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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 private foundations)

2016

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A F	or the	2016 calend	ar year, or tax year beginning , 2016, and ending			, 20
_	با روز المراجع بي المراجع بي المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع الم				oyer id	entification number
	Address change Texas Rural Water Foundation					7-3271158
	Name cha	inge	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telep		
	initial retu		1616 Rio Grande	ł	51	2-472-8591
~~		n/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Grou		
\equiv	Amended Applicatio	return in pending	Austin, TX 78701-1122		nber 🕨	•
_		ting Method:		ــــــــــــــــــــــــــــــــــ		f the organization is not
	Vebsite		rwf.org			ach Schedule B
			eck only one) — 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	•)-EZ, or 990-PF)
			✓ Corporation ☐ Trust ☐ Association ☐ Other	(, , , , , , , , , , , , , , , , , , , 		
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	assets		
			w) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ ¢	30894
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the	instruc	ctions	
			the organization used Schedule O to respond to any question in this Part			
	1		ons, gifts, grants, and similar amounts received		1	30,894
	2		ervice revenue including government fees and contracts	• •	2	
	3		up dues and assessments		3	0
)	4	Investmen			4	0
)	5a		ount from sale of assets other than inventory 5a		 -	
?	b		or other basis and sales expenses		}	
Z	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
NNED	6		nd fundraising events		30	
	а	-	come from gaming (attach Schedule G if greater than			
Revenue	_		· · · · · · · · · · · · · · · · · · ·	0		
e-	ь		ome from fundraising events (not including \$ 0 of contributio	ns	1	
چ			raising events reported on line 1) (attach Schedule G if the			
ಲ್ಟ			ch gross income and contributions exceeds \$15,000) 6b	0	ll	
	С		ct expenses from gaming and fundraising events 6c		1 1	
201	d		ie or (loss) from gaming and fundraising events (add lines 6a and 6b and su	btract	1	
	1				6d	0
	7a	Gross sale	es of inventory, less returns and allowances	0		
	b		of goods sold	0	1 1	
	С		fit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8		enue (describe in Schedule O)		8	0
	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	30,894
	10		d similar amounts paid (list in Schedule O)		10	4,475
	11	Benefits p	aid to or for members		11	0
9	12	Salaries, o	other compensation, and employee benefits .RFCFMFD		12	2,118
JS(13	Profession	val fann and athar navimanta ta indonanthae Tractitititis		13	1,795
Expense	14		xv. rent. utilities, and maintenance . Ω Ω		14	C
ũ	15	Printing, p	sublications, postage, and shipping . Q . OCT 1 0 2017 . Q		15	3,489
	16		enses (describe in Schedule O) 🗓		16	8,212
	17	Total exp	enses. Add lines 10 through 16	. ▶	17	20,089
S	18		(deficit) for the year (Subtract line 17 from line 0)		18	10,805
set	19		s or fund balances at beginning of year (from line 27, column (A)) (must agree	e with		,
As	1		ar figure reported on prior year's return)		19	41,566
Net Assets	20	Other cha	nges in net assets or fund balances (explain in Schedule O)		20	C
Z	21		s or fund balances at end of year. Combine lines 18 through 20	. ▶	21	52,371
For	Paper		tion Act Notice, see the separate instructions. Cat No 10642			Form 990-EZ (2016

Pai	t II Balance Sheets (see the instructions for	or Part II)				
	Check if the organization used Schedule	O to respond to an	y question in this	Part II	<u> </u>	<u> 🗸</u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[39,860	22	49,625
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)		· · · · <u>· · </u>	6,368		9,487
25	Total assets			46,228		59,113
26	•			4,663		6,742
27	Net assets or fund balances (line 27 of column			41,566	27	52,371
Par						F
	Check if the organization used Schedule		ny question in this	Part III 🗸	(Red	Expenses autred for section
Wha	is the organization's primary exempt purpose?	Schedule O				(c)(3) and 501(c)(4)
as m	ribe the organization's program service accomplist leasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the ch program title.	services provided	d, the number of	orga othe	anizations; optional for ers.)
28	The Foundation's Veterans Employment Program (VE	P) assisted 7 veterar	ns with registration (ees, testing		
	fees, and related expenses for water and wastewater	training classes to he	elp them qualify for	employment	İ	
	in the water utility industry.			<u></u> -	1	}
	(Grants \$ 8,938) If this amount				28a	8,938
29	The student scholarship program was established to					
	pursuit of a higher education and a potential career in	n the water and waste	ewater industry. 8 s	tudents		Ì
	received grants of \$500 each.					
	(Grants \$ 4,000) If this amount				298	4,000
30	The professional scholarship program was established					
	water professionals in their pursuit of continued edu-	cation and career adv	ancement in their in	ndustry. Two	l	
	individuals received grants for this purpose in 2016.		,,		1	
	(Grants \$ 475) If this amount	ıncludes foreign gra	ints, check here .	<u> ▶ □</u>	308	475
31	Other program services (describe in Schedule O)					
		includes foreign gra			316	
	Total program service expenses (add lines 28a t				32	
Par	List of Officers, Directors, Trustees, and Key				nstru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to ar			<u>.,_</u> :	<u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)			Estimated amount of other compensation
Kevi	Spence, President, Director				Т	
P.O.	Box 591, Mt. Vernon, TX 75457	1		D	0	0
Bruc	Alexander, Vice President, Director				T	
P.O.	Box 628, Devine, TX 78016	1	<u> </u>	o	0	0
J.C. (Clay) Hodges, Secretary, Director					
P.O.	Box 8129, Greenville, TX 75404-8129	11	<u> </u>	o	0	0
Char	es Beseda, Treasurer, Director					
402 H	ICR 3110 South, Penelope, TX 76676	1		o	0	
Davie	l Pat Allen, Director					
P.O.	Box 99, Marion, TX 78124	1		ol	0	
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Part:				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part \		No
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	33	Yes	NO ✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		▼
35a	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)?	35a		▼
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b		→
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 00 Did the organization file Form 1120-POL for this year?	37b 38a		✓ ✓
b 39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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		1
41	List the states with which a copy of this return is filed ► None			
42a		512-47	2-859	1
	Located at ► 1616 Rio Grande, Austin, TX ZIP + 4 ►	78701		т —
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ▶	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

Form 99	90-EZ (2016)						Р	age 4
46	Did the organization engage, directly or in to candidates for public office? If "Yes," of the candidates for public office?	ndirectly, in political c	ampaign activities on	behalf of or in	oppositi	ion 46	Yes	No
Part		only					for line	_ V _
	50 and 51. Check if the organization used Sc	·						
	January 2004 Co		to any quodion in a		• •	'	Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) electio	n in effect du	ring the f	tax 47		✓
48	Is the organization a school as described i	n section 170(b)(1)(A)(ı	i)? If "Yes," complete s	Schedule E .		. 48	1	7
49a	Did the organization make any transfers t					. 49a	1	_
ь 50	If "Yes," was the related organization a se Complete this table for the organization's employees) who each received more than	five highest compen	sated employees (oth	er than officer	s, directo		es, an	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health be contributions to benefit plans, and compensa	nefits, employee d deferred	(e) Estima	ted amou	unt of
None								
							_	
f 51	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the organization	's five highest comp		contractors v	vho each	receive	d more	than
	(a) Name and business address of each independent		(b) Type of serv	rice	(c)	Compensa	ition	
None			•					
			-					
			1		-			
			-					<u> </u>
							-	
d	Total number of other independent contr	actors each receiving	over \$100,000	<u> </u>		0		
52	Did the organization complete Sched completed Schedule A	•		nızations mu	st attach	na .▶VVY	s 🗆	No
	penalties of perjury, I declare that I have examined this orrect, and complete Declaration of preparer (other that					nowledge a	nd belief	, it is
	Rent .			101	\$ 20	רי		
Sign	I			Date				
Here	Lara Zent, Executive Director	· · · · · · · · · · · · · · · · · · ·						

Preparer's signature

Print/Type preparer's name

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

Firm's name ▶

Firm's address ▶

Paid Preparer Use Only

► ☐ Yes ☐ No

PTIN

Check if self-employed

Firm's ElN ▶

Phone no

Date

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 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-FZ.

OMB No 1545-0047 200**16**

> Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

Texas Rural Water Foundation 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 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% 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 33½% 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.) ☐ An organization organized and operated exclusively to test for public safety See section 509(a)(4). 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV. Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations 1 Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (v) Amount of monetary (ii) EIN (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see document? above (see instructions)) instructions) instructions) Yes No **Texas Rural Water Association** 23-7014779 501(c)(6) (B) (C) (D) (E)

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Part	II Support Schedule for Organiza	tions Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(v	<u></u>
	(Complete only if you checked th						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	NA
	on A. Public Support			,			
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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						<u> </u>
	on B. Total Support	r	T		, <u></u>		
_	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the organization, check this box and stop he	ne organizatioi	n's first, secon	nd, third, fourth	n, or fifth tax y	12 ear as a section	
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2016 (line		•	11, column (f))		14	%
15	Public support percentage from 2015 Sci					15	%
16a	331/3% support test—2016. If the organ box and stop here. The organization qua	ılıfies as a pub	licly supported	dorganization			▶ 🗆
b	331/3% support test—2015. If the organithis box and stop here. The organization						
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the 'organization'.	eets the "facts	s-and-circums	tances" test, c	heck this box	and stop here	. Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization resupported organization	ation meets th	ne "facts-and-	circumstances stances" test.	" test, check	this box and	stop here.
18	Private foundation. If the organization dinstructions		box on line 13	3, 16a, 16b, 17			d see ▶ □

Part:III	Support Schedule	for Organizations I	escribed in	Section 509(a)(2
rait ill	Support Schedule	ioi Organizations L	Jeschbed in	Section 509(a)(

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

N (A

Secti	on A. Public Support	under the te	SIS IISIEU DEII	Jw, piease ci	Jinpiete Fait	··· <i>/</i>	10/11
	dar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees	(-/	(3/23/3	(0)	(4) = 3.0	(-)	(7)
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the				ļ		
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an				 		
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						1
_	· ·				 		
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		†	 	 	 	· · · · · · · · · · · · · · · · · · ·
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000			}		1	
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b				 	 	
8	Public support. (Subtract line 7c from			 	 	 	
•	line 6.)						
Secti	on B. Total Support			L			<u> </u>
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses			}	1		
	acquired after June 30, 1975						
С	Add lines 10a and 10b		ļ			<u> </u>	<u> </u>
11	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		 		 	 	
12	loss from the sale of capital assets						1
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,		 	 	 		
	and 12.)		<u></u>				
14	First five years. If the Form 990 is for the	-					
	organization, check this box and stop he			<u></u>		· · · · ·	<u> ▶ □</u>
	on C. Computation of Public Suppor						
15	Public support percentage for 2016 (line						%
16	Public support percentage from 2015 Sci			<u> </u>		. 16	<u>%</u>
	ion D. Computation of Investment In				· (6)	14-1	<u></u>
17	Investment income percentage for 2016 (•			<u>%</u> %
18	Investment income percentage from 2019						
19a	331/3% support tests—2016. If the organ 17 is not more than 331/3%, check this box						
	331/s% support tests—2015. If the organization		_	•			
b	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d		=	•	· · · · · · · · · · · · · · · · · · ·		_
					U. 10011 HIND DO	!!!!!!!	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. A	I Supporting	Organizations
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			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	—	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
За	organization was described in section 509(a)(1) or (2). N/A Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	2		
	(b) and (c) below.	3a	✓	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	_	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
_	despite being controlled or supervised by or in connection with its supported organizations.	4b	_	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	· .		
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		-
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		Ĺ <u></u> ,
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		1
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
8	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7	├	-
•	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		1
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		1
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		1
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	30	+	•
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		1
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
b	supporting organizations)? If "Yes," answer 10b below. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a	}—	1
J	determine whether the organization had excess business holdings.)	10b	 	1

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Part:	V Supporting Organizations (continued)			_
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		/
b	A family member of a person described in (a) above?	11b		✓
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u>✓</u>
Section	on B. Type I Supporting Organizations			
			Yes	No_
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			Ì
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			1
	controlled the organization's activities. If the organization had more than one supported organization,			}
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	1	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			.
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			لبـــا
Section	on C. Type II Supporting Organizations	2		
Journ	N/A		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			,
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	<u></u>	
Section	on D. All Type III Supporting Organizations		V	- Na
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_2		
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations N/A			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined		ł	
	that these activities constituted substantially all of its activities.	2a	 	ļ
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	-ca		
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		<u> </u>	
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		1	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	-	.	.
L	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	-	-
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	 	

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations N	A	
1 Check here if the organization satisfied the Integral Part Test as a qualifying				
instructions. All other Type III non-functionally integrated supporting organ	ızatı	ons must complete Sect		
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1			
2 Recoveries of prior-year distributions	2			
3 Other gross income (see instructions)	3			
4 Add lines 1 through 3.	4			
5 Depreciation and depletion	5		<u> </u>	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or				
maintenance of property held for production of income (see instructions)	6			
7 Other expenses (see instructions)	7		_	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8			
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
a Average monthly value of securities	1a			
b Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d			
e Discount claimed for blockage or other factors (explain in detail in Part VI):				
2 Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d.	3			
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Multiply line 5 by .035.	6			
7 Recoveries of prior-year distributions	7			
8 Minimum Asset Amount (add line 7 to line 6)	8			
Section C - Distributable Amount			Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2 Enter 85% of line 1.	2			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4 Enter greater of line 2 or line 3.	4			
5 Income tax imposed in prior year	5			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to				
emergency temporary reduction (see instructions).	6			
7 Check here if the current year is the organization's first as a non-functional instructions)	ly ın	tegrated Type III support	ing organization (see	

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Part) Supporting Organia	zations (continued)	NA
Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)	<u></u>		
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		(:)	
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required—explain in Part VI). See			
	instructions.			
_3	Excess distributions carryover, if any, to 2016:			
<u>a</u>				
<u>b</u> _	F 2010			
c	From 2013			
<u>u</u>	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
;	Carryover from 2011 not applied (see instructions)		<u>.</u>	
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
<u>о</u> а	DIGARGOWIT OF HITE 7.			
<u>a</u>	Excess from 2013	 		
_	Excess from 2014	 	<u> </u>	
d	Excess from 2015			
— <u>ü</u>	Excess from 2016			

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Schedule	۸	(Form	990 00	aan.	Eフ	2016	3
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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Part IV, Ln.	3b Texas Rural Water Foundation has a copy of the supported organization's IRS determination letter declaring it is
a section 5	601(c)(6) organization. All of the supported organization's revenue is public support per their audited financial
statements	s which are made available to the Foundation.
	
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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2017
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization	Employer identification number
Texas Rural Water Foundation	27-3271158
Form 000 F7 Port 1	
Form 990-EZ, Part 1	
Part 1, Ln. 10 Grants: 8 student and 2 professional scholarships \$4,475	
Part 1, Ln. 16 Other Expenses: Dues & Subcriptions \$208, Travel \$960, Program Supplies \$1,590, 0	Client Services \$5,146, Miscellaneous
Expense \$308. Total \$8,212	
Form 990-EZ, Part II	
(A) Other Assets: Due from TRWA \$5620, Grants Receivable \$398, Other Receivables \$350	
(B) Other Assets: Due from TRWA \$8975, Other Receivables \$512	
(A) Total Liabilities: Accounts Payable/Vendors \$4663	
(B) Total Liabilities: Accts. Payable/Vendors \$3226, Due to TRWA \$3426, Other \$90	
Form 990-EZ, Part III	
Form 990-EZ, Part III	
The organization's primary exempt purpose is to benefit the Texas Rural Water Association by supp	porting rural water education
and receased relating to the water and westernister industry	
and research relating to the water and wastewater industry.	
<u> </u>	
