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Form **990-EZ****Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

**2009****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2009 calendar year, or tax year beginning , and ending		<b>D</b> Employer identification number 86-0992092	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization SOUTHERN ARIZONA WATER USERS ASSOCIATION	
		Number and street (or P O box, if mail is not delivered to street address) Room/suite P O BOX 35481	
		City, town, or country State ZIP + 4 TUCSON AZ 85740-5481	
		<b>E</b> Telephone number (520) 545-1272	
		<b>F</b> Group Exemption Number ▶	

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting Method ☐ Cash ☒ Accrual  
Other (specify) ▶

**I** Website: ▶ www.sawua.org**J** Tax-exempt status (check only one) — ☒ 501(c) ( 6 ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 65,663

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	0
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	65,100
	<b>4</b> Investment income . . . . .	<b>4</b>	563
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	0
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	0
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	0
	<b>6</b> Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/> . . . . .		
	<b>a</b> Gross revenue (not including \$ 0 of contributions reported on line 1) . . . . .	<b>6a</b>	0
<b>b</b> Less: direct expenses other than fundraising expenses . . . . .	<b>6b</b>	0	
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	<b>6c</b>	0	
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	0	
<b>8</b> Other revenue (describe ▶ ) . . . . .	<b>8</b>	0	
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	<b>9</b>	65,663	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (attach schedule) . . . . .	<b>10</b>	8,500
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	50,106
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	1,014
	<b>16</b> Other expenses (describe ▶ See Attached Statement ) . . . . .	<b>16</b>	1,158
	<b>17</b> <b>Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	60,778
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	4,885
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	126,852
	<b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . .	<b>20</b>	0
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b>	131,737

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

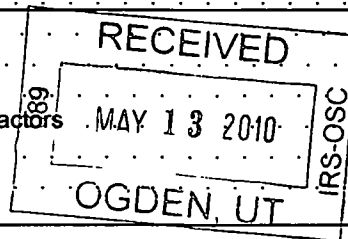
(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	126,802	<b>22</b> 131,737
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe ▶ Dues Receivable ) . . . . .	50	<b>24</b> 0
<b>25</b> <b>Total assets</b> . . . . .	126,852	<b>25</b> 131,737
<b>26</b> <b>Total liabilities</b> (describe ▶ ) . . . . .	0	<b>26</b> 0
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	126,852	<b>27</b> 131,737

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.  
(HTA)

Form **990-EZ** (2009)

SCANNED JUN 17 2010



<b>Part III</b>	<b>Statement of Program Service Accomplishments (See the instructions for Part III.)</b>
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<p>What is the organization's primary exempt purpose? <u>Preserve quality and quantity of So Az water resources</u></p> <p>Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</p>
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## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

28	Discuss and analyze federal, state, regional and local water resource mgmt policy and planning, including legislation. Ensure policies and programs are in place to protect the quantity and quality of water available to southern Az. (Grants \$ 0 ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	28a	60,778
29	   (Grants \$ 0 ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	29a	0
30	   (Grants \$ 0 ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	30a	0
31	Other program services (attach schedule) . . . . . (Grants \$ 0 ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	31a	0
32	<b>Total program service expenses.</b> (add lines 28a through 31a) . . . . . ▶	32	60,778

<b>Part IV</b>	<b>List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated. (See the instructions for Part IV.)
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[illegible]

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. . . . .		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes. . . . .		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		X
b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. . . . .		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did the organization file Form 1120-POL for this year? . . . . .		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . . .		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved. . . . . 38b 0		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9. . . . . 39a		
b Gross receipts, included on line 9, for public use of club facilities. . . . . 39b		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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. . . . . 40b		
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. . . . . ▶		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. . . . . ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . . 40e		X
41 List the states with which a copy of this return is filed. ▶ AZ		
42 a The organization's books are in care of ▶ Janet Carr Telephone no. ▶ (520) 579-2963		
Located at ▶ P O Box 35481 City Tucson ST AZ ZIP + 4 ▶ 85740-5481		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . 42b	Yes	No
If "Yes," enter the name of the foreign country: ▶		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . . 42c		X
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. . . . . ▶ <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year. . . . . ▶ 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ. . . . . 44	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ. . . . . 45		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

- 46** 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 . . . . . **Yes No**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. . . . . **46 47 48 49a 49b**
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .
- 49 a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .
- b** If "Yes," was the related organization a section 527 organization? . . . . .
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

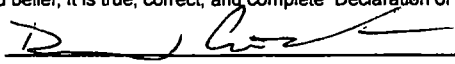
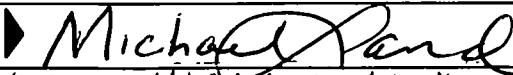
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str . . . . .	Title . . . . .			
City <u>ST</u> ZIP . . . . .	Hr/WK .00	0	0	0
Name . . . . .	Title . . . . .			
City <u>ST</u> ZIP . . . . .	Hr/WK .00	0	0	0
Name . . . . .	Title . . . . .			
City <u>ST</u> ZIP . . . . .	Hr/WK .00	0	0	0
Name . . . . .	Title . . . . .			
City <u>ST</u> ZIP . . . . .	Hr/WK .00	0	0	0
Name . . . . .	Title . . . . .			
City <u>ST</u> ZIP . . . . .	Hr/WK .00	0	0	0

**f** Total number of other employees paid over \$100,000 . . . . . ▶

- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str . . . . .		
City <u>ST</u> ZIP . . . . .		
Name . . . . .		
City <u>ST</u> ZIP . . . . .		
Name . . . . .		
City <u>ST</u> ZIP . . . . .		
Name . . . . .		
City <u>ST</u> ZIP . . . . .		
Name . . . . .		
City <u>ST</u> ZIP . . . . .		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	 Signature of officer		Date <u>5-10-10</u>		
<b>Paid Preparer's Use Only</b>	Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4 <u>MICHAEL LAND 9760 E STONER PL TUC AZ 85748</u>		Date <u>5/3/2010</u>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions) <u>527 90 9066</u>
			EIN <u>52-0992092</u>	Phone no <u>(520) 971-4303</u>	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ☒ Yes ☐ No



0

[illegible]

Part I, Line 16 (990-EZ) - Other Expenses

1,158

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	Bank charges	13	23
14	Gift - Retiring Director	14	207
15	Insurance	15	928
16		16	
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	
29		29	



Part II, Line 24 (990-EZ) - Other Assets

		50	0
Description		Beginning	End
1	Dues Receivable	50	0
2			
3			
4			
5			
6			
7			
8			
9			
10			

SOUTHERN ARIZONA WATER USERS ASSOCIATION  
LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
David Crockett Flowing Wells Irrigation District 3901 N. Fairview Ave Tucson, AZ 85705-2699	President 0-10	0.0	0.0	0.0
Chris E. Ward Avra Water Co-op 11821 W. Picture Rocks Rd Tucson, AZ 85743-9376	Vice President 0-10	0.0	0.0	0.0
Mark J. Seamans Sahuarita Water Company P.O. Box 1520 Sahuarita, AZ 85629	Secretary 0-10	0.0	0.0	0.0
Philip Saletta Oro Valley Water Utility 11000 N. LaCanada Oro Valley, AZ 85737-7016	Treasurer 0-10	0.0	0.0	0.0
Ron Wong BKW Farms P.O. Box 186 Marana, AZ 85653-0186	Director 0-10	0.0	0.0	0.0
Arturo R. Gabaldón Community Water Co of Green Valley 1501 S. La Canada Dr Green Valley, AZ 85614-1600	Director 0-10	0.0	0.0	0.0
Sidney Smith Cortaro-Marana Irrigation District 12253 W. Grier Rd Marana, AZ 85653-9367	Director 0-10	0.0	0.0	0.0
Richard S. Walden FICO/Farmers Water Company P.O. Box 7 Sahuarita, AZ 85626-0007	Director 0-10	0.0	0.0	0.0
Larry A. Hoffman Green Valley Domestic Water Improvement District 3290 S. Camino Del Sol Green Valley, AZ 85614	Director 0-10	0.0	0.0	0.0

SOUTHERN ARIZONA WATER USERS ASSOCIATION  
LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
Herb Kai Kai Farms 2305 W. Ruthrauff Rd Tucson, AZ 85705	Director 0-10	0.0	0.0	0 0
Dorothy O'Brien Town of Marana Municipal Water System 5100 W. Ina Rd Tucson, AZ 85743	Director 0-10	0.0	0.0	0.0
Michael Gritzuk Pima County Regional Wastewater Reclamation Department 201 N. Stone Ave, 8th Floor Tucson, AZ 85701-1207	Director 0-10	0.0	0.0	0.0
Robert Iannarino Mark Weinberg Red Rock Utilities, L.L.C 2200 E. River Rd, Ste 115 Tucson, AZ 85718-6586	Director 0-10	0.0	0.0	0.0
Warren J. Tenney Metro Water District 6265 N La Canada Dr Tucson, AZ 85704	Director 0-10	0.0	0 0	0.0
Sheila Bowen Town of Sahuarita Wastewater Treatment and Reclamation Facility P O. Box 879 Sahuarita, AZ 85629	Director 0-10	0.0	0 0	0.0
Jeff Biggs Tucson Water Department P.O. Box 27210 Tucson, AZ 85726-7210	Director 0-10	0 0	0.0	0.0