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Form 990-EZ

Short Form

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2011

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service**A For the 2011 calendar year, or tax year beginning 01-01-2011****, and ending 12-31-2011**

- Check if applicable
- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization	MONTANA WATER RESOURCES ASSOCIATION	
Number and street (or P O box, if mail is not delivered to street address)	Room/suite	
PO BOX 4927		
City or town, state or country, and ZIP + 4	HELENA, MT 596044927	

D Employer identification number	81-0340531
E Telephone number	(406) 235-4555
F Group Exemption Number	►

G Accounting method Cash Accrual Other (specify) ► _____**H** Check ► if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**I Website:** ► N/A**J Tax-Exempt status** (check only one) — 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527

K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 59,056

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ►

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 3,000
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 53,806
	4 Investment income	4
	5a Gross amount from sale of assets other than inventory	5a
	b Less cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
Expenses	b Gross income from fundraising events (not including \$ _ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
	c Less direct expenses from gaming and fundraising events	6c
	d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d
	7a Gross sales of inventory, less returns and allowances	7a
	b Less cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe in Schedule O)	8 2,250
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 59,056
	10 Grants and similar amounts paid (list in Schedule O)	10
Net Assets	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12 34,000
	13 Professional fees and other payments to independent contractors	13 815
	14 Occupancy, rent, utilities, and maintenance	14 144
	15 Printing, publications, postage, and shipping	15 231
	16 Other expenses (describe in Schedule O)	16 20,328
	17 Total expenses. Add lines 10 through 16	17 55,518
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 3,538
	19 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)	19 2,566
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 6,104

Part II Balance SheetsCheck if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	2,343	22	6,025
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	223	24	79
25 Total assets	2,566	25	6,104
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	2,566	27	6,104

Part III Statement of Program Service AccomplishmentsCheck if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

REPRESENT WATER USERS ON WATER ISSUES

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses

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

28 INFORM MEMBERS OF WATER RESOURCE ISSUES THROUGH NEWSLETTERS (THE MONTANA WATERLINE), MEETINGS, ETC SERVING APPROXIMATELY 10,000 PEOPLE
(Grants \$ 0) If this amount includes foreign grants, check here **28a** 0

29 FOLLOW & SHARE WATER RESOURCES ISSUES THROUGH MEMBERSHIP IN NATIONAL WATER RESOURCES ASSOCIATION
(Grants \$ 0) If this amount includes foreign grants, check here **29a** 0

30 REPRESENT WATER USERS ON VARIOUS AGRICULTURAL COMMITTEES FOR THE GOVERNOR, DEPARTMENT OF AGRICULTURE & DEPARTMENT OF NATURAL RESOURCES
(Grants \$ 0) If this amount includes foreign grants, check here **30a** 0

31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here **31a**

32 Total program service expenses (add lines 28a through 31a) **32** 0

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

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, explain in Schedule O 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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

b If "Yes" to line 35a, has the organization filed a **Form 990-T** for the year? If "No," provide an explanation in Schedule O

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions **37a** 0

b Did the organization file **Form 1120-POL** for this year?

38a 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 tax year covered by this return?

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** 0

b Gross receipts, included on line 9, for public use of club facilities **39b** 0

40a *Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under

section 4911 0, section 4912 0, section 4955 0

b *Section 501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I **40b** No

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 **40c** 0

d *Section 501(c)(3) and 501(c)(4) organizations.* Enter amount of tax on line 40c reimbursed by the organization **40d** 0

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** No

41 List the states with which a copy of this return is filed 0

42a The organization's books are in care of **JAMES A FOSTER** Telephone no **(406) 442-3292**

Located at **3840 NORTH MONTANA AVENUE** ZIP + 4 **59602**

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)?

If "Yes," enter the name of the foreign country 0

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.?

If "Yes," enter the name of the foreign country 0

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here 0 and enter the amount of tax-exempt interest received or accrued during the tax year **43** 0

44a Did the organization maintain any donor advised funds? If "Yes," *Form 990 must be completed instead of Form 990-EZ.*

b Did the organization operate one or more hospital facilities during the year? If "Yes," *Form 990 must be completed instead of Form 990-EZ*

c Did the organization receive any payments for indoor tanning services during the year?

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," *Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)*

	Yes	No
33		No
34		No
35a		No
35b		
35c		No
36		No
37a	0	
37b		
38a		No
38b		
39a		
39b		
40b		No
40c	0	
40d	0	
40e		No
41		
42a		
42b		No
42c		No
43		
44a		No
44b		No
44c		No
44d		
45a		No
45b		

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		No

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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48	
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a	
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b If "Yes," was the related organization a section 527 organization?

49b	
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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

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

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

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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

Sign Here	***** Signature of officer JAMES A FOSTER TREASURER Type or print name and title	2012-05-01 Date	
	Preparer's signature MARK J BLESSINGER CPA	Date 2012-05-01 Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions) P00186362
Paid Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4 GALUSHA HIGGINS & GALUSHA PC PO BOX 1699 HELENA, MT 596241699	EIN <input type="checkbox"/> 81-0272932	
		Phone no <input type="checkbox"/> (406) 442-5520	

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

Additional Data

Software ID:
Software Version:
EIN: 81-0340531
Name: MONTANA WATER RESOURCES ASSOCIATION

Form 990-EZ, Special Condition Description:**Special Condition Description****Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
MICHAEL MURPHY 2383 RECREATION ROAD WOLF CREEK, MT 59648	EXEC DIRECTOR/SECRETARY 30 00	34,000	0	0
LARRY MIERS 74 4TH STREET NORTH GLASGOW, MT 59230	DIRECTOR 0 25	0	0	0
PAUL BARTENI 566 TAMMANY LANE HAMILTON, MT 59640	DIRECTOR 0 25	0	0	0
PETER REBISH 3700 HIGHWAY 41 DILLON, MT 59725	DIRECTOR 0 25	0	0	0
RANDY REED RTE 1 BOX 8-B HAVRE, MT 59523	DIRECTOR 0 25	0	0	0
DAVE SCHWARZ PO BOX 907 TERRY, MT 59349	DIRECTOR 0 25	0	0	0
JOHN CROWLEY 1182 LAZY J LANE CORVALLIS, MT 59828	DIRECTOR 0 25	0	0	0
VERN STOKES BOX 324 VALIER, MT 59486	PRESIDENT 0 25	0	0	0
JIM FOSTER 3840 N MONTANA AVE HELENA, MT 59602	TREASURER 1 00	0	0	0
HOLLY FRANZ 21 N LAST CHANCE GULCH HELENA, MT 59624	DIRECTOR 0 50	0	0	0
STEVE HUGHES 6439 ELI GAP RD POLSON, MT 59860	DIRECTOR 0 25	0	0	0
DAVE KINNARD 303 N BROADWAY STE 400 BILLINGS, MT 59101	DIRECTOR 0 25	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

2011**Open to Public
Inspection**

Name of the organization

MONTANA WATER RESOURCES ASSOCIATION

Employer identification number

81-0340531

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION MISCELLANEOUS INCOME AMOUNT 2,250
OCCUPANCY, RENT, UTILITIES AND MAINTENENCE	FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 144
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION OFFICE SUPPLIES AMOUNT 287 DESCRIPTION TELEPHONE AMOUNT 853 DESCRIPTION INSURANCE AMOUNT 500 DESCRIPTION DUES & SUBSCRIPTIONS AMOUNT 685 DESCRIPTION LOBBYING AMOUNT 953 DESCRIPTION PAYROLL TAXES AMOUNT 3,517 DESCRIPTION CONVENTION EXPENSE AMOUNT 755 DESCRIPTION BANK CHARGES AMOUNT 32 DESCRIPTION TRAVEL AMOUNT 1,497 DESCRIPTION PROMOTION AMOUNT 81 DESCRIPTION NWRA NATIONAL DUES AMOUNT 7,800 DESCRIPTION MILEAGE REIMBURSEMENT AMOUNT 864 DESCRIPTION NEWSLETTER EXPENSE AMOUNT 266 DESCRIPTION GRANT AMOUNT 1,700 DESCRIPTION MISCELLANEOUS AMOUNT 538 TOTAL TO FORM 990-EZ, LINE 16 20,328
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 223 END OF YEAR AMOUNT 79

TY 2011 Transfers Personal Benefits Contracts Declaration

Name: MONTANA WATER RESOURCES ASSOCIATION

EIN: 81-0340531

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.