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Return of Organization Exempt From Income Tax

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

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

Department of the Treatury Internal Revenue Service

Open to Public Inspection

| <u>A</u> | For the 200 | 9 calendar year, or tax year beginning , and ending | | ~~~~ | |
|-------------------------|---------------------------------------|--|---|------------------------|--------------------------------|
| В | Check if applica | | | D Emplo | yer identification number |
| | Audioso charge | Ecology Action of Texas | | | |
| | - | label or print or Doing Susiness As |] | 74- | 1696145 |
| 1 : | agrishe omarA | typo. Number and sheet (or P.O. box il mail is not delivered to sheet address) Room/sur | 30 | | וספיזועה פתכו |
| Į | inder return | See 707 East 9th Street | · | - | -322-0000 |
| 1 | Temชางลงา | Specific | | G Gross root | |
| 63 | | Institute. City or town, state or columny and ZIP + 4 | } | G 5008 700 | 130,1200 |
| <u>Li</u> | Амегоев гешп | | | | |
| | Applitation con | drg F Name and address of principal officer | - 1 | | a group return for |
| | | Karly Jo Dixon, Co-Director | | 2री प्रश् H(b) दलक | office Yes X No |
| | | 707 East 9th Street | - 1 | H(b) Are an incisor | of Leaves No |
| | | Austin TX 78701 | | :(` \ o,' | stisch alter (see alete cipue) |
| 1 | Tax-exempt | | | | |
| <u>J</u> | Website: 8 | www.ecology-action.org | | H(t) Grass | exemption number 🦫 |
| K | Type of program | ration X Conjugation Trust Assirovation Other 🕨 L. Year of form | ation 1 | 971 | M State of legal compole TX |
| ** | arti | Sunimary | | | |
| | 1 Brief | fly describe the organization's mission or most significant activities | | | |
| z. | | d educate and empower people to create a healthier | | • | |
| Š | | nvironment through waste prevention. | | | , |
| Activities & Governance | | | | • | , , , , |
| Š | 2 Che | ck this box > if the organization discuntinued its operations or disposed of more than 25% of its | net ass | ers. | , , , |
| ŏ | • | iber of voting members of the governing body (Pert VI, line 1s) | | 3 | 7 |
| φŞ | : | noer of independent voling members of the governing body (Part Vi, line 1b) | • | 4 | 6 |
| 2 | : | | | 5 | 7 |
| .≩ | : | number of employees (Part V, line 2a) | | 6 | 712 |
| ₹ | 6 Tota | i number of volunteers (estimate if necessary) | | · | |
| | 7a 10ta | i grass unrelated business rever ue from Par VIII, colunt ComeMED | | 7a | 0 |
| | b Net | unrelated business laxable income from Form 596-T, line 34 | Prior Yes | . 7b | Current Year |
| | P Con- | tributions and grants (Part VIII, line 1h) tram service revenue (Part VIII, line 2g) | | 5,667 | 154,397 |
| မ္ဘ | 1 | tributions and grants (Part VIII, line 1h) & JUN U 7 2010 6 | | 9,814 | 234,799 |
| Revenue | 9 Prog | | | 2,098 | 8,962 |
| હું | 30 thve | stment income (Part Vill, column (A), lines 3 4, and SDEN, UT | | 296 | 0,302 |
| | | er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 13e) | 570 | | 398,158 |
| | · · · · · · · · · · · · · · · · · · · | il revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 300 | 3,875 | 330,130 |
| | | nts and similar amounts paid (Part IX, column (A), lines 1-3) | | | |
| | 1 | efits paid to or for members (Part IX column (A), line 4) | | | 777 777 |
| es | 15 Sala | ines, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 201 | 0,542 | 233,919 |
| Expenses | 16aProf | essional fundraising fees (Part IX, column (A) line 11e) | 1000 70 | ~ ~~~~ | 24.333 |
| ğ. | b Tota | ii fundraising expenses (Part IX, column (D), line 25) ▶ 8,267 | | 2 700 | |
| ш | 17 Othe | er expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 988 | 207,003 |
| | 18 Tota | al expenses. Add lines 13–17 (must equal Part IX. column (A), line 25) | | 1,530 | 440,922 |
| | 19 Rev | er-ue less expenses. Subtract line 16 from line 12 | | 7,345 | -42,764 |
| Net Assets or | 693 | <u> </u> | ing of Cur | | End of Year |
| 33 | 20 Tota | si assets (Fart X, line 16) | ~~~~ | 9,413 | 344,856 |
| # # F | 21 Tota | al liabilities (Part X, line 35) | | 7,083 | 105,290 |
| ž | 22 Net | assets or fund balances. Subtract line 21 from line 20 | 28 | 2,330 | 239,566 |
| | art II | Signature Block | | | |
| | | Under penalties of payery. I declare that have examined this letting including accompanying schedules and state | emente, s | nc to the he | st of my knowledge |
| | | and belief, it is pure, correct, and complete Contaration of operator (other than officer; is beset on all information | ot which i | preparer nas | any mowiedge |
| Si | gn | parma 1 | | | 2/3/// |
| He | re | Signature of grigger | ` (| Date | , ,, , |
| | | Karyu 10 DIXON WONVE | ישני | | |
| | | Type or print name and title (| - | | |
| | | Granular & Carlo | Check | iŧ | Preparcy : Identitying number |
| Pa | iid | signature & Grang & Miserian PA 5/26/2010 | 303- | | P00064074 |
| | eparer's | <u> </u> | employ P.C. | | W. 055000 |
| | e Only | Fim's name (or yours) Gindler, Chappell, Morrison & Co., | <u></u> | EIN B | - '4 5005/10 |
| | - | | | Phone | 512-833-9600 |
| | | ^ | ····· | FO. B | |
| | | scuss this return with the preparer shown above? (see instructions) | | <u> </u> | X: Yes No Form 990 (2009) |
| DA | r F riva cy A À | ct and Paperwork Reduction Act Notice, see the separate instructions. | | | rom 330 (2.09) |

SCANNED JUL 27 2010

917:48

| Part III Stat | tement of Program | Service Accomplishments | | |
|----------------------|---------------------------|---|---------------------------|-----------------|
| 1 . Briefly describe | the organization's missi | on. | | |
| | | r people to create a heal | lthier | |
| environme | ent through w | aste prevention. | | |
| | | | | |
| 2 Did the organiz | ration undertake any sign | ficant program services during the year which were | not listed on | |
| _ | 990 or 990-EZ? | mount program sortions during the year which were | | Yes X No |
| | be these new services or | Schedule O | | |
| | | or make significant changes in how it conducts, any | program | |
| services? | _ | | | Yes X No |
| lf "Yes," descri | be these changes on Sch | edule O | | |
| 4 Describe the ex | xempt purpose achlevem | ents for each of the organization's three largest pro | gram services by expenses | |
| = - | | ations and section 4947(a)(1) trusts are required to | | |
| allocations to o | thers, the total expenses | and revenue, if any, for each program service repo | orted | |
| 42 /Cada |)/Evpongos P | 380,808 including grants of \$ |) /Payarya ® | 167,694) |
| 4a (Code |)(Expenses \$ | rop-off centers and a mat |) (Revenue \$ | 107,094) |
| processin | | nop-orr centers and a mat | CELIAIS | |
| | | ervices for special event | s around | |
| | | local music venues in do | | |
| Austin | | 10001 11010 701100 211 01 | | |
| *Teaches | Central Texa | ns about recycling and wa | aste | |
| prevention | | - · | | |
| - Condu | cts tours ar | d provides hands-on volum | nteer | |
| | | downtown recycling center | | |
| | | various community events | throughout | |
| the year. | • | | | |
| | | | | |
| 4b (Code. |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | |
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| | | | | |
| | | | | |
| 4c (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | |
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| | | • | | |
| | | | | |
| 4d Other program | services (Describe in S | thedule O) | | |
| (Expenses \$ | Control (Describe III S | including grants of \$ |) (Revenue \$ |) |
| | service expenses > | 380,808 | 7 | |
| | | | - | Form 990 (2009) |

DAA

| 171 | ' Citeckist of Required Schedules | | Ver | |
|-----|--|------------------|----------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | Yes | No |
| • | complete Schedule A | 1 | x | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| • | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete | | | |
| 7 | Schedule C, Part II | 4 | | X |
| 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 | | |
| 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 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part | | | |
| | X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," | | | |
| | complete Schedule D, Part IV | 9 | | <u>X</u> |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or | | | |
| | quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | _X_ |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X as applicable | 11 | X | |
| • | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete | 13 | • * * * | * 1 |
| | Schedule D, Part VI. | 32 | | 3. 4 |
| • | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more | 1 | 1 | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 100 | | |
| • | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more | \$55 | | #C 3 |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | | | ٠ ر |
| • | Did the organization report an amount for other assets related 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 | 7.07 | | 33 E |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | - | 18 | 12.7 |
| • | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | 1 | 7. |
| | the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. | , , | | |
| 12 | | 42 | X | ننا |
| | Schedule D, Parts XI, XII, and XIII. | 12 | | |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No 12A X | | 3, 4 | 7.7 |
| 40 | | 42 | | х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 14a | <u> </u> | x |
| 14a | | 144 | | |
| ь | business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | 146 | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any | 145 | | |
| 13 | organization or entity located outside the United States? If "Yes," complete Schedule F, Part II | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance | ''- | | |
| 10 | to individuals located outside the United States? If "Yes," complete Schedule F, Part III | 16 | | x |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services | - . - | | |
| • ′ | on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | x |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | <u> </u> | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| | If "Yes," complete Schedule G, Part III | 19 | | x |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | X |
| | | Forr | n 990 | (2009) |

| | 1990 (2009) ECOTOGY ACTION OF TEXAS /1-1090145 | | | age 4 |
|-----|--|-------------|--|-------------|
| P | art IV. Checklist of Required Schedules (continued) | | r - | |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations | | Yes | No |
| | in the United States on Part IX, column (A), line 12 if "Yes," complete Schedule I, Parts I and II | 21 | } | x |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the | | | |
| | United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | ĺ | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | _==_ |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines | | | |
| | 24b through 24d and complete Schedule K. If "No," go to line 25 | 24a | l | X |
| h | 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 | | | |
| Ū | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction | | | |
| | with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | ļ | X |
| h | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a | 200 | <u> </u> | |
| | prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or | | ŀ | |
| | 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 | 120 | | |
| 20 | 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, | 120 | | |
| ~/ | substantial contributor, or a grant selection committee member, or to a person related to such an individual? | | | |
| | If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L. | | | · · · · · · |
| 20 | Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| _ | | 28a |). ·· | x |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 200 | | |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | х |
| С | 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 | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | Ţ <u> </u> | |
| | Part I | 31_ | <u> </u> | 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 | l | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | [| | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | <u> </u> | X |
| 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 | | X |
| 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 | | X |
| 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 | <u>L</u> | X |
| 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 | 1 | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and | | | |
| | | | | |

19? Note. All Form 990 filers are required to complete Schedule O

| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance | | | | | |
|----------|---|---------|--------------|-------------------|----------|----------------|
| • | <u></u> | | | | Yes | Ņo |
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | 1 | | يار ا | | 1.2. |
| | U.S Information Returns. Enter -0- if not applicable | 1a | 1 | | | |
| þ | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 16 | 0 | ——{* ``` | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and re | portabl | le | , , | (' ' | |
| _ | gaming (gambling) winnings to prize winners? | 1 1 | 1 | 1c | 2000 | X |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | - | , | 1 | |
| _ | Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 7 | | | . |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return. | ns / | | 2b | X | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see | | | | | |
| 3a | instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covere | d by | | [] S | 222 | |
| Ja | this return? | и Бу | | 3a | 1 | x |
| ь | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | | 3b | · | |
| 4a | | authori | tv | 35 | | - |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other fin | | ity . | 1 | | |
| | account)? | arrola. | | 4a | | x |
| b | If "Yes," enter the name of the foreign country | | | | 7,023 | |
| _ | See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign | Bank | | | | K 12 |
| | and Financial Accounts. | | | ` " | 1 | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | x |
| ь | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | tion? | | 5b | | X |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega | | | | | |
| | Prohibited Tax Shelter Transaction? | | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did th | e | | | | |
| | organization solicit any contributions that were not tax deductible? | | | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribution | ns or | | | | į |
| | gifts were not tax deductible? | | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | Ž, | - | 16 13 |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g | goods | | 1 3 | - | |
| | and services provided to the payor? | | | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | <u> </u> | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | ıs | | | | 4.5 |
| | required to file Form 8282? | i | I | 7c | | X |
| | If "Yes," indicate the number of Forms 8282 filed during the year | 7d_ | <u> </u> | ^^(, | | ļ., , |
| е | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p | ersona | 31 | 7.7 | ľ | x |
| £ | benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri | n e+2 | | 7e 7f | ┢── | X |
| ' | | | | 71 7g | | X |
| g h | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0 | | | 1.8 | | 1 |
| ** | required? | , as | | 7h | | x |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | | | 111 | 17 | 11.7 |
| _ | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | | | A 23 | | 11 |
| | organization, have excess business holdings at any time during the year? | | | 8 | ' ' | X |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | Li, | (4) | 1 |
| а | Did the organization make any taxable distributions under section 4966? | | | 9 <u>a</u> | l | X_ |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | X |
| 10 | Section 501(c)(7) organizations. Enter | _ | _ | | 100 | 100 |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | 100 |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | 177 | 1000 |
| 11 | Section 501(c)(12) organizations. Enter | | • | | 1.75 | 3 |
| а | Gross income from members or shareholders | 11a | | : 5 \$ | 18 | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | () | | 1::" |
| | amounts due or received from them) | 11b | L | · " | | ``` |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1 |) | 12a | | |
| <u>b</u> | If "Yes " enter the amount of tax-exempt interest received or accrued during the year | 12b | <u> </u> | 12 | 000 | (2000) |
| | | | | F | | |

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body 6 **b** Enter the number of voting members that are independent : Ú. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members 7a of the governing body? 7b b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached X at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give X rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this is done 12c X 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶ Karly Jo Dixon 707 East 9th Street 512-322-0000 Austin TX 78701

DAA

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

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

| (A) | (B) | | | | C) | | | (D) | (E) | (F) Estmated |
|--|------------------------------|------------------|------------|----------|--------------|------------------------------|--------|---|--|--|
| Name and Title | Average hours per week | ndwidual trustee | | Officer | Key employee | Highest compensated employee | Former | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| Austin Van Zant | | | _ | | | | | | - · · · · · · · · · · · · · · · · · · · | |
| Vice Chair | 2.00 | X | | <u>_</u> | | | | 0 | 0 | (|
| Lauren Dreyer | | | | | ļ | | | | | |
| Chair | 2.00 | X | | | | | | 0 | 0 | (|
| Adam Thompson | ı | | | | | | | | | |
| Treasurer | 1.00 | X | | | | | | 0 | 0 | |
| Susannah Cummins | | | | | | | | | | |
| Secretary | 2.00 | X | | | | | | 0 | 0 | (|
| Tanya Ladha | | | | | | | | | · | |
| Member | 2.00 | X | L | | | | | 0 | 0 | |
| Eric Dieter | | | | | | | | | | |
| Member | 4.00 | X | Ĺ., | | L | | | 0 | 0 | |
| Simon Powell-Ever | | | | 1 | 1 | | | | | |
| Member | 4.00 | X | - | | - | | | 0 | 0 | |
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| | | - | ├ - | - | - | 4 | | | | |

| Pan | YII Section A. Officers (A) | , Directors, Trus | rees | s, r .e | <u> </u> | npio C) | yees | s, an | (D) | (E) | (F) |
|---------------|--|--|-----------------------------------|-------------------------------|-----------------------------|----------------------|------------------------------|-----------------------------|---|--|--|
| | Name and Title | Average hours per | ├ | | chec | k all 1 | hat a | | Reportable compensation | Reportable compensation | Estimated amount of |
| | | week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| | | | | | | | | | | | |
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| | | <u> </u> | | | | Ĺ | | Ļ | | | |
| | Total Total number of individuals (in | ncluding but not I | mite | ot be | thos | e lis | ted a | bov | e) who received more than | S100 000 in | |
| | eportable compensation from | | | | | | | | | | |
| 4 i | Did the organization list any formal organization list any formal organization and related on him organization and related on dividual Did any person listed on line organization and the organization and the organization the organization the organization line organization in the organization line organization in the organizat | " complete Schere 1a, is the sum rganizations gre | dule of re ater | J for port than comp | suc able \$15 pens | h ind com 0,00 | dividi npen: 07 If | ual satio "Ye m ar | on and other compensation s," complete Schedule J fo ny unrelated organization fo | from r such | Yes No |
| 1 (| on B. Independent Contract Complete this table for your fi | ve highest comp | ensa | ted | ınde | pend | lent o | cont | ractors that received more | than \$100,000 of | |
| | compensation from the organ Name and | ization (A) I business address | | _ | | | | | Descrip | (B) Stion of services | (C) Compensation |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | _ | - | | | |
| | Total number of independent | contractors (incli | udino | but | not | limit | ed to | tho | se listed above) who receiv | | See . |
| | more than \$100 000 in compe | | | | | | | | | | 73 .0 Form 990 (2009) |

| ŧν | Statement of Rev | | 2, | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|----------|--|-----------------|---------------|-------------------------|--|--|---|
| 1a | Federated campaigns | 1a | 8,864 | 21 4 77 | | (0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| | Membership dues | 1b | | f '' | | work to dogs | 2 / 2 3 42 5 7 7 5 5 7 |
| | Fundraising events | 1c | | | | | 154 33 722 |
| | • | 1d | | | U 21 21 22 13 | 1 (7 () () () | 13 to 1 |
| | Related organizations | | 85,415 | i "``" | | 3 22 7 37 5 | |
| | Government grants (contributions) | 1e | 65,415 | | l'"' ' ' ,' ' | 1. | 22 8025 |
| f | All other contributions, gifts, grants, | | | | ATT 23 C 1 C 1 C 1 | | |
| | and similar amounts not included above | 1f | 60,118 | | | | 7 . 124 144 |
| g | Noncash contributions included in lines 1a | ÷1f \$ | | * * / ' | | (3) | |
| h | Total. Add lines 1a-1f | | <u> </u> | 154,397 | | | , , , , , , , , , , , , , , , , , , , |
| | | | Busn. Code | 1 1 2 22 | 18 | e de la compania del compania de la compania del compania de la compania del compania de la compania de la compania dela compania del compania del compania del compania del compania de | Twin In . |
| 2a | Material Sales | | | 167,694 | 167,694 | | |
| ь | Memberships | | | 67,105 | 67,105 | | |
| c | • | | | | | | |
| ď | | | 1 | | | | |
| <u>u</u> | | | | | | | |
| e | * All -4h | | | | | | |
| | All other program service revi | enue | <u> </u> | 024 700 | 7 | | |
| g | Total. Add lines 2a-2f | | <u> </u> | 234,799 | | | |
| 3 | Investment income (including | dividends, inte | erest, and | | | | |
| | other similar amounts) | | > | 979 | | | 97 |
| 4 | Income from investment of ta | x-exempt bond | proceeds | | | | |
| 5 | Royalties | | • | | | | |
| | (ı) Real | (; | ı) Personal | w ~ {* | | | |
| 6a | Gross Rents | ſ | |] ` | t | The control of | |
| ь | | | | 13 - 11 - 11 | f / () () | | Latin i |
| | | | | | | | |
| C | , , , , , , , , , , , , , , , , , , , | | • | 1 "''' ''' | f ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | | Ì |
| d 7a | Cases amount from | . 1 | <u></u> - | | <u> </u> | 7. 37. 2. 7. | |
| | sales of assets (i) Securitie | 78 | (ii) Other | | | \$1,000 pt 10 pt | , , |
| | other than inventory | | 7,983 | | | Sec. 14. 25. 25. 25. 25. | 22022 12 1 |
| þ | Less cost or other | | | | | | |
| | basis & sales exps | | | | | March March | |
| С | Gain or (loss) | | 7,983 | | | 10 5725 27 | 1 |
| d | Net gain or (loss) | | <u> </u> | 7,983 | 7,983 | | <u> </u> |
| | Gross income from fundraising ev | rents | | 10000 | · · · · · · · · · · · · · · · · · · · | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | |
| | (not including \$ | 1 | | and the second | | | |
| | of contributions reported on line 1 | c) | | | | | |
| | | | | | | 500043 | I \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| _ | See Part IV, line 18 | a | | to එછે ? ~~ | | t mark to the | S : 11 % - |
| | Less. direct expenses | b[| | de | | T () () () () | * ** |
| | Net income or (loss) from fur | | s > | | | (27 27 33877 0 | -,, |
| 9a | Gross income from gaming activit | ies | | 123 gr (1 30) 332 | | | 16 2 35 10 3 |
| | See Part IV, line 19 | a | | | Property of the | | 157 () |
| b | Less direct expenses | ь | | | | Link of Contract | 1 1 13 55 5 |
| | Net income or (loss) from ga | ming activities | • | | | | |
| | a Gross sales of inventory, les | | | is a many makes | FULL CLEAN | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| | returns and allowances | a | | | | | 医环络 宝宝 |
| L | Less cost of goods sold | b | | tag same content of the | | L. 5 35 16 6 | 医皮肤 进口 |
| | | | , , | |] / / ` ` ` ` ' / ' * ` | 1 | [* * * * * * * * * * * * * * * * * * * |
| <u>C</u> | Net income or (loss) from sa | | | | | | |
| _ | Miscellaneous Reven | <u> </u> | Busn. Code | | kad Italiai | | |
| 11a | | | | | | | |
| b |) | | | ļ | | | |
| c | ; | | | | | | |
| | All other revenue | | | | | | |
| d | 1 Will Office Leacure | | | | | | |
| d | | | • | | , | () | 97 |

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 r | All other organizations must on the control of the | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundralsing |
|------|---|--------------------|---------------------------------------|---|--|
| | Bb, 9b, and 10b of Part VIII. | Total expenses | expenses | management and general expenses | expenses |
| 1 (| Grants and other assistance to governments and | | | | () () () () () () () () () () |
| (| organizations in the U.S. See Part IV, line 21 | - <u></u> | | | |
| 2 | Grants and other assistance to individuals in | | | \$27 37 AV 1 1 1 1 | |
| 1 | the U.S. See Part IV, line 22 | | | , | ,, |
| | Grants and other assistance to governments, | | | | # 5/32#C2# |
| | organizations, and individuals outside the | | | [n | \$ 1.45 km |
| | U S See Part IV, lines 15 and 16 | | | | |
| | Benefits paid to or for members | | | | |
| | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | | | |
| | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 107 010 | 161,656 | 22,145 | 4,009 |
| | Other salaries and wages | 187,810 | 101,030 | 22,145 | 4,009 |
| | Pension plan contributions (include section 401(k) | | | } | |
| | and section 403(b) employer contributions) | 31,329 | 27,037 | 3,634 | 658 |
| | Other employee benefits | 14,780 | 12,755 | | 310 |
| | Payroli taxes | 14,760 | 12,733 | 1,113 | 310 |
| | Fees for services (non-employees) | | | | |
| | Management | | | | |
| | Legal | 4,501 | 3,884 | 522 | 95 |
| | Accounting | 4,301 | 3,004 | <u> </u> | |
| | Lobbying | | · | | |
| | Professional fundraising services See Part IV, line 17 | ····· | | | |
| | Investment management fees | 25,350 | 22,328 | 3,001 | 21 |
| • | Other Advertising and promotion | 23,330 | 22,320 | 3,002 | |
| | • | 6,733 | 5,811 | 781 | 141 |
| = | Office expenses Information technology | 761 | 657 | 88 | 16 |
| | Royalties | 702 | | | |
| | Occupancy | 56,769 | 50,034 | 5,703 | 1,032 |
| | Travel | 30,703 | 30,001 | | |
| | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| | Conferences, conventions, and meetings | 664 | 573 | 77 | 14 |
| | Interest | 6,713 | 5,793 | | |
| - | Payments to affiliates | | | | |
| | Depreciation, depletion, and amortization | 41,165 | 34,990 | 6,175 | |
| | Insurance | 1,469 | 1,268 | 170 | 31 |
| | | | | 33 | / |
| 24 | Other expenses Itemize expenses not | | " " as a min " " | Karpani k | 18 11 11 11 11 11 11 11 11 11 11 11 11 1 |
| | covered above (Expenses grouped together | | n | | |
| | and labeled miscellaneous may not exceed | | e e e e e e e e e e e e e e e e e e e | | 13 3 3 3 3 3 3 3 |
| | 5% of total expenses shown on line 25 below) | | 1 / m m 1/2018 | (i) | |
| а | Equipment rental/maintena | 21,930 | 19,060 | 2,430 | 440 |
| b | Transportation costs | 21,223 | 18,410 | | 431 |
| С | Supplies | 10,758 | 9,428 | | |
| d | Bad debt expense | 3,930 | 3,391 | | |
| e | Event expense | 1,534 | 874 | | |
| f | All other expenses | 3,503 | 2,859 | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 440,922 | 380,808 | 51,847 | 8,267 |
| | Joint costs. Check here ▶ ☐ if following | | | | |
| | | | l | | İ |
| | | | | | |
| | fundraising solicitation | | | | Form 990 (2009) |
| 25 | Total functional expenses. Add lines 1 through 24f 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 | | | | _ |

| P | irt X | Balance Sheet | | | | | | |
|-------------|-------|---|----------------|-------------|---|---------------------------------------|--|--|
| | | | | | (A) Beginning of year | | (B) End of year | |
| | 1 | Cash—non-interest bearing | | | 12,514 | 1 | 19,862 | |
| | 2 | Savings and temporary cash investments | | | 68,123 | 2 | 24,457 | |
| | 3 | Pledges and grants receivable, net | | | 27,000 | 3 | 22,000 | |
| | 4 | Accounts receivable, net | | | 24,951 | 4 | 15,128 | |
| | 5 | Receivables from current and former officers, directors, tru | ustees, key | ; | 21 11 2 22 11 | w) | | |
| | | employees, and highest compensated employees. Comple | ete Part II of | | | : % | | |
| | | Schedule L | | | | 5 | | |
| | 6 | Receivables from other disqualified persons (as defined up | nder section | | 25.77 .2052626202020 | , , , , , , , , , , , , , , , , , , , | 3 | |
| | | 4958(f)(1)) and persons described in section 4958(c)(3)(B) |) Complete | | ,,,, ,, ,,, ,,, ,,, ,,, ,,, ,,, ,,,,,,, | ````` | ; "" " ; | |
| | | Part II of Schedule L | | | | 6 | | |
| Assets | 7 | Notes and loans receivable, net | | ! | | 7 | | |
| SS | 8 | Inventories for sale or use | | | | 8 | | |
| ⋖ | 9 | Prepaid expenses and deferred charges | | | 7,295 | 9 | | |
| | 10a | Land, buildings, and equipment cost or | | | " } '(') , | · · · · | | |
| | | other basis Complete Part VI of Schedule D | 10a 3 | 392,884 | 423 4 5 7 | 3 | 3 | |
| | b | Less accumulated depreciation | 10b | L45,062 | 269,530 | 10c | 247,822 | |
| | 11 | Investments—publicly traded securities | | | | 11 | 15,587 | |
| | 12 | Investments—other securities See Part IV, line 11 | | | | 12 | | |
| | 13 | Investments—program-related See Part IV, line 11 | | | | 13 | | |
| | 14 | Intangible assets | · | | | | | |
| | 15 | Other assets See Part IV, line 11 | | | | 15 | | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | 409,413 | 16 | 344,856 | |
| | 17 | Accounts payable and accrued expenses | | | | 17 | 2,315 | |
| | 18 | Grants payable | | | | 18 | | |
| | 19 | Deferred revenue | | | | 19 | | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | | |
| es | 21 | Escrow or custodial account liability Complete Part IV of S | Schedule D | | | 21 | | |
| Liabilities | 22 | Payables to current and former officers, directors, trustees | s, key | | | | | |
| abi | | employees, highest compensated employees, and disqua | lified | | 11.5. to 10.1.3. The |] | , , | |
| Ë | | persons Complete Part II of Schedule L | | | | 22 | | |
| | 23 | Secured mortgages and notes payable to unrelated third p | parties | | 113,964 | 23 | 94,806 | |
| | 24 | Unsecured notes and loans payable to unrelated third part | ties | | | 24 | | |
| | 25 | Other liabilities Complete Part X of Schedule D | | | 13,119 | 25 | 8,169 | |
| _ | 26 | Total liabilities. Add lines 17 through 25 | | | 127,083 | 26 | 105,290 | |
| ances | | | and | | 13 44 1 1 3 | 5 1 | (; " " " " | |
| 2 | | complete lines 27 through 29, and lines 33 and 34. | | | 2004 500 | 3 | N | |
| | | Unrestricted net assets | | | 234,530 | | 211,116 | |
| Ba | 28 | Temporanly restricted net assets | | | 47,800 | 28 | 28,450 | |
| Ĕ | 29 | Permanently restricted net assets | . — | | | 29 | Company of the second | |
| 屲 | | Organizations that do not follow SFAS 117, check here | ▶ 📋 | | | | 3 July 24 1 3 | |
| or Fund | | and complete lines 30 through 34. | | | / 1 | * | 1 77 × " " " " " " " " " " " " " " " " " | |
| şţ | 30 | Capital stock or trust principal, or current funds | | | 30 | | | |
| 386 | 31 | Paid-in or capital surplus, or land, building, or equipment f | | | | 31 | | |
| Ä | 32 | Retained earnings, endowment, accumulated income, or o | other funds | | 303 330 | 32 | 239,566 | |
| Net Assets | 33 | Total net assets or fund balances | | | 282,330 409,413 | 33 | 344,856 | |
| _ | 34 | Total liabilities and net assets/fund balances | | | 1 403,413 | 34 | 5 990 (2000) | |

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2009)

3b

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Ecology Action of Texas

Employer identification number

74-1696145

Part 1 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives. (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III-Functionally integrated Type I b Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(n) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (rv) is the organization (v) Did you notify (vi) Is the (vii) Amount of (iii) Type of organization the organization in nization in col organization (described on lines 1-9 in col (i) listed in your support col (I) of your (I) organized in the governing document? above or IRC section support? US? (see instructions)) Yes Νo Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2009

Total

| Pa | Support Schedule for O | | | | (1)(A)(iv) and | 170(b)(1)(A)(vi) |) | | | | |
|----------|---|-----------------------------------|----------------------|------------------------|----------------------|------------------------|--------------------|--|--|--|--|
| | (Complete only if you che | ecked the box | on line 5, 7, or | 8 of Part I.) | | | | | | | |
| | tion A. Public Support | | | | | | | | | | |
| Cal | endar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total | | | | |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 368,740 | 282,301 | 290,200 | 392,053 | 154,397 | 1,487,691 | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | | | | |
| 4 | Total. Add lines 1 through 3 | 368,740 | 282,301 | 290,200 | 392,053 | 154,397 | 1,487,691 | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | | | | | |
| 6 | Public support, Subtract line 5 from line 4 | | 1.00 100 V | | | 7,7,1 111 <u>,</u> 3,1 | 1,487,691 | | | | |
| Sec | tion B. Total Support | | | | | | | | | | |
| Cal | endar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total | | | | |
| 7 | Amounts from line 4 | 368,740 | 282,301 | 290,200 | 392,053 | 154,397 | 1,487,691 | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 1,031 | 1,845 | 3,620 | 2,098 | 979 | 9,573 | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | 0 | | | | | |
| 10 11 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support, Add lines 7 through 10 | 1,346 | 890 | 7,325 | 296 | | 9,857 1,507,121 | | | | |
| 12 | Gross receipts from related activities, etc | (con instructions) | <u>K-1</u> | | <u> </u> | 12 | 830,292 | | | | |
| 13 | First five years. If the Form 990 is for the | • | econd third for | orth or fifth tay year | ur as a section 501 | <u> </u> | 830,232 | | | | |
| 13 | organization, check this box and stop here | _ | i, second, imia, ibi | ordi, or martax yea | ii as a section so i | (6)(3) | | | | | |
| Sec | tion C. Computation of Public Su | | tage | | | | | | | | |
| 14 | Public support percentage for 2009 (line 6 | | | on (fl) | | 14 | 98.71% | | | | |
| 15 | Public support percentage from 2008 Scho | | = | VII | | 15 | 98.81% | | | | |
| 16a | 33 1/3 % support test—2009. If the organ | | | 13. and line 14 is 3 | 33 1/3 % or more. | check this box | | | | | |
| _ | and stop here. The organization qualifies | | | , | , | | ► X | | | | |
| b | · · · · · · · · · · · · · · · · · · · | | - | 3 or 16a, and line 1 | 5 is 33 1/3 % or m | nore, check this | | | | | |
| | box and stop here. The organization quali | | | | | | ▶ 🗍 | | | | |
| 17a | 10%-facts-and-circumstances test-200 | 9. If the organizati | on did not check a | box on line 13, 16 | a, or 16b, and line | 14 is 10% or | | | | | |
| | more, and if the organization meets the "fa | acts-and-circumsta | nces" test, check | this box and stop I | nere. Explain in Pa | art IV how the | _ | | | | |
| | organization meets the "facts-and-circums | stances" test. The | organization qualif | ies as a publicly su | pported organizati | on | > | | | | |
| b | 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or | | | | | | | | | | |
| | more, and if the organization meets the "fa | | | = | | | . — | | | | |
| | organization meets the "facts-and-circums | | • | | | | ▶; | | | | |
| 18 | Private foundation. If the organization did | i not check a box o | on line 13, 16a, 16l | b, 17a, or 17b, che | ck this box and se | e instructions | ▶ 📙 | | | | |
| | | · · - · - · - · - · · · · · · · · | | | Sch | edule A (Form 990 | or 990-EZ) 2009 | | | | |

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from 0.00 Section B. Total Support (e) 2009 (f) Total (c) 2007 (d) 2008 (b) 2006 Calendar year (or fiscal year beginning in) ▶ (a) 2005 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, 13 and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 16 % Public support percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009 Ecology Action of Texas 74-1696145

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions

Part II, Line 10 - Other Income Detail

Miscellaneous

9,857

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public . Inspection

Employer identification number

| E | cology Action of Texas | | 74-1696145 |
|----|---|---|---------------------------------------|
| | rt. I. Organizations Maintaining Donor Advised F | unds or Other Similar Funds or | |
| | the organization answered "Yes" to Form 990 | , Part IV, line 6. | , |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in writing the | at the assets held in donor advised | <u></u> |
| • | funds are the organization's property, subject to the organization's ex | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor advisors | • | |
| · | used only for charitable purposes and not for the benefit of the donor | | |
| | purpose conferring impermissible private benefit? | of donor advisor, or for any other | Yes No |
| Pa | nt ■ Conservation Easements. Complete if the organization in the conservation in the | panization answered "Yes" to Fo | |
| 1 | Purpose(s) of conservation easements held by the organization (chec | | , , , , , , , , , , , , , , , , , , , |
| - | Preservation of land for public use (e.g., recreation or pleasure) | Preservation of an historically in | moortant land area |
| | Protection of natural habitat | Preservation of certified historic | • |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified cons | envation contribution in the form of a cons | seniation |
| - | easement on the last day of the tax year | civation contribution in the form of a contr | oci valion |
| | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| ь | Total acreage restricted by conservation easements | | 2b |
| c | Number of conservation easements on a certified historic structure in | 2c | |
| d | Number of conservation easements included in (c) acquired after 8/1 | 2d | |
| 3 | Number of conservation easements modified, transferred, released, | | (|
| 3 | · | extinguished, or terminated by the organiz | ation during |
| | the taxable year | - Inented | |
| 4 | Number of states where property subject to conservation easement is | - - - | |
| 5 | Does the organization have a written policy regarding the periodic mo | mitoring, inspection, nandling of | ☐ Yes ☐ No |
| _ | violations, and enforcement of the conservation easements it holds? | | <u> </u> |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, and enfo | ording conservation easements during the | yeai |
| 7 | Amount of expenses incurred in monitoring, inspecting, and enforcing | - concentration accomments during the year | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and enforcing • \$ | conservation easements during the year | |
| | · · | , the requirements of coetion | |
| 8 | Does each conservation easement reported on line 2(d) above satisf | y the requirements of section | Yes No |
| | 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | | - |
| 9 | In Part XIV, describe how the organization reports conservation ease balance sheet, and include, if applicable, the text of the footnote to the | • | |
| | the organization's accounting for conservation easements | e organization s infancial statements that | describes |
| D. | at III Organizations Maintaining Collections of Ar | Historical Treasures or Other | Similar Assets |
| *3 | Complete if the organization answered "Yes" | to Form 990, Part IV, line 8 | |
| 1a | If the organization elected, as permitted under SFAS 116, not to repo | | heet works of |
| | art, historical treasures, or other similar assets held for public exhibiti | | |
| | provide, in Part XIV, the text of the footnote to its financial statements | | • |
| b | If the organization elected, as permitted under SFAS 116, to report in | | t works of art, |
| - | historical treasures, or other similar assets held for public exhibition, | | |
| | provide the following amounts relating to these items | | • |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | ▶ \$ |
| | (ii) Assets included in Form 990, Part X | | ▶ \$ |
| 2 | If the organization received or held works of art, historical treasures, | or other similar assets for financial gain in | provide the |
| • | following amounts required to be reported under SFAS 116 relating to | | |
| а | Revenues included in Form 990, Part VIII, line 1 | s most nonio | ▶ \$ |
| b | Assets included in Form 990, Part X | | · · |
| D | Appelo induced in Fulfit 33V, Fal(A | | * * |

| Schedule C | (Form 990) 2009 Ecology Ac | | | | 696145 | | ge 2 |
|--------------|---|--------------------------|--------------------------|-----------------------|--|--|------------------|
| Part III | Organizations Maintaining (| | | | | | |
| | g the organization's acquisition, accession ction items (check all that apply) | , and other records, ch | eck any of the followi | ng that are a signifi | cant use of it | rs . | |
| a 🗌 F | Public exhibition | d 🔲 Loar | or exchange progran | ns | | | |
| b | Scholarly research | e Othe | er | | | | |
| c 🗌 F | Preservation for future generations | | | | | | |
| 4 Provi | ide a description of the organization's colle | ections and explain hov | v they further the orga | nization's exempt į | ourpose in | | |
| asse | ng the year, did the organization solicit or rests to be sold to raise funds rather than to b | be maintained as part of | of the organization's co | ollection? | 1 (S. 4 . 18 . 4 | | No |
| Part IV | IV, line 9, or reported an ame | ount on Form 990 | , Part X, line 21. | | d Yes" to | Form 990, Part | |
| | e organization an agent, trustee, custodiar ided on Form 990, Part X? | n or other intermediary | for contributions or oti | ner assets not | | Yes | No |
| b If "Ye | es," explain the arrangement in Part XIV a | nd complete the follow | ng table | | | - | |
| | | | | | | Amount | |
| c Begi | inning balance | | | | <u>1c</u> | <u> </u> | |
| d Addit | tions during the year | | | | <u>1d</u> | | _ |
| e Distr | ributions during the year | | | | <u>1e</u> | <u> </u> | — |
| f Endi | ing balance | | | | | <u> </u> | |
| | the organization include an amount on For | m 990, Part X, line 21? | | | | Yes | No |
| | es," explain the arrangement in Part XIV | | | | | | |
| Part V | Endowment Funds. Comple | | | | | | |
| | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three y | ears back (e) Four years b | ack |
| 1a Begi | inning of year balance | | | | 4 | , 1, | |
| b Cont | tributions | | | <u> </u> | <u> 1:3 °</u> | | يبسب |
| c Net i | investment earnings, gains, | | | \$ m . g), . m | | | |
| and | losses | | | | - },,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ``` | ,` |
| d Gran | nts or scholarships | | | ** ***** *** *** | 41. | | 4-2\$ |
| e Othe | er expenditures for facilities | | | | | 24 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | • |
| and | programs | | | | 4 4 4 | *** | |
| f Adm | ninistrative expenses | | | <u> </u> | - | reduced the complete | |
| • | of year balance | Ĺ | | | 13 / 1 | <u> </u> | |
| 2 Prov | ride the estimated percentage of the year of | end balance held as | | | | | |
| a Boar | rd designated or quasi-endowment | % | | | | | |
| b Pem | manent endowment >% | | | | | | |
| | m endowment ▶ % | | | | | | |
| 3a Are t | there endowment funds not in the possess | sion of the organization | that are held and adr | ninistered for the | | [,, -] | |
| orga | inization by | | | | | | No |
| (i) (| unrelated organizations | | | | | 3a(i) | |
| | related organizations | • | | | | 3a(iı) | |
| | 'es" to 3a(ii), are the related organizations | | | | | 3b_ | |
| | cribe in Part XIV the intended uses of the | organization's endowm | ent funds | 0 D-4 V I | 40 | | |
| Part V | | | | | | (d) Book value | |
| | Description of investment | (a) Cost or other basi | | | ccumulated preciation | (d) Book value | |
| | | (investment) | basis (othe | · | preciation | 2 3 | |
| 1a Land | | | | | | | |
| b Buik | · | | | 208 | | 44,2 | 90 |
| | sehold improvements | | | ,298 | · | 348,5 | |
| d Equi | · | | 348 | , 500 | 145,0 | | |
| e Othe | | wel Form 000 Bort V | column (R) line 10(a) | | <u> </u> | ≥ 247,8 | |
| i otal. Add | d lines 1a through 1e (Column (d) must eq | Juai Form 990, Part X, | within (b), line 10(c) | 1 | | | |

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

Schedule D (Form 990) 2009

organization's liability for uncertain tax positions under FIN 48

| Sche | dule D (Form 990) 2009 Ecology Action of Texas | 74-169 | 6145 | Page 4 |
|-----------|--|------------------------------------|----------------|---------|
| Pa | Reconciliation of Change in Net Assets from Form 99 | 90 to Audited Financial St | atements | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | 1 | 398,158 |
| 2 . | Total expenses (Form 990, Part IX, column (A), line 25) | | 2 | 440,922 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | | 3 | -42,764 |
| 4 | Net unrealized gains (losses) on investments | | 4 | |
| 5 | Donated services and use of facilities | | 5 | |
| 6 | Investment expenses | | 6 | |
| 7 | Prior period adjustments | | 7 | |
| 8 | Other (Describe in Part XIV) | | 8 | |
| 9 | Total adjustments (net) Add lines 4 through 8 | | 9 | |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 | and 9 | 10 | -42,764 |
| | rt XII Reconciliation of Revenue per Audited Financial Sta | | r Return | • |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 398,158 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| | Net unrealized gains on investments | 2a | | |
| _ | Donated services and use of facilities | 2b | 一 [::] | |
| b | | 20 | 77 1 | |
| | Recovenes of prior year grants | 2d | | |
| d | Other (Describe in Part XIV) | _ 20 | | |
| e | Add lines 2a through 2d | | 2e 3 | 398,158 |
| 3 | Subtract line 2e from line 1 | ſ | | 390,130 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 1 - 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | ' | |
| þ | Other (Describe in Part XIV) | 4b | | |
| C | Add lines 4a and 4b | | 4c | 200 150 |
| | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | 5 | 398,158 |
| <u>Pa</u> | rt XIII : Reconciliation of Expenses per Audited Financial St | atements With Expenses | | 440 000 |
| 1 | Total expenses and losses per audited financial statements | | 1. | 440,922 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | 1 1 | 1,, 1 | |
| а | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | ≒ | |
| d | Other (Describe in Part XIV) | 2d | " | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | 440,922 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | l | 1::`1 | |
| а | investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| ь | Other (Describe in Part XIV.) | 4b | | |
| С | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | | 5 | 440,922 |
| | if XIV Supplemental Information | | ., | |
| | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Pa | d III lines 1a and 4 Part IV lines | 1h | |
| | 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part | | | |
| | | Am, mes 2d and 45 Also comple | | |
| tnis į | part to provide any additional information | | | |
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| Sche | dule | D (F | om ! | 990) | 200 | 9 | Ec | col | Log | JY_ | Ac | sti | LOI | 1 (| of. | T | exa | as | | | | | | | 7 | <u>4-:</u> | <u>L 6</u> 9 | <u>961</u> | 45 | <u> </u> | | | | | Pag | je 5 |
|-------|------|------|------|------|-----|-----|-------|-----|-----|------|------|-----|------|-----|-----------|---|-----|----|---|---|---|---|---|---|---|------------|--------------|------------|-----|----------|-----|-----|---|---|-----|-------------|
| Scher | rt X | IV | Su | ıpp | lem | ent | tal I | nfo | rm | atio | on (| COI | ntin | ue | <u>d)</u> | | | | | | | | | | | | | | | | | | | | | |
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SCHEDULE 0

(Form 990) ·

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Ecology Action of Texas

Employer Identification number

74-1696145

Form 990, Part I, Line 6

Volunteers

Hours Logged by Volunteers:

Operations: 12 volunteers - 408 hours

Stubbs: 50 volunteers - 1,000 hours

County Fair: 8 volunteers - 24 hours

Form 990, Part III, Line 4a - First Achievement

- Conducts classroom visits to educate children about recycling.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 Once Ecology Action receives our form 990 from our C.P.A. it is reviewed by our financial committee and compared to our bookkeeping data as held in quickbooks. After a review by our financial committee the Form 990 is sent to our Treasurer and the entire Board of Directors who review it for accuracy. Once reviewed and any errors fixed the form 990 is filed.

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

The Board of Directors and the Co-directors constantly monitor the activity

of the Organization and the conflict of interest policy.

Form 990, Part VI, Line 15b - Compensation Process for Officers

All staff are hourly employees and receive the same hourly rate.

Recommending an hourly rate is the responsibility of the staff who meet in

weekly staff meetings. A consensus on any change in the hourly rate is required. On approval of any change in the hourly rate at a weekly staff meeting, the change in rate is sent to the Board of Directors for review and final approval. Compensation of staff is based on the financial health of the organization.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Ecology Action Makes our governing document, conflict of interest policy and financial statements available to the public by posting them on Guide star our website (www.ecology-action.org) and having them available by request.

| Forms 990-PF | Mortgages and O |
|--------------|---|
| | For calendar year 2009, or tax year beginning |

Mortgages and Other Notes Payable

2009

Employer Identification Number

Name

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