				_	Olympia, WA 98501

# STANDING COMMITTEES

# **EXECUTIVE COMMITTEE**

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## **BUDGET AND FINANCE COMMITTEE**

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David Peterson	Member	(916) 817-4856	(916) 817-4747	David.A.Peterson@hdrinc.com	
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Mark Beuhler	Regulatory Issues, VC	(760) 398-2651	(760) 398-3711	cvwdmail@cvwd.org	

Italic indicates alternate member \* Ex-officio member

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# POLICY DEVELOPMENT COMMITTEE (STATE REPRESENTATIVES)

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Vacant	Colorado				

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Dean Pennington	Groundwater	(662) 686-7712	(662) 686-9078	dean@ymd.org	

# STATE EXECUTIVES COUNCIL

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Tom Myrum	Vice Chairman	(360) 754-0756	(360) 586-4205	wswra@olywa.net	

# WATER INDUSTRY COORDINATING COMMITTEE

NAME	POSITION	PHONE	FAX	E-MAIL	ADDRESS
Ed Pokorney	Member	(303) 628-6506	(303) 628-6852	edward.pokorney@denverwater.org	

T	T	T			
Mark Beuhler	l Member	(760) 398-2651	[ <i>(</i> 760) 398-3711 <sup>[</sup>	evwdmail@evwd.org	1
I Mark Deurilei	IVICITIOCI	) (100) 370-2031	(100) 370-3711	evwaman(a)evwa.org	1

# WATER UTILITY COUNCIL

NAME	POSITION	PHONE	FAX	E-MAIL	ADDRESS
Ed Pokorney	Representative	(303) 628-6506	(303) 628-6852	edward.pokorney@denverwater.org	

# Form **8868** (Rev April 2008)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

	e filing for an Automatic 3-Mont							► <u>X</u>
	e filing for an Additional (Not Ai							
	<i>plete Part II unless</i> you have alr	eady been granted a	in automatic 3-month exte	ension on a prev	iously filed	d Form 886	58. <u> </u>	
Part I	<b>Automatic 3-Month Exter</b>	nsion of Time.	Only submit original (	(no copies ne	eded).			
	n required to file Form 990-T an	-				,	•	▶ []
All other cor income tax i	porations (including 1120-C filei returns	s), partnerships, RE	MICS, and trusts must us	se Form 7004 to	request ai	n extensior	n of time to f	ile
returns note the additional Form 990-T.	iling (e-file). Generally, you can d below (6 months for a corpora al (not automatic) 3-month exter Instead, you must submit the fu sit www.irs.gov/efile and click or	ition required to file l nsion or (2) you file i ully completed and s	Form 990-T) However, yo Forms 990-BL, 6069, or 88 Igned page 2 (Part II) of F	ou cannot file Foi 870 group returi	rm 8868 e	lectronical	ly if (1) you i r consolidate	want ed
	Name of Exempt Organization					Employer ide	entification num	ber
Type or					•			
print	NATIONAL WATER RES	OURCES ASSOC	•			54-011	6060	
File by the due date for	Number, street, and room or suite number	per If a P O box, see inst	ructions					
filing your return See	3800 N. FAIRFAX DR	IVE, #4						
instructions	City, town or post office, state, and ZIP	code For a foreign addres	ss, see instructions					
_	ARLINGTON					VA	22203	
Check type	of return to be filed (file a separ	rate application for e	each return).					
X Form 99	•	Form 990-T (co	·		Form 472	0		
Form 99	0-BL		ection 401(a) or 408(a) tru	ıst)	Form 522	7		
Form 99	0-EZ		ust other than above)	· <b>=</b>	Form 606			
Form 99	0-PF	Form 1041-A	•	<u> </u>	Form 887	0		
Telephor If the org If this is check th	ts are in the care of TAX M.  The No. (703) 522-3828 ganization does not have an official for a Group Return, enter the oral soo X. If it is for part on sion will cover	3ce or place of busing	FAX No. Fax No	check this box per (GEN) N	<b>/A</b> If			
1   reque	est an automatic 3-month (6 mo	nths for a corporatio	n required to file Form 99	0-T) extension o	f time		-	
The ex	<b>Aug 15</b> , 20 _ <b>09</b> _, to f ttension is for the organization's	return for						
► <u>X</u>	calendar year 20 <u>08</u> or tax year beginning							
<b>&gt;</b>	tax year beginning	, 20,	and ending	, 20				
	tax year is for less than 12 mon		Initial return	Final return		hange in a	ccounting pe	eriod
3a If this a	application is for Form 990-BL, undable credits. See instruction:	990-PF, 990-T, 4720 s	, or 6069, enter the tenta	tive tax, less any	y	3a \$		0.
<b>b</b> If this made.	application is for Form 990-PF c Include any prior year overpayr	or 990-T, enter any r nent allowed as a co	efundable credits and esti edit	mated tax paym	nents	3b \$		0.
deposi	ce Due. Subtract line 3b from lin t with FTD coupon or, if required structions	e 3a. Include your p d, by using EFTPS (	ayment with this form, or, Electronic Federal Tax Pa	, if required, yment System).		3c \$		0.
Caution. If y payment ins	rou are going to make an electro tructions.	onic fund withdrawal	with this Form 8868, see	Form 8453-EO	and Form	8879-EO f	or	
BAA For Pr	ivacy Act and Paperwork Redu	ction Act Notice, se	e instructions.			Forr	n <b>8868</b> (Rev	4-2008)

# **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)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service(7)

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

A	For the 2007 calend	dar year, or tax year beginning	, 2007, and end		,	
В	Check if applicable	C Name of organization			D Employer Identific	cation Number
	Address change	Please use   NATIONAL WATER RES	SOURCES ASSOC.		54-01160	60
	Name change	1 or types	mail is not delivered to street addr) Roor	n/suite	E Telephone numbe	er
	Initial return	See specific 3800 N. FAIRFAX DI	RIVE 4		(703) 52	4-1544
	Termination	Instruc- tions. City, town or country	State ZIP coo	ie + 4	F Accounting method.	X Cash Accrual
	Amended return	ARLINGTON	VA 222	03	Other (speci	(y) <b>-</b>
	Application pending	Section 501(c)(3) organizations and charitable trusts must attach a corr	a ded (a)(1) Heriexempt		able to section 527 org	ianizations X Yes No
		(Form 990 or 990-EZ).	•	• •	return for affiliates?  number of affiliates	
G	Web site: ► N/A			(C) Are all affiliate		X Yes   No
 ≊⊇i	Organization type		· ·	• •	a list. See instruction	· · · · · · · · · · · · · · · · · · ·
	(check only one)	► X 501(c) 4 < (insert		• •	rate return filed by an covered by a group ruli	no2 [ ] (V]
. γκ ≶9		the organization is not a 509(a)(3) supp				1 1.03  22
€		normally <b>not</b> more than \$25,000. A retules to file a return, be sure to file a comp			mption Number  X if the organization	► N/A
1.1L	Grace receipte: Ade	d lines 6b, 8b, 9b, and 10b to line 12			edule B (Form 990, 99	
Pa		e, Expenses, and Changes in N				
~ "~~		e, Liperises, and Changes in N		es (Dec line	III Structions )	
		s to donor advised funds	1 a			
2		support (not included on line 1a)	1 b			
\$		c support (not included on line 1a)	1c		«<	
3		contributions (grants) (not included on I	<del></del>			
2)		cash \$ noncash			1 e	
	2 Program serv	vice revenue including government fees	and contracts (from Part VII. line	03/	2	373,776.
	· ·	dues and assessments	and contracts (nom Fart vir, line	33)	3	286,523.
	,	avings and temporary cash investments			4	4,399.
		d interest from securities			5	1,333.
	6a Gross rents	a merest from securities	6a			
	<b>b</b> Less rental e	evnencec	6b			
	i	come or (loss) Subtract line 6b from line	<u> </u>		6c	
_	ì	ment income (describe	s oa		) 7	
R E V		•	(A) Securities	(B) Other	<del></del>	<del> </del>
E N	8a Gross amoun than inventor	nt from sales of assets other	8a	(2)	, ? »	
ũ	1	other basis and sales expenses	8b		, ; ,	
_	c Gain or (loss) (a	•	8c		1 2 3	
	1	loss) Combine line 8c, columns (A) and			84	
	,	ts and activities (attach schedule) If an	• •	here ►		
		ue (not including \$	of contributions	<del></del>	1 1 1	
	reported on l	ine 1b)	9a	.,		
	<b>b</b> Less: direct e	expenses other than fundraising expense	es <b>9b</b>			
	1	or (loss) from special events. Subtract lii	1 1		9c	
	1	of inventory, less returns and allowance				
	<b>b</b> Less' cost of	_	_ 10Ь			
	c Gross profit or (I	loss) from sales of inventory (attach schedule). Su	btract line 10b from line 10a		10c	
		e (from Part VII, line 103)			11	<del> </del>
	1	e. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c,	10c, and 11	750	12	664,698.
E	_	vices (from line 44, column (B))	RECEI	VED O	13	589,741.
E X P	-	and general (from line 44, column (C))		ပြည်	14	65,527.
E N	1	(from line 44, column (D))	99 AUG 1 9	2008   우	15	0.
S E S	1	affiliates (attach schedule)	[W]	RS	16	<del></del>
_ <u>s</u>		ses. Add lines 16 and 44, column (A)			17	655,268.
Ą	1	eficit) for the year Subtract line 17 from		1, UI	18	9,430.
N S E E T	19 Net assets or	r fund balances at beginning of year (fro			19	530,106.
		es in net assets or fund balances (attach		20 Stmt	20	-2,808.
S	21 Net assets or	r fund balances at end of year Combine	lines 18, 19, and 20		21	536,728.

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Gee instruct)

ņ	o not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22</b> a	Grants paid from donor advised funds (attach sch)					
	(cash \$					_
	non-cash \$)	] ]				
	If this amount includes foreign grants, check here	22 a				
22 b	Other grants and allocations (att sch)	22.0			· ,	
	(cash \$				,	
	non-cash \$)					_
	If this amount includes foreign grants, check here	22 b			, ,	
23	Specific assistance to individuals (attach schedule)	23			5 1 1 6 V	
24	Benefits paid to or for members (attach schedule)	24			is a	* * * * * * * * * * * * * * * * * * * *
25 a	Compensation of current officers,					
	directors, key employees, etc listed in Part V-A See L-25a Stmt	25 a	140,004.	126,004.	14,000.	0.
h	Compensation of former officers,	254	140,004.	120,004.	14,000.	
_	directors, key employees, etc. listed					
_	In Part V-B Compensation and other distributions, not	25b				
·	included above, to disqualified persons (as		į			
	defined under section 4958(f)(1)) and persons described in section		ļ			
	4958(c)(3)(B)	25 c	149,572.	134,615.	14,957.	0.
26	Salaries and wages of employees not included on lines 25a, b, and c	26				
27	Pension plan contributions not included on lines 25a, b, and c	27	43,550.	39,195.	4,355.	0.
28	Employee benefits not included on lines 25a - 27					
		28				
	Payroll taxes	29	17,821.	16,039.	1,782.	0.
30 31	Professional fundraising fees Accounting fees	30 31	2 002	2 405	388.	0.
	Legal fees	32	3,883.	3,495. 224.	25.	0.
33	Supplies	33	2,507.	2,256.	251.	0.
34	Telephone	34	4,858.	4,372.	486.	0.
35	Postage and shipping	35	948.	854.	94.	0.
36	Occupancy	36				<u> </u>
37	Equipment rental and maintenance	37				
38	Printing and publications	38				
39	Travel	39	16,829.	15,146.	1,683.	0.
40	Conferences, conventions, and meetings	40	188,616.	169,754.	18,862.	0.
41	Interest	41				
42 43	Depreciation, depletion, etc (attach schedule) Other expenses not covered above (itemize)	42	6,129.	5,516.	613.	0.
	CREDIT CARD CHARGES	43a	769.	692.	77.	0.
	INSURANCE	43b	12,571.	11,314.	1,257.	0.
	PARKING	43 c	712.	641.	71.	0.
	DIRECTORIES	43 d	2,932.	2,639.	293.	0.
е	BANK CHARGES	43e	128.	115.	13.	0.
f	CONF/SEMINARS-GEN'L	43 f	1,258.	1,132.	126.	0.
g	See Other Expenses Stmt	43 g	61,932.	55,738.	6,194.	0.
	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	655,268.	589,741.	65,527.	0.
	Costs. Check ► If you are following					
	iny joint costs from a combined education					► Yes X No
It 'Ye \$	s,' enter (i) the aggregate amount of these	-	costs \$ to Management and ge		mount allocated to Prog	
	ndraising \$	ocaled	to management and ge	1101d1 4	, and (iv) the	e amount allocated

Page 3

Part III	Statement of Pre	ogram Service	Accomplishments	(See the	instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

		WATER RESOURCE MANAGEMENT	7	Program Service Expenses (Required for 501(c)(3) and
All organizations must describe Hients served, publications iss	e their exempt purpose ach sued, etc. Discuss achievem	nevements in a clear and concise manner. State the number nents that are not measurable. (Section 501(c)(3) and (4) organization.	ot jan-	(4) organizations and 4947(a)(1) trusts, but
zations and 494/(a)(1) nonexe	empt charitable trusts must	also enter the amount of grants and allocations to others)		optional for others )
	· · ·	NARS, MEETINGS, PUBLIC AND		
	RENESS RELATED T	O WATER RESOURCE		
MANAGEMENT.				
		O Nichter annual relation for some about home	7	589,741.
		0.) If this amount includes foreign grants, check here	<u> </u>	569,741.
<u></u>				
<del></del>				
(Grants and allocations	\$	) If this amount includes foreign grants, check here	Π	
_		, , , , , , , , , , , , , , , , , , , ,	ш.	<u></u>
	·			
(Grants and allocations		) If this amount includes foreign grants, check here		
d				
	. <b></b>			-
			<del></del>	
(Grants and allocations	\$	) If this amount includes foreign grants, check here	LL.	
e Other program services	•			
(Grants and allocations	\$	) If this amount includes foreign grants, check here	Щ	<u> </u>
f Total of Program Service	e Expenses (should equal l	line 44. column (B). Program services)	•	589.741.

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Form 990 (2007)

Pa	rt IV	Balance Sheets (See the instructions.)						
Not	e: V	Where required, attached schedules and amounts within olumn should be for end-of-year amounts only	the de	escription		(A) Beginning of year		<b>(B)</b> End of year
	45	Cash - non-interest-bearing					45	
	46	Savings and temporary cash investments			Ī	179,582.	46	195,306.
	47 a	Accounts receivable	47 a					
	b	Less: allowance for doubtful accounts	47b	·			47 c	
	 				· -			
	48 a	Pledges receivable	48 a					
	b	Less allowance for doubtful accounts	48 b				48 c	
	49	Grants receivable		•			49	
	50 a	Receivables from current and former officers, directors employees (attach schedule)	s, trust	ees, and key			50 a	
	b	Receivables from other disqualified persons (as define and persons described in section 4958(c)(3)(B) (attact	d unde	er section 4958(1 dule)	ŋ(1))		50 b	
A S E T S	51 a	Other notes and loans receivable			ſ		· .	
Ē	3.4	(attach schedule)	51 a					
Ś	b	Less allowance for doubtful accounts	51 b				51 c	
	52	Inventories for sale or use					52	
	53	Prepaid expenses and deferred charges					53	
	54 a	Investments - publicly-traded securities	•	Cost	FMV [	155,307.	54 a	213,205.
	b	Investments – other securities (attach sch)	•	Cost	FMV		54 b	
	55 a	Investments - land, buildings, & equipment basis	55 a	184,	058.		3 44 3	
	h	Less accumulated depreciation		-				
		(attach schedule)	55 b	103,	871.	147,722.	55 c	80,187.
	56	Investments - other (attach schedule)					56	
	57 a	Land, buildings, and equipment basis	57 a	48,	030.			
	h	Less accumulated depreciation					\$	
	_	(attach schedule)	57 b		]	48,030.	57 c	48,030.
	58	Other assets, including program-related investments					1	
		(describe PREPAID EXPENSES			) [		58	
	59	Total assets (must equal line 74) Add lines 45 throug	h 58			530,641.	59	536,728.
	60	Accounts payable and accrued expenses			Į		60	
	61	Grants payable					61	
Ļ	62	Deferred revenue			Į		62	<del>-</del>
A B	63	Loans from officers, directors, trustees, and key			1			
Ĺ		employees (attach schedule)			1		63	
Ī	64 a	Tax-exempt bond liabilities (attach schedule)			L		64 a	
i E S	b	Mortgages and other notes payable (attach schedule)			Ĺ	0.	64b	
S	65	Other liabilities (describe - ACCRUED PAYRO)	L_T/	AXES		53 <u>5</u> .	65	
	66	Total liabilities. Add lines 60 through 65				<u>535.</u>	66	0.
N	Orga	·	nd con	nplete lines 67				
N E T		through 69 and lines 73 and 74						
Ą	67	Unrestricted					67	
ACCOUNTS	68	Temporarily restricted			}		68	
Š	69	Permanently restricted	·		ļ		69	
Q R	Orga	anizations that do not follow SFAS 117, check here	X	and complete lir	nes		*	
		70 through 74			1			
UZCT	70	Capital stock, trust principal, or current funds		70				
	71	Paid-in or capital surplus, or land, building, and equip			ļ		71	
Ļ	72	Retained earnings, endowment, accumulated income,	or othe	er funds	1	530,106.	72	536,728.
BALAZCES	73	Total net assets or fund balances. Add lines 67 through 72 (Column (A) must equal line 19 and column (B) m			gh	530,106.	73	536,728.
	74	Total liabilities and net assets/fund balances. Add lin	es 66 a	and 73		530,641.	74	536,728.
BA	A							Form <b>990</b> (2007)

BAA

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Form **990** (2007)

					,		N/A
а	Total revenue, gains, and other supp	•	ncıal statemen	ts		a	<del></del> -
b	Amounts included on line a but not o	n Part I, line 12 <sup>,</sup>		1 1			
	1Net unrealized gains on investments			b1			
	2Donated services and use of facilities	S		b2			
	3Recoveries of prior year grants			<b>b3</b>			
	4Other (specify)			b4			
	Add lines <b>b1</b> through <b>b4</b>					b	
С	Subtract line <b>b</b> from line <b>a</b>					С	
d	Amounts included on Part I, line 12,			1 . 1		, *	
	1 Investment expenses not included or	Part I, line 6b		d1			
	2Other (specify)					2	
	Add to a 12 and 10			d2			
_	Add lines d1 and d2					d	
e P	Total revenue (Part I, line 12) Add I art IV-B Reconciliation of Expe		ed Financi	al Statements with	Evnenses ner l	Ret	urn
	Trivib   Reconcination of Expe	elises per Audi	leu Filialici	ai Statements with	Expenses per i	1	N/A
а	Total expenses and losses per audite	ed financial stateme	ents			а	
b	Amounts included on line a but not o	n Part I, line 17				* ,	
	1 Donated services and use of facilities	5		b1	<del> </del>	3 4	
	2Prior year adjustments reported on F	art I, line 20		b2		*	
	3Losses reported on Part I, line 20			b3		ا دُ	
	4Other (specify)						
				<u>  b4 </u>		 b	
С	Subtract line <b>b</b> from line <b>a</b>					C	
d	Amounts included on Part I, line 17,	but not on line a:				46 (	
	1 Investment expenses not included or			d1		3" 5- 8	
	2Other (specify)					« (*	
				d2		شد	
_	Add lines d1 and d2				•	d e	
e P	Total expenses (Part I, line 17) Add		and Koy E	mployoos (list sask		<u> </u>	lear director tructor
	Current Officers, Director key employee at any time	during the year ev	en if they were	not compensated) (Se	ee the instructions )	1 011	cer, director, trustee,
	(A) Name and address	(B) Title and a per week to po		(C) Compensation (if not paid, enter -0-)	(D) Contributions employee benef plans and deferred	ıt	(E) Expense account and other allowances
					compensation pla		
	HOMAS F DONNELLY						
	300 N FAIRFAX DRIVE		- 40.00	1.0.004		_	0
_		01 SECRETARY	40.00	140,004.		0.	0.
TAZ	O OTHER OFFICERS						
AI	RLINGTON VA 222	01 VARIOUS	0.00	0.		0.	0.
_			<del></del>		-		
	· · · · · ·		· · · · · · · · · · · · · · · · · · ·				

TEEA0105 08/02/07

Form 990 (2007) NATIONAL WATER RESOUR	CES ASSOC.	_	54-0116060		F	age <b>6</b>
Part V-A Current Officers, Directors, Tru		nployees (continue	d)		Yes	No
75 a Enter the total number of officers, directors, and trustees p	ermitted to vote on organizati	ion business at board meeting	s <b>-</b> 1			
b Are any officers, directors, trustees, or key emplisted in Schedule A, Part I, or highest compen A, Part II-A or II-B, related to each other through	sated professional and	other independent contr	actors listed in Schedule			
identifies the individuals and explains the relati	onship(s)	siationships in res, att	acii a statement that	75 b		X_
c Do any officers, directors, trustees, or key emp listed in Schedule A, Part I, or highest compen	sated professional and	other independent contr	actors listed in Schedule			
A, Part II-A or II-B, receive compensation from to the organization? See the instructions for the	any other organization e definition of 'related o	s, whether tax exempt o proanization'	r taxable, that are related	75 c		X
If 'Yes,' attach a statement that includes the in		•		,		
d Does the organization have a written conflict of				75 d		Х
Part V-B Former Officers, Directors, Tru Benefits (If any former officer, directo during the year, list that person below a the instructions)	or, trustee, or key emple	ovee received compensa	ation or other benefits (descri	bed be	(wol	
(A) Name and address	<b>(B)</b> Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit ac plans and deferred compensation plans	(E) Ex count allow		her
SEE ATTACHED STATEMENT						
OF OFFICERS & STAFF						
& BOARD OF DIRECTORS						
Part VI Other Information (See the Inst.	ructions )	<u> </u>			Yes	No
	<u> </u>			T	, ,	1
76 Did the organization make a change in its activity lf 'Yes,' attach a detailed statement of each change in its activity.	vities or methods of con ange	iducting activities?		76		X
77 Were any changes made in the organizing or g	_	it not reported to the IRS	57	77		Х
If 'Yes,' attach a conformed copy of the change		·		× 3.		2. mg
78a Did the organization have unrelated business g	ross income of \$1,000	or more during the year	covered by this return?	78 a		X
<b>b</b> If 'Yes,' has it filed a tax return on Form 990-T	for this year?			78b		X
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	n, or substantial contra	ction during the		79		x
80 a Is the organization related (other than by associ	riation with a etatowide	or nationwide organizat	ion) through common			٠ ه
membership, governing bodies, trustees, office	rs, etc, to any other ex	empt or nonexempt orga	anization?	80 a		Х
<b>b</b> If 'Yes,' enter the name of the organization			~			3 ^ %
Ole Take described and the latest an			xempt or nonexempt			
81 a Enter direct and indirect political expenditures  b Did the organization file Form 1120-POL for thi	*	15)	81 a	81 b		×

Form 990 (2007)

BAA

Form 990 (2007) NATIONAL WATER RESOURCES ASSOC. 54-011606	0	F	Page <b>7</b>
Part VI: Other Information (continued)		Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82 a		x
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)			
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a		X
<b>b</b> Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b		Х
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84 a		X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were			jj
not tax deductible?	84b		<del></del>
85 a 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85 a 85 b	<u></u>	х
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	830		<del>  ^</del>
If 'Yes' was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	"	,	1
c Dues, assessments, and similar amounts from members 85c N/A			1 2 1
d Section 162(e) lobbying and political expenditures  85d N/A	[		,
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices  85e  N/A			)
f Taxable amount of lobbying and political expenditures (line 85d less 85e)  85f N/A			ļ
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	N/	<u> </u>
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85 h	N/	] A
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on			
line 12   86a   N/A			1
b Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87 501(c)(12) organizations Enter a Gross income from members or shareholders 87a N/A	, ,	ŧ.	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )  87 b  N/A		*>	
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,		,	7 7
or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3?	200		- 3-1
If 'Yes,' complete Part IX	88 a		X
<b>b</b> At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI	88 b		X
89 a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under	, A	•	. 1
section 4911 ►N/A , section 4912 ►N/A ; section 4955 ►N/A	\$ . E	₹ <sub>e</sub>	
b 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 become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b	, ,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	X
, , ,			7 . ;
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   ▶ 0.	¥ .		22
<b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization	٠- ا	. %	1 1
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89 e		Х
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89 f		Х
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting	, 3	, ,	3
organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89 q		X
90 a List the states with which a copy of this return is filed See States Filed In			
<b>b</b> Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90ь		4
91a The books are in care of ► TAX MATTERS ASSOCIATES PC Telephone number ► (703) 522-			
Located at > 3601 N FAIRFAX DRIVE ARLINGTON VA ZIP + 4 > 2220			
<b>b</b> At any time during the calendar 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)?	91 b		
If 'Yes,' enter the name of the foreign country	***	حددد	 
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and	; ,,		
Financial Accounts  BAA	Form	990	(2007)

	2007) NATIONAL WATER RE		SSOC.		54-0116	060	Page 8
Part VI	Other Information (continu	ed)				Ye	s No
'c At an	y time during the calendar year, did	the organizat	ion maintain an office	outside of the Uni	ited States?	91 c	
If 'Ye	s,' enter the name of the foreign co	untry 🛌					
	on 4947(a)(1) nonexempt charitable				nere	•	▶ ∐
	enter the amount of tax-exempt inter				▶ 92_		
Part VII	Analysis of Income-Produc	cing Activit	<b>ies</b> (See the ınstru				
		Unrelated	business income	Excluded by se	ction 512, 513, or 514	(E)	
otherwise i		(A) Business code	<b>(B)</b> Amount	(C) Exclusion code	<b>(D)</b> Amount	Related or ex function inc	
	gram service revenue:					I	
	NVENTION/EXHIBIT	541700		7	183,721.	ļ	
	MINARS/WORKSHOPS	541700		3	173,251.		
	SC. & REIMB.	541700		3	1,163.	<u> </u>	
d <u>SA</u>	LE OF DIRECTORY	541700		3	520.		
<b>e</b> <u>See</u>	e Program Service Revenue Stmt				15,121.		
f Med	dicare/Medicaid payments						
<b>g</b> Fees	& contracts from government agencies						
<b>94</b> Mer	mbership dues and assessments			3	286,523.		
95 Inter	rest on savings & temporary cash invmnts	541700		14	4,399.		
<b>96</b> Div	idends & interest from securities						
<b>97</b> Net	rental income or (loss) from real estate		, , , , , , , , , , , , , , , , , , ,	8.3	. , , , , , , ,	, ,	,
a deb	ot-financed property						
<b>b</b> not	debt-financed property						
<b>98</b> Net	rental income or (loss) from pers prop						
<b>99</b> Oth	er investment income						
	n or (loss) from sales of assets						
	er than inventory						
	income or (loss) from special events						
	s profit or (loss) from sales of inventory						
<b>103</b> Oth	er revenue a	- 6 1 kg	\$ 1. 1 to 12 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		· 100 10 10 10 10 10 10 10 10 10 10 10 10		-35 3
b				ļ		<u> </u>	
c		ļ				ļ	
d							
e							
	total (add columns (B), (D), and (E))	3 87 6 . 4		事業者が少一・	664,698.	<u> </u>	
	al (add line 104, columns (B), (D),				<b>-</b> _	664	<u>,698.</u>
Note: Line	105 plus line 1e, Part I, should equ	al the amount	on line 12, Part l				
Part VIII	Relationship of Activities t	o the Acco	mplishment of Ex	empt Purpose	es (See the instruc	tions.)	
Line No. ▼	Explain how each activity for which of the organization's exempt purpo	h income is re oses (other tha	ported in column (E) of in by providing funds fo	f Part VII contribu or such purposes)	ited importantly to the a	iccomplishment	
Part IX	Information Regarding Tax	able Subsi	diaries and Disrec	arded Entitie	s (See the instruct	tions.)	N/A
<u> </u>	(A)	(B)	(0		(D)	(E)	
Name	address, and EIN of corporation.	Percentage			Total	End-of-ye	ar
par	tnership, or disregarded entity	ownership in		activities	income	assets	aı
			8				
			-8				
	<del></del>		8				
		<del></del>	8				
Part X	Information Regarding Tra	nsfers Ass		onal Benefit C	ontracts (See the	instructions	.)
a Did the	e organization, during the year, receive any fu	ınds, directly or in	directly, to pay premiums on	a personal benefit co	ntract <sup>7</sup>	Yes X	No
	ne organization, during the year, page		•	a personal benef	it contract?	∐ Yes ⊠	No
	f 'Yes' to <b>(b),</b> file Form 8870 <b>and</b> Fo	rm 4720 (see	instructions)			<u> </u>	(0007)
BAA					TEEA0108 12/27/0	7 Form <b>990</b>	, (ZUU7)

BAA

Department of the Treasury Internal Revenue Service Name(s) shown on return

#### **Depreciation and Amortization** (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. OMB No 1545-0172

Identifying number

Attachment Sequence No

NATIONAL WATER RESOURCES ASSOC. 54-0116060 Business or activity to which this form relates Form 990 / Form 990EZ Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I \$125,000. 1 1 Maximum amount. See the instructions for a higher limit for certain businesses 2 Total cost of section 179 property placed in service (see instructions) 2 \$500,000 3 Threshold cost of section 179 property before reduction in limitation 3 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing 5 separately, see instructions 6 (a) Description of property (b) Cost (business use only) (c) Elected cost Listed property Enter the amount from line 29 7 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2006 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year 14 (see instructions) Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 Part III | MACRS Depreciation (Do not include listed property ) (See instructions) Section A 6,129 MACRS deductions for assets placed in service in tax years beginning before 2007 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Assets Placed in Service During 2007 Tax Year Using the General Depreciation System Section B (a) Classification of property (c) Basis for depreciation (f) Method (g) Depreciation (b) Month and (d) (e) Convention (business/investment use Recovery period year placed only - see instructions) in service 300 m 36 0 19 a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L h Residential rental 27.5 yrs MM S/L property 27.5 yrs MM S/L i Nonresidential real 39 yrs MM S/L property S/L MM Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System 20 a Class life S/L S/L b 12-year 12 yrs c 40-year 40 yrs MM S/L Part IV | Summary (see instructions) Listed property Enter amount from line 28 21 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on 6,129. the appropriate lines of your return Partnerships and S corporations - sec instructions 22

For assets shown above and placed in service during the current year, enter

Page 2 Form **4562** (2007) 54-0116060 NATIONAL WATER RESOURCES ASSOC. Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) 24 a Do you have evidence to support the business/investment use claimed? No 24b If 'Yes,' is the evidence written? No Yes Yes (a) (e) (h) (i) (b) (d) **(f)** (g) (c) Business/ Elected Type of property (list vehicles first) Date placed in service Cost or other basis Basis for depreciation Method/ Convention Depreciation deduction Recovery investment section 179 cost iness/investment use only) period use percentage Special allowance for qualified Gulf Opportunity Zone property placed in service during the tax year 25 and used more than 50% in a qualified business use (see instructions) Property used more than 50% in a qualified business use 27 Property used 50% or less in a qualified business use: Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B — Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles **(f)** (a) (b) (c) (d) (e) 30 Total business/investment miles driven Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 during the year (do not include commuting miles) Total commuting miles driven during the year 31 Total other personal (noncommuting) 32 miles driven 33 Total miles driven during the year Add lines 30 through 32 No Yes No Yes No Yes No Yes No Yes No Yes Was the vehicle available for personal use during off-duty hours? Was the vehicle used primarily by a more than 5% owner or related person? Is another vehicle available for 36 personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) Yes No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners Do you treat all use of vehicles by employees as personal use? 39 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?

art VI <sup>©</sup> Amortization						
(a) Description of costs	(b)  Date amortization begins	(c) Amortizable amount	(d) Code section	Amortiz period percen	ation d or	(f) Amortization for this year
Amortization of costs that begins duri	ng your 2007 tax year (see i	nstructions)				
Amortization of costs that began before	ore your 2007 tax year		<del></del>		43	
4 Total. Add amounts in column (f) Se	ee the instructions for where	to report			44	

Do you meet the requirements concerning qualified automobile demonstration use? (See instructions )

# Compensation of Current Officers, Directors, Key Employees, Etc.

Name as Shown on Return	Employer Identification No
NATIONAL WATER RESOURCES ASSOC.	54-0116060

#### Compensation

Name	Chk ıf a Bus	<b>(A)</b> Total	<b>(B)</b> Program services	(C) Management and general	<b>(D)</b> Fundraising
THOMAS F DONNELLY NO OTHER OFFICERS		140,004.	126,004.	14,000.	
Total Compensation Received		140,004.	126,004.	14,000.	

# Contributions to Employee Benefit Plans & Deferred Compensation Plans

Name	Chk If a Bus	<b>(A)</b> Total	<b>(B)</b> Program services	(C) Management and general	<b>(D)</b> Fundraising
THOMAS F DONNELLY NO OTHER OFFICERS		0.			
Total Contributions to Employee Benefit Plans & Deferred Compensation Plans		0.			

#### **Expense Account and Other Allowances**

Name	Chk If a Bus	<b>(A)</b> Total	<b>(B)</b> Program services	<b>(C)</b> Management and general	<b>(D)</b> Fundraising
THOMAS F DONNELLY NO OTHER OFFICERS		0.			
Total Expense Account and Other Allowances		0.			
Total to Part II, Line 25a ►		140,004.	126,004.	14,000.	

#### 'Form 990, Page 2, Part II, Line 43

#### Other Expenses Stmt

Other expenses not covered above (itemize).	<b>(A)</b> Total	<b>(B)</b> Program services	(C) Management and general	<b>(D)</b> Fundraising
PUBLIC RELATIONS	13,725.	12,352.	1,373.	0.
TRAINING	815.	733.	82.	0.
INFORMATION SERVICES	7,696.	6,926.	770.	0.
NEWSLETTER & REPORTS	438.	394.	44.	0.
PUBLICATIONS	374.	337.	37.	0.
COURIER SERVICES	42.	38.	4.	0.
LEGISLATIVE ON-LINE	5,240.	4,716.	524.	0.
MEMBERSHIP REGISTRATION	1,105.	994.	111.	0.
INTERN TRAINING	5,254.	4,729.	525.	0.
REAL ESTATE TAX	3,564.	3,208.	356.	0.
BUSINESS PROPERTY TAX	1,758.	1,582.	176.	0.
CONDO FEE	6,186.	5,567.	619.	0.
EQUIPMENT LEASE	2,403.	2,163.	240.	0.
EQUIPMENT O&M	6,113.	5,502.	611.	0.
BUILDING MAINTENANCE	1,432.	1,289.	143.	0.
MISCELLANEOUS	5,287.	4,758.	529.	0.
REIMBURSABLE	500.	450.	50.	0.
Total	61,932.	55,738.	6,194.	0.

Form 990 Part VI, Page 7, Line 90a States Filed In

Virginia

Form 990, Page 8, Part VII, Line 93

#### **Program Service Revenue Stmt**

	Unrelated business income		Excluded by section 512, 513, or 514			
	(A) Business code	<b>(B)</b> Amount	(C) Exclusn code	<b>(D)</b> Amount	(E) Related or exempt function income	
Program service revenue:						
INTERN SCHOLARSHIPS SPONSORSHIPS	541700 541700		3	10,121. 5,000.		

15,121.

Form 990, Page 1, Part I, Line 20

#### Other Changes in Net Assets or Fund Balances

Description	Amount
ACCUMULATED ADJUSTMENTS	-2,808.

NATIONAL	WATER	RESOURCES	<b>ASSOC</b>
	VVA 1	RE-31/11RLE-3	M.J.J. II.

54-0116060

2

Other Changes in Net Assets or Fund Balances	<del></del>

	Description	Amount
Total		- <u>2</u> ,808.

National Water Resources Association 3800 North Fairfax Drive, Suite #4 Arlington, Virginia 22203 (703) 524-1544 (703) 524-1548 FAX nwra@nwra.org www.nwra.org

#### **OFFICERS AND STAFF**

NAME	POSITION	PHONE	FAX	E-MAIL	ADDRESS
Norm	President	(208) 344-	(208) 344-2744	norm@iwua.org	
Semanko		6690			
W. E. "Bill"	Vice President	(830) 379-	(830) 379-1766	bwest@gbra.org	933 East Court St.
West Jr.		5822			Seguin, TX 78155
Thomas	Secretary	(703) 524-	(703) 524-1548	tdonnelly@nwra.org	3800 North Fairfax Dr., Suite 4
Donnelly_		1544			Arlington, VA 22203
Larry Libeu	Treasurer	(909) 793-	(909) 793-0188	llibeu@sbvwcd.dst ca.us	1630 W. Redlands Blvd., Ste A
		2503			Redlands, CA 92373
John Sullivan	Immediate Past President	(602) 236-	(602) 683-0963	jfsulliv@srpnet.com	
		5812			
Thomas	Executive Vice President	(703) 524-	(703) 524-1548	tdonnelly@nwra.org	3800 North Fairfax Dr., Suite 4
Donnelly		1544			Arlington, VA 22203
Kris Polly	Vice President -	(703) 524-	(703) 524-1548	kpolly@nwra.org	3800 North Fairfax Dr., Suite 4
	Government Relations	1544			Arlington, VA 22203
Jennifer	Legislative Consultant	(703) 524-	(703) 524-1548	JKıeley@nwra.org	3800 North Fairfax Dr., Suite 4
Kieley		1544			Arlington, VA 22203
Peter Adams	Consultant			peterjadams@sbcglobal.net	

## **BOARD OF DIRECTORS**

STATE(VOT	DIRECTOR	PHONE	FAX	E-MAIL	ADDRESS
E)					
AZ(3)	John Sullivan	(602) 236-5812	(602) 683-0963	j[sulliv@srpnet.com	P.O. Box 52025
					Phoenix, AZ 85072-2025
AZ	Wade Noble	(928) 343-9447	(928) 343-9483	noblew@mindspring.com	1405 West 16 <sup>th</sup> St., Ste. A

					Yuma, AZ 85364
AZ	Don Pope	(928) 627-8824	(928) 627-3065	donpope@ycwna.org	P.O. Box 5775 Yuma, AZ 85366-5775
CA(4)	Larry Libeu	(909) 793-2503	(909) 793-0188	llibeu@sbvwcd.dst.ca.us	1630 W. Redlands Blvd., Sto Redlands, CA 92373
CA	Glen Peterson	(818) 991-2833	(818) 706-1989	glepet@worldnet.att.net	
CA	David Breninger	(530) 823-4860	(530) 823-4960	dbreninger@pcwa.nct	P.O. Box 6570 Auburn, CA 95604
CA	Greg Zlotnick	(650) 625-8954	None	GAZatSCVWD@aol.com	
CA (1 <sup>st</sup> alt.)	John Fraser	(530) 672-6531	(530) 672-6548	jfraser@eid.org	5417 Rolling Rock Rd Pracerville, CA 95667
CA (2 <sup>nd</sup> alt.)	Andy Horne	(760) 353-1152	(760) 353-1164	ahorne@iid.com	
CO(3)	Ed Pokorney	(303) 628-6506	(303) 628-6852	cdward.pokorney@denverwater.org	1600 W. 12 <sup>th</sup> Ave Denver, CO 80204
CO	Chris Treese	(970) 945-8522	(970) 945-8799	ctreese@crwcd.org	
CO	Andy Colosimo	(719) 668-8005	(719) 668-8020	acolosimo@csu.org	
ID(2)	Norm Semanko	(208) 344-6690	(208) 344-2744	norm@iwua.org	
ID	Dale Swensen	(208) 624-3381	(208) 624-3990	fmid@fretel.com	PO Box 15 St. Anthony, ID 83445
MT(1)	Mike Murphy	(406) 235-4555	(406) 468-6487	MWRA@uswest.net	
NE(2)	Glenn Johnson	(402) 476-2729	(402) 476-6454	glenn@lpsnrd.org	P.O. Box 83581 Lincoln, NE 68501-3581
NE	Frank Kwapnioski	(308) 535-5922	(308) 535-5333	fskwapn@nppd.com	
NV	Lester deBraga	(775) 423-8727	(775) 423-5354	Marlene@tcid.org	
NM(2)	Wayne Cunningham	(505) 461-2351	(505) 461-4061	waterdistrict@shipleysystems.com	
ND	David Koland	(701) 652-3194	(701) 652-3195	davek@daktel.com	P.O. Box 140 Carrington, ND 58421
OR(2)	John Herlocker	(541) 977-2860		john@coid.org	
OR	Jay Chamberlain	(541) 372-3540	(541) 372-2437	oidh20@fintc.com	17 South Bruce Street Nyss, OR 97913
SD(1)	Mike Kurle	(605) 669-2931	(605) 669-3022	wiljh20@wcenet.com	P.O. Box 407 Murdo, SD 57559
TX(4)	W. E. "Bill" West Jr.	(830) 379-5822	(830) 379-1766	bwest@gbra.org	933 East Court St. Seguin, TX 78155
TX	Jerry Clark	(409) 746-3200	(409) 746-3780	jelark@sia.dst.tx.us	P.O. Box 579 Orange, TX 77631

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TX	Greg Rothe	(210) 302-3600	(210) 227-1373	grothe@sara-tx.org	P.O. Box 839980
171	Greg Rome	(210) 302 3000	(210) 227 1373	<u> </u>	San Antonio, TX 78283-9980
TX	J. Tom Ray	(254) 753-9585	(254) 753-9593	jtray@lan-inc.com	215 Mary Street, Ste. 305
					Waco, TX 76701
TX (1 <sup>st</sup> alt.)	James R. Nichols	(817) 735-7300	(817) 735-7490	jrn@freese.com	4055 International Plaza, Ste
,		, ,			Fort Worth, TX 76109
UT(2)	Terel H. Grimley	(801) 621-6555	(801) 621-6558	tgrimley@relia.net	471 W. 2nd Street
, ,					Ogden, UT 84404
UT	Ron Thompson	(435) 673-3617	(435) 673-4971	rwthompson@utah.gov	136 North 100 East
					St. George, UT 84770
WA(3)	James Trull	(509) 837-6980	(509) 837-2088	trullj@svid org	P.O. Box 239
					Sunnyside, WA 98944
WA	Tom Myrum	(360) 754-0756	(360) 586-4205	wswra@alywa.net	606 Columbia Street, NW, St
					Olympia, WA 98501
GW(2)	Ron Bishop	(308) 385-6282	(308) 385-6285	epnrd@epnrd.org	
GW	Dean Pennington	(601) 686-7712	(601) 686-9078	dean@ymd.org	
MI (2)	John "Terry" Mylne	(909) 682-3222	(213) 576-5213	johmyl@att.net	
MI	Roger Gingrich	(928) 373-4500	None	Roger.Gingrich@ci.yuma.az.us	155 West 14 <sup>th</sup> St.
					Yuma, AZ 85364
PS(2)	Greg Eldridge	(916) 286-0437	(916) 920-8463	Greg.eldridge@ch2m.com	
PS	Dave Peterson	(530) 756-5905	(530) 756-5991	dpeterson@westyost.com	
IR(2)	Tom Knutson	(308) 336-3341	(308) 336-3208	tknutson@micrord.com	P.O. Box 137
					Farwell, NE 68838
IR	Gary Esslinger	(505) 526-6671	(505) 523-9666	gcsslinger@ebid-nm.org	P.O. Door 1509
					Las Cruces, NM 88004
SE(1)	Leroy Goodson	(512) 472-7216	(512) 472-0537	goodson@twca org	221 E. 9 <sup>th</sup> St. Ste.206
					Austin, TX 78701
HON	Eluid Martinez	(505) 670-6345	None	eluid@excite.com	
PD	Roger Ling	(208) 436-4717	(208) 436-6804	rdl@idlawfirm.com	PO Box 396
					Rupert, ID 83350
FA	Norm Semanko	(208) 344-6690	(208) 344-2744	norm@iwua.org	



Form **8868** (Rev. April 2007)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

► File a separate application for each return

OMB No 1545 1709

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)  Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868  Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).  Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part only  All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns  Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the elurns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filling of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits  Name of Exempt Organization  National Water Resources Assoc.  Number, street, and room or suite number. If a P.O. box, see instructions  National Water Resources Assoc.  Number, street, and room or suite number. If a P.O. box, see instructions	If you a	re filing for an Automatic 3-Month Extension, complete only Part I and check this box		<u>► X</u>
Automatic 3-Month Extension of Time. Only submit original (no copies needed).	• If you a	re filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this fo	orm)	_
Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part	Do not con	aplete Part II unless you have already been granted an automatic 3-month extension on a previously file	d Form 8868	
AND Line of Exempt Organization  Name of Exempt Organization  Name of Exempt Organization  National Water RESOURCES ASSOC.  National Water Resources Associated Water Re	Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
Comparison of the form of the cuttors of the cutt	Section 501 only	(c) corporations required to file Form 990-T and requesting an automatic 6-month extension – check the	is box and co	omplete Part
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NATIONAL WATER RESOURCES ASSOC.   S4-0116060	returns note (1) you war consolidate	ed below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot fil It the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group ro d Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. F	e Form 8868 eturns, or a c	electronically if composite or
NATIONAL WATER RESOURCES ASSOC.  NATIONAL WATER RESOURCES ASSOC.  Number, steet, and room or sure number if a PO box, see instructions  3800 N. FAIRFAX DRIVE, #4  City, town or post office, state, and ZP code For a foreign address, see instructions  ARLINGTON  X Form 990  Form 990-T (corporation)  Form 990-T (corporation)  Form 990-BL  Form 990-T (trust other than above)  Form 990-T (frust other than above)  The books are in the care of FTAX MATTERS ASSOCIATES PC  Telephone No F(703) 522-3828  FAX No F  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If evelension will cover  I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until Aug 15, 20_08_, to file the exempt organization return for the organization named above  The extension is for the organization's return for  X calendar year 20_07_ or  X all fits tax year is for less than 12 months, check reason Initial return Final return Change in accounting period  3a if this application is for Form 990-PF, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions  B (1) and a stack and estimated tax payments and elicitic and extension is for Form 990-PF or 990-PF, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions  C Balance Due, Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)  Sale of the payment System of	P	Name of Exempt Organization	Employer ident	tification number
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Check type of return to be filed (file a separate application for each return)    Form 990	nstructions			
Form 990	<u> </u>	<del></del>	VA	22203
Form 990-BL Form 990-T (section 401(a) or 408(a) trust) Form 990-EZ Form 990-PF Form 990-PF Form 990-PF Form 990-PF Form 1041-A  Telephone No \(^170.31\) 522-3828 FAX No \(^1\) If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until Aug 15, 2008, to file the exempt organization return for the organization named above The extension is for the organization's return for If it is a year beginning, 20, and ending, 20 If this tax year is for less than 12 months, check reason Initial return Change in accounting period  If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions  If this application is for Form 990-BF or 990-T, enter any refundable credits and estimated tax payments made include any prior year overpayment allowed as a credit  C Balance Due, Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)  See instructions  Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for				
Form 990-EZ Form 990-PF Form 1041-A Form 8870  The books are in the care of TAX MATTERS ASSOCIATES PC  Telephone No (703) 522-3828 FAX No Fall the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) M/A If this is for the whole group, check this box If it is for part of the group, check this box If it is for part of the group, check this box In extension will cover  1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until Aug 15 , 20 08 , to file the exempt organization return for the organization named above. The extension is for the organization's return for It is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions  1 If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions  2 If this application is for Form 990-BL, 990-PF, or 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions  3 If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit  3 If the organization is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit  3 If the organization is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments as the structions of the properties of the				
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BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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