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Department of the Treasury Internal Revenue Service

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.

OMB No 1545-0047

Open to Public Inspection

		and e	nung 5	DE 30, 2012	
В	Check if	C Name of organization		D Employer identific	ation number
Г	Addr				
Ĺ	X Chan	U.S. WATER ALLIANCE		26 21	10001
L	Initial				.12661
	returi Term		loom/suite	E Telephone number	222 222
ŗ	ated Amer	1010 UEFFERSON FHACE, NW		(202)	
F	returi Appli tion	o City or town, state or country, and ZIP + 4		G Gross receipts \$	703,576.
L	——Jtiòn pend			H(a) Is this a group ret	
		F Name and address of principal officer BEN GRUMBLES SAME AS C ABOVE		for affiliates?	Yes X No
	T			H(b) Are all affiliates inclu	
		tempt status. LX 501(c)(3)	527		st. (see instructions)
		forganization: X Corporation Trust Association Other	I. Vana	H(c) Group exemption	
	Part I	Summary	L Year o	or formation: 2000 M	State of legal domicile: DC
_	T 4		דתיד ס	EOPLE AND PO	T.TCTEC EOD
Activities B Consumer	§ .	"ONE WATER" SUSTAINABILITY.			
	2	Check this box fithe organization discontinued its operations or dispose	ed of more	than 25% of its net ass	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	33
ď	5 4	Number of independent voting members of the governing body (Part VI, line 1b)		4	33
	<u>§</u> 5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	5
3	6	Total number of volunteers (estimate if necessary)		. 6	37
Š		Total unrelated business revenue from Part VIII, column (C), line 12	-	7a	0.
_	Ь	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
		and the second second		Prior Year	Current Year
2013	3 8	Contributions and grants (Part VIII, line 1h)	<u> </u>	735,351.	646,711.
	9	Program service revenue (Part VIII, line 20)	ļ	26,970.	50,601.
₹ 6	10	Investment income (Part VIII, column A), lines 3, 4, and d)		299.	289.
rð	1	Other revenue (Part VIII, column (A), intes 5, 6d, 8c, 9c 10c, and 11e)	· <u> </u>	57,007.	5,975.
% _	12	Total revenue - add lines 8 through 11 (must edual Part VIII) column (A), line 12)		819,627.	703,576.
ADN.	13	Grants and similar amounts paid (Part) X, column (A), lines 1-8)		0.	0.
₹.	14	Benefits paid to or formembers (Fart IX, column (A)) ine 4). Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	. –	481,038.	494,899.
	162	Professional fundraising less (Part X, column (A), lines 5-10)	·	401,030.	0.
SCANNED J	loa	Total fundraising expenses (Part IX, Column (D), line 25) 70, 39	a ├─		<u> </u>
急	i 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	"	198,164.	222,177.
₹	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	·	679,202.	717,076.
	19	Revenue less expenses. Subtract line 18 from line 12	·	140,425.	<13,500.>
5	ĕi	Trevende lede expended, edebitaet inte 10 montaile 12	Rec	ginning of Current Year	End of Year
Net Assets	필 20	Total assets (Part X, line 16)	1 201	295,060.	265,464.
Ass	21	Total liabilities (Part X, line 26)		154,667.	138,571.
}ket	Ē 22	Net assets or fund balances. Subtract line 21 from line 20		140,393.	126,893.
F	art II	Signature Block			
Un	der pena	lities of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	nts, and to the best of my I	knowledge and belief, it is
		ct, and complete. Declaration of proparer (other than officer) is based on all information of whic			
		18th Aubler		May 22,	2013
¨ Si	gn	Signature of officer		Date	
He	ere	BEN GRUMBLES, PRESIDENT Type or print name and title			···-
-		Print/Type preparer's name Preparer's signature		ate Check	PTIN
Pa	id	FRANK H. SMITH Frank H. Smith	~ lo:	5/21/13 if self-employed	P00639053
Pr	eparer	Firm's name RAFFA, P.C.	12	Firm's EIN	52-1511275
Us	e Only	Firm's address 1899 L STREET, NW, SUITE 900			
		WASHINGTON, DC 20036		Phone no. (2	02) 822-5000
Ma	ay the II	AS discuss this return with the preparer shown above? (see instructions)			X Yes No
	2001 01-2		ıs.		Form 990 (2011)

27,392. including grants of \$ (Expenses \$

) (Revenue \$

572,802. Total program service expenses ▶

Form 990 (2011)

132002 02-09-12

SEE SCHEDULE O FOR CONTINUATION(S)

<u>romi 990 (</u> ,				<u> </u>	
Part IV	Checklist of I	Required	Schedule	es	

				Na
	1 II		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
_	If "Yes," complete Schedule A	2	X	_
2	Is the organization required to complete Schedule B, Schedule of Contributors?			_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4				
4	Section 501(c)(3) organizations. 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	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	ٽ		
v	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	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	Ė		
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	ļ
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	\vdash	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	 -	 ^
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 '''	 -	
120	Schedule D, Parts XI, XII, and XIII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			†
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			İ
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			l
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	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 Part VIII, lines			\ v
	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,"	,_		- v
••	complete Schedule G, Part III	19	-	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	┿
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	gan	(2014)
		⊢orm	990	(2011)

			V	Ma
04	Did the average to a very their \$5,000 of average and other appropriate any approximant or averagization in the		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the	21	. 1	X
22	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	-21		 -
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	Į l		
	Schedule J	23	х	
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		X
b		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			Х
	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	-		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
_	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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?			x
05-	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	, , , ,	35a	 	-^-
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," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555	 	<u></u>
50	If "Yes," complete Schedule R, Part V, line 2	36	Į	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		х
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	38	Х	
			222	

amounts due or received from them)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the

organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

13b 13c X

12b

12a

13a

Form 990 (2011)

U.S. WATER ALLIANCE

Page

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

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 33			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	- 1		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 33			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision	•		7.7
	of officers, directors, or trustees, or key employees to a management company or other person?	3	77	<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		$\frac{\Lambda}{X}$
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			X
	more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7b		х
_	persons other than the governing body?	7.0		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	x	
	The governing body?	8b	X	
ь 9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		-	
	ton Director (microscient production and policient system)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	ļ
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?	_ ا	₩	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		}	
10a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		x
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
D	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		1	
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure		•	
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ole	
	for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, ar	id finai	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books are person of the per	ition.	- _	
	MEREDITH RISTIC - (202) 223-2299			
T3200	1816 JEFFERSON PLACE, NW, WASHINGTON, DC 20036-2505		000	10011
01-23	-12	Form	990	(2011)

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

Check if Schedule O contains a response to any question in this Part VII

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

- 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.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. 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) Name and Title	(B) Average	(do	(C) Position (do not check more than one box, unless person is both an					(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	stee or director	, unle cer an lustrantour lust	ss pe d a d	irecto	Highest compensated highest compensated employee	tee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) DICK CHAMPION, JR.	1 00									
CHAIR	1.00	Х	_	X		<u> </u>	ļ	0.	0.	0.
(2) HOWARD M. NEUKRUG, PE	1.00	x		x				0.	0.	0.
VICE CHAIR (3) ALEXANDRA DAPOLITO DUNN	1.00	^	-	Δ	\vdash	├	├	<u> </u>	0.	
SECRETARY	1.00	x		x				0.	0.	0.
(4) ERIK J. MEYERS	1.00	 ^			\vdash	\vdash	\vdash		<u>~</u>	
VICE PRESIDENT	1.00	$ \mathbf{x} $		x				0.	0.	0.
(5) LAURENT AUGUSTE	1			 		\vdash	\vdash			
DIRECTOR	1.00	x						0.	0.	0.
(6) KATHERINE BAER		Т	T							
DIRECTOR	1.00	X						0.	0.	0.
(7) JOHN BATTEN		Π								
DIRECTOR	1.00	X	<u> </u>				L	0.	0.	0.
(8) JACK BAYLIS							l			
DIRECTOR	1.00	X	<u> </u>			_	_	0.	0.	0
(9) D. RANDALL BENN	1									
DIRECTOR	1.00	X	<u> </u>	ऻ_		ļ	 _	0.	0.	0
(10) JAMES H, CLARK	1 1 00	,						0.	0.	0
DIRECTOR	1.00	X	<u> </u>	┝	├	├	<u> </u>	0.	0.	0
(11) CAROL COLLIER DIRECTOR	1.00	$ _{\mathbf{x}}$					ł	0.	0.	0
(12) MICHAEL B. COOK	1.00	┼≏	-	├	┢	╁	⊢	<u> </u>	- 0.	
DIRECTOR	1.00	x					l	0.	0.	0
(13) BRENT FEWELL	1.00	1	╁╾	-	┢	╆	├			
DIRECTOR	1.00	X						0.	0.	0
(14) RICHARD D. FOX		 	\vdash	╁	┢	T	┢			
DIRECTOR	1.00	$ _{\mathbf{X}}$			1			0.	0.	0
(15) CATHY GERALI		Ť	1	T	T	T	T			
DIRECTOR	1.00	x						0.	0.	0
(16) JAMES HALL (UNTIL 04/2012)							Ī			
DIRECTOR	1.00	X	L	L	L	L		0.	0.	0
(17) JOHN HATTLE (UNTIL 01/2012)										
DIRECTOR	1.00	X			L	L	L	0.	0.	0

132007 01-23-12

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)			((C)			(D)	(E)	(F)		
Name and title	Name and title Average		not c	Pos	ition	l than	000	Reportable	Reportable	Estima	ated	
	hours per	box	, unle	ss pe	rson :	ıs bot	h an	compensation	compensation	amour	nt of	
	week	├──	cer an	dad	recto	or/trus	tee)	from	from related	othe		
	(describe hours for	recto						the	organizations	compen		
	related	b or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from organiz		
	organizations	ruster	l trus		8	mpen		(44-2/1099-141130)		and rel		
	ın Schedule	Individual trustee or director	Institutional trustee	_	Кеу етрюуее	o st co	5			organiza		
	O)	₽	Instit	Officer	Keye	Highest compensated employee	Former					
(18) JONATHAN KALEDIN												
DIRECTOR	1.00	X						0.	0.		0.	
(19) PATRICK T. KARNEY, PE, BCEE												
DIRECTOR	1.00	Х						0.	0.	,	0.	
(20) DAN KEPPEN												
DIRECTOR	1.00	X	l .					0.	0 .	,	0.	
(21) KENNETH P. KIRK												
DIRECTOR	1.00	Х						0.	0.	,	0.	
(22) DICK LANYON												
DIRECTOR	1.00	Х						0.	0.	,	0.	
(23) CHARLES LOGUE, PE												
DIRECTOR	1.00	X						0.	0.	,	0.	
(24) KRISTIN MAYES												
DIRECTOR	1.00	Х						0.	0.	,	0.	
(25) G. TRACY MEHAN, III												
DIRECTOR	1.00	Х						0.	0 .	,	0.	
(26) PAT MULROY (UNTIL 04/2012)												
DIRECTOR	1.00	X						0.	0.	.	0.	
1b Sub-total	•					▶		0.	0 .	0.		
c Total from continuation sheets to Part VI	II, Section A					•		200,966.	0.	44,	535.	
d Total (add lines 1b and 1c)	•					•		200,966.	0 .	44,	<u>535.</u>	
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed al	bove	e) wl	no r	eceived more than \$100	,000 of reportable			
compensation from the organization											1	
										Ye	s No	
3 Did the organization list any former officer,	director, or tru	uste	e, ke	y er	nplo	yee	, or	highest compensated e	mployee on		<u> </u>	
line 1a? If "Yes," complete Schedule J for s	uch individual									3	X	
4 For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	ation	n and	d ot	her compensation from	the organization			
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e <i>J 1</i>	for such individual		4 X		
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	uni	elat	ed organization or indiv	idual for services			
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son				5	X	
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of compen	sation from		
the organization. Report compensation for	the calendar y	ear	endı	ng v	vith	or w	ithir	n the organization's tax	year.			
(A)								(B)		(C)		
Name and business	address	N	INC	3				Description of s	ervices	Compensa	tion	
												
2 Total number of independent contractors (i	ncluding but r	ot li	mite	d to	tho	se li	stec	d above) who received n	nore than			

\$100,000 of compensation from the organization
SEE PART VII, SECTION A CONTINUATION SHEETS

	K ALLIA	ANC	<u> </u>						70-711	<u> 7001 </u>
Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	mplo	оуеє	es, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos		1		Reportable	Reportable	Estimated
	hours	(cl	heck	k all 1	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					loyee		the	organizations	compensation from the
		direct	l			de m		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
		5 83	stee		ļ	nsate		(** 2, 100000)		and related
		Itrus	nal tr		oyee	adwo:		1		organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
		星	돌	ŧ	ş	를	휸		. <u>-</u>	
(27) CORNELIUS P. O'LEARY	4 00				1					•
DIRECTOR	1.00	X		_	_	L.	L	0.	0.	0 .
(28) MICHELE PLA		l								
DIRECTOR	1.00	Х	<u> </u>	_	<u> </u>			0.	0.	0 .
(29) ANDREW W. RICHARDSON, PE, BCEE		l								•
DIRECTOR	1.00	X	_	_	_		<u> </u>	0.	0.	0
(30) JOHN SALO	1 1 1	,			1					_
DIRECTOR	1.00	X	<u> </u>	<u> </u>	<u> </u>	ļ	L	0.	0.	0
(31) KEVIN L. SHAFER	1 00	,,								•
DIRECTOR	1.00	X	├	<u> </u>	┡	ļ		0.	0.	0
(32) AMY SHANKER	1 00	.					1	0.	0.	0
DIRECTOR	1.00	X	-	_	<u> </u>	-	⊢	0.	0.	0
(33) JAMES F. STAHL	1 00	x				1		0.	0.	0
DIRECTOR (34) RICH SUSTICH	1.00	1	-	-	┝	ļ	⊢	0.		
DIRECTOR	1.00	X						0.	0.	0
(35) CHUCK VOLTZ (UNTIL 01/2012)	1.00	<u> </u>	-	┢	├	⊢	├		0.	
DIRECTOR	1.00	x	1		ŀ			0.	0.	0
(36) NEIL WEINSTEIN	1 200	 **	\vdash	H	\vdash	┢	\vdash	 		
DIRECTOR	1.00	x			1			0.	0.	0
(37) ROGER WOLF		 	╁	 	╁	╁	\vdash			
DIRECTOR	1.00	X		l				0.	0.	0
(38) BEN GRUMBLES		+==	T	t	┢		H			
PRESIDENT	37.50	X		X			1	200,966.	0.	44,535
(39) MEREDITH RISTIC		\vdash	\vdash	1	1					<u> </u>
TREASURER	6.00			x				0.	0.	0
										
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								200 000		44 535
Total to Part VII, Section A, line 1c								200,966.		44,535

A Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: cirrect expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	Ра	rt VIII	Statement of Rever	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
2 a REGIS./WEBCAST FEE	irants								
2 a REGIS./WEBCAST FEE	S, G	С	Fundraising events	1c					
2 a REGIS./WEBCAST FEE	la Et		-	1d					
2 a REGIS./WEBCAST FEE	S.E	е	Government grants (contribut	ions) 1e					
2 a REGIS./WEBCAST FEE	ig ig	f	All other contributions, gifts, grant	ts, and					
2 a REGIS./WEBCAST FEE	혈취		similar amounts not included above	ve 1f	646,711.				
2 a REGIS./WEBCAST FEE	盲	-		1a-1f \$		646 711			
2 a REGIS./WEBCAST FEE 900099 50,601. 50,601. b	0 8	h	Total. Add lines 1a 1f		<u> </u>	646,/11.			
A		_	DECTO /WEDOXOM	ववव		E0 601	50 601		
Total, Add lines 2a2f Total, Add lines 2a2f Total, Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-	့်		REGIS./WEBCAST	<u>ree</u>	900099	30,601.	30,601.		
Total, Add lines 2a2f Total, Add lines 2a2f Total, Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-	E S								
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Total. Add lines 2a2! Total. Add lines 2a2!	P. S	-	·		-				
g Total. Add lines 2a 2f 3 Investment income (including dividends, interest, and other smilar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents	품	_	All other program service reve	nue	-				
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(i) Personal (ii) Personal (iii) P		4	Income from investment of tax	x-exempt bond	proceeds >				
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b			Miscellaneous Revenu	e_	Business Code				
c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 5,975. 703,576. 50,601. 0. 6,264		11 a	OTHER INCOME		900099	5,975.			5,975.
d All other revenue e Total. Add lines 11a-11d ▶ 5,975. 12 Total revenue. See instructions. ▶ 703,576. 50,601. 0. 6,264		b							
e Total. Add lines 11a-11d 12 Total revenue. See instructions. 5,975. 703,576. 50,601. 0. 6,264		C							
12 Total revenue. See instructions. > 703,576. 50,601. 0. 6,264		d				E ARE			-
132009 10121 revenue. See instructions. 1/03,3/0+ 3U,0U1+ U+ 0,204		9					<u> </u>		6 261
	13200		rotal revenue. See instructions.		<u> </u>	103,576.	1 20,001.		

Form 990 (2011) U.S. WATER ALLIANCE Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Δ.	Check if Schedule O contains a response	(A)	(B)	(C)	(b)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
_	United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
3	trustees, and key employees	246,004.	189,423.	9,840.	46,741
6	Compensation not included above, to disqualified	240,004.	105,425.	3,010.	107.11
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	183,307.	156,998.	15,940.	10,369
8	Pension plan accruals and contributions (include				
-	section 401(k) and section 403(b) employer contributions)	13,571.	11,713.	1,174.	684
9	Other employee benefits	27,637.	23,506.	1,174. 2,219.	684 1,912
10	Payroll taxes	24,380.	19,748.	1,463.	3,169
11	Fees for services (non-employees):		· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	
a	Management	25,485.		25,485.	
b	Legal				
c	Accounting	6,532.		6,532.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	16,598.	15,540.	334.	724
12	Advertising and promotion				
13	Office expenses	17,902.	13,188.	2,752.	1,962
14	Information technology				
15	Royalties				
16	Occupancy	30,000.	24,300.	1,800.	3,900
17	Travel	6,301.	5,482.		819
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		440 504		
19	Conferences, conventions, and meetings	112,817.	112,704.		113
20	Interest				
21	Payments to affiliates	2 506		2 506	
22	Depreciation, depletion, and amortization	3,586.		3,586.	
23	Insurance	2,756.		2,756.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	SUBSCRIPTIONS	200.	200.		
b					
c					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	717,076.	572,802.	73,881.	70,393
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	_			
	educational campaign and fundraising solicitation.	·			
	Check here if following SOP 98-2 (ASC 958-720)				

132010 01-23-12

	rt X	Balance Sheet	2.2.02			ZIIZOOI Page II
		-		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	11= 010
	2	Savings and temporary cash investments		177,218.	2	145,848.
	3	Pledges and grants receivable, net		51,466.	3	99,627.
	4	Accounts receivable, net		34,558.	4	15,976.
	5	Receivables from current and former officers, di	rectors, trustees, key			
		employees, and highest compensated employee				
		of Schedule L			5	
	6	Receivables from other disqualified persons (as				
		4958(f)(1)), persons described in section 4958(c				
		employers and sponsoring organizations of sect	tion 501(c)(9) voluntary			
s		employees' beneficiary organizations (see instru	ctions)		6	
Assets	7	Notes and loans receivable, net	1-		7	<u></u>
As	8	Inventones for sale or use	-	1 700	8	1 204
	9	Prepaid expenses and deferred charges	, , <u> </u>	1,780.	9	1,384.
	10a	Land, buildings, and equipment cost or other	22 202			
		basis. Complete Part VI of Schedule D	10a 23,203. 10b 21,274.	r r1r		1 000
	1	Less: accumulated depreciation	10b 21,274.	5,515.	10c	1,929.
	11	Investments - publicly traded securities	-		11	
	12	Investments - other securities See Part IV, line			12	
	13	Investments - program-related. See Part IV, line	11		13	
	14	Intangible assets	l-	24,523.	14_	700.
	15	Other assets. See Part IV, line 11	F	295,060.	15	265,464.
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	116,087.	16	90,660.
	17	Accounts payable and accrued expenses	110,007.	17	30,000.	
	18	Grants payable	1	38,580.	18 19	47,911.
	19 20	Deferred revenue	<u></u>	30,300.	20	47,5110
"	21	Tax-exempt bond liabilities Escrow or custodial account liability Complete	Part IV of Schodula D		21	
Liabilities	22	Payables to current and former officers, director		<u> </u>		
ig	122	highest compensated employees, and disqualifi				
Ë:		of Schedule L	ed persons. Complete Fait II		22	
	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, pa	· · · · · · · · · · · · · · · · · · ·			
		parties, and other liabilities not included on lines	-			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25	ļ	154,667.	26	138,571.
		Organizations that follow SFAS 117, check he	ere 🕨 🗓 and complete			
S		lines 27 through 29, and lines 33 and 34.				
Š	27	Unrestricted net assets		37,166.	27	10,116.
Sala	28	Temporanly restricted net assets		103,227.	28	116,777.
ğ	29	Permanently restricted net assets			29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, c	heck here ▶ 🔲 and			
ō		complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or ed	quipment fund		31	
et	32	Retained earnings, endowment, accumulated in	come, or other funds		32	
Z	33	Total net assets or fund balances		140,393.	33	126,893.
	34	Total liabilities and net assets/fund balances		295,060.	34	265,464.

Form	990 (2011) U.S. WATER ALLIANCE	26-2	<u> 112661</u>	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u> 76.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			76.
3	Revenue less expenses. Subtract line 2 from line 1	3			00.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	140),3	93.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	126	5,8	93.
Pa	rt XIII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII		····		<u> </u>
			<u></u>	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	1 1		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a	_ i		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			(aon /	00441

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

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.

Open to Public

OMB No 1545-0047

Internal Revenue Service Name of the organization ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection Employer identification number

		U.S. WA	TER ALLIANCE	!					26	5-2112661
Part I	Reason		ity Status (All organiz		st complet	e this part	.) See inst	ructions.		
The orga			because it is (For lines 1		 					
1 🗀	1	•	s, or association of churc	_		-		•		
2	1		'0(b)(1)(A)(ii). (Attach Sc			,				
3	1		tal service organization of	-	n section	170(b)(1)(A)(iii).			
4	•	•	operated in conjunction					b)(1)(A)(iii). Enter t	he hospital's name,
•	city, and stat		· · · · · · · · · · · · · · · · · · ·						•	•
5			benefit of a college or ur	niversity ov	wned or op	erated by	a governr	nental unit	describe	ed in
	-	(b)(1)(A)(iv). (Comple		•	•	·	Ū			
6	1		ent or governmental unit	t described	d in sectio	n 170(b)(1)(A)(v).			
7 X	1		eives a substantial part					r from the	general i	public described in
	J	b)(1)(A)(vi). (Comple				J				
8 🗀	1		ection 170(b)(1)(A)(vi).	(Complete	Part II.)					
9 🗀	1 -		eives. (1) more than 33 1	-		rom contri	butions, m	embershij	o fees, ar	nd gross receipts from
	•	•	nctions - subject to certa							
	income and i	unrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nization a	after June 30, 1975.
		509(a)(2). (Complete								
10 🗀	An organizati	on organized and or	perated exclusively to te	st for publi	ic safety. S	See sect io	n 509(a)(4	·).		
11 🗀	An organizati	on organized and op	perated exclusively for th	ne benefit (of, to perfo	orm the fur	nctions of,	or to carry	out the	purposes of one or
	more publicly	supported organiza	ations described in section	on 509(a)(⁻	1) or sectio	on 509(a)(2) See sec	tion 509(a	a)(3). Che	eck the box that
	describes the	e type of supporti <u>ng</u>	organization and comple	_	_				_	1
	a Ll Type I		· ·		e III - Func		_		d L	Type III - Other
e 🖳			it the organization is not							
	foundation m	nanagers and other t	han one or more publicly	y supporte	d organiza	ations desc	cribed in s	ection 509	(a)(1) or	section 509(a)(2).
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III		
		rganization, check th								
g	•		organization accepted ar							(
			lirectly controls, either al	one or tog	ether with	persons c	lescribed	n (II) and (I	ıı) below,	
	-		upported organization?							11g(i)
		· ·	n described in (i) above?		_					11g(ii)
		•	person described in (i) o							11g(iii)
h	Provide the f	ollowing information	about the supported or	ganization	(s).					
		1	(iii) Type of	(in the second		(n) Dud van		(vi) ls	the I	
	e of supported	(ii) EIN	organization		organization sted in your		notify the	organizátic	in in col.	(vii) Amount of
or	ganization		(described on lines 1-9		document?		support?	(i) organızı U.S.		support
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No	
	<u></u>		(**************************************		1				111	
				}						
				1	<u> </u>					· · · · · · · · · · · · · · · · · · ·
									1	
				<u> </u>	 					
								1		
						<u> </u>				
Total										
LHA For	Paperwork Re	duction Act Notice	, see the Instructions f	or				Schedul	e A (Fori	m 990 or 990-EZ) 2011

132021 01-24-12

Form 990 or 990-EZ.

Section A. Public Support

Schedule A (Form 990 or 990-EZ) 2011 U.S. WATER ALLIANCE 26-2112661 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not									
	include any "unusual grants ")	272,527.	237,177.	430,577.	735,351.	646,711.	2322343.			
2	Tax revenues levied for the organ-									
	ızatıon'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		000 400	400 555		646 544				
4	Total. Add lines 1 through 3	272,527.	237,177.	430,577.	735,351.	646,711.	2322343.			
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,			'			400 750			
	column (f)						490,752. 1831591.			
	Public support. Subtract line 5 from line 4						1031331.			
			#1.0000		()) 0040	() 0044	(0.T-1-1			
	ndar year (or fiscal year beginning in)	(a) 2007 272, 527.	(b) 2008 237,177.	(c) 2009 430, 577.	(d) 2010 735, 351.	(e) 2011 646,711.	(f) Total 2322343.			
	Amounts from line 4	212,321.	231,111.	430,377.	733,331.	040,711.	23223434			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties and income from similar sources 133. 56. 58. 299. 289. 835.									
9										
3	activities, whether or not the									
	business is regularly carried on		į							
10	Other income Do not include gain			,			~			
	or loss from the sale of capital									
	assets (Explain in Part IV.)		15,000.	4,756.	17,007.	5,975.	42,738.			
11	Total support. Add lines 7 through 10						2365916.			
12	Gross receipts from related activities,	etc (see instruction	ons)			12	77,571.			
13	13 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)									
	organization, check this box and stop here									
Se	Section C. Computation of Public Support Percentage									
14	Public support percentage for 2011 (line 6, column (f) d	ivided by line 11, o	column (f))		14	%			
15	Public support percentage from 2010) Schedule A, Part	II, line 14			15				
16a	16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and									
	stop here. The organization qualifies as a publicly supported organization									
t	b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box									
	and stop here. The organization qual						▶□			
17a	10% -facts-and-circumstances tes	-								
	and if the organization meets the "fac				•	rt IV how the orgar	nization			
	meets the "facts-and-circumstances"	-	•		-		▶ □			
b	10% -facts-and-circumstances tes	-								
	more, and if the organization meets the				-					
40	organization meets the "facts-and-circ		-	•						
18	Private foundation. If the organization	on did not check a	DOX OR LINE 13, 16	a, 100, 1/a, or 1/						
					SCHE	edule A (Form 990	7 OF 990-EZ J ZUTT			

132022 01-24-12

Schedule A (Form 990 or 990-EZ) 2011 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 or if the organization failed to qualify under Part II. If the organization fails to

C = -	qualify under the tests listed b	elow, please comp	plete Part II.)	 			
	ction A. Public Support		I			1 () 22:	(n + · ·
	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees 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 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		ļ			 	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5					_	
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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		<u> </u>				
8	Public support (Subtract line 7c from line 6.)						<u> </u>
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	-					
t	Unrelated business taxable income					Ì	
	(less section 511 taxes) from businesses			ŀ			
	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, and 12)				<u> </u>		<u> </u>
14	First five years. If the Form 990 is fo	r the organization'	's first, second, th	ird, fourth, or fifth t	tax year as a secti	on 501(c)(3) organı	zation,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2011 (line 8, column (f) c	divided by line 13,	column (f))		15	<u>%</u>
16	Public support percentage from 2010) Schedule A, Parl	t III, line 15		<u>.</u>	16	<u>%</u>
Se	ction D. Computation of Inve	stment Incom	ne Percentage	•			
17	Investment income percentage for 20)11 (line 10c, colu	mn (f) divided by I	ine 13, column (f))		17	%
	Investment income percentage from			•		18	%
	a 33 1/3% support tests - 2011. If the			on line 14, and lin	ne 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						ightharpoons
ı	o 33 1/3% support tests - 2010. If the	-	-				and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						D
	23 01-24-12			,			90 or 990-EZ) 2011
				16		•	•

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. ► See separate instructions.

2011
Open to Public Inspection

Name of the organization

U.S. WATER ALLIANCE

Employer identification number 26 – 2112661

Day	U.S. WATER ADDITANC		le or Accounts Complete (the
Par			is of Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(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 that the assets held in donor adv	rised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	idvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	e conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		ustorically important land area
	Protection of natural habitat	· —	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the for	n of a conservation easement on the last
-	day of the tax year.	nod consolvation contribution in the ren	
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic str	aucture included in (a)	2c
	Number of conservation easements included in (c) acquired		
u	listed in the National Register	alter of 17700, and not on a historic struc	2d
2	Number of conservation easements modified, transferred, re	leased extinguished or terminated by t	
3	_	neased, extinguished, or terminated by t	the organization during the tax
4	year ▶ Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		- .f
3	violations, and enforcement of the conservation easements	- · · · · · · · · · · · · · · · · · · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		·-
0	and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 17	Yes No
	In Part XIV, describe how the organization reports conservat	ion assaments in its revenue and expen	
9	include, if applicable, the text of the footnote to the organization		
		mon s imanciai statements that describe	s the organization's accounting for
Par	conservation easements. t III Organizations Maintaining Collections or	of Art Historical Treasures, or	Other Similar Assets.
. u.	Complete if the organization answered "Yes" to Form		
10	If the organization elected, as permitted under SFAS 116 (AS		ement and halance sheet works of art
ıa	historical treasures, or other similar assets held for public ex		
			rance of paolic service, provide, in trait 707,
L	the text of the footnote to its financial statements that descr If the organization elected, as permitted under SFAS 116 (At		ant and balance sheet works of art, historical
b			
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of p	Jubile Service, 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	and the state of the same of t	
2	If the organization received or held works of art, historical tre		ciai gairi, provide
	the following amounts required to be reported under SFAS 1	i to (ASC 958) relating to these items:	. .
a	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

Schedule D (Form 990) 2011

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

132051 01-23-12

Sche		TER ALLIAN							12661	
Pa	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, o	r Othe	r Simil	<u>ar Asse</u>	ts (contini	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following that	t are a sig	nıfıcant	use of its	collection	items
	(check all that apply).									
а	Public exhibition	d	╵╠╵	Loan or exc	hange progra	ms .				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ey further t	he organizatıo	on's exem	npt purpo	ose in Par	t XIV.	
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or othe	er sımılar	assets	_	_	
	to be sold to raise funds rather than to be ma	aintained as part of t	the organ	nization's co	ollection?				Yes	No_
Pai	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par	•	ete if the	organizatio	n answered "	Yes" to F	orm 990), Part IV,	line 9, or	
	Is the organization an agent, trustee, custodi		diary for	contribution	s or other as:	sets not i	ncluded	_		
	on Form 990, Part X?		J.G. y 101						Yes	□ No
h	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing t	able						
Ü	Tros, explain the arrangement in rate xiv	and complete the re	/IIOWIIIg (abic					Amount	
С	Beginning balance						1c		74modnit_	
	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f		*****	
	Did the organization include an amount on Fo	orm 990 Part Y line	212				<u></u>	T	Yes	No
	If "Yes," explain the arrangement in Part XIV.	•	211						_ 103	
Pai			swered	"Yes" to Fo	m 990 Part	IV line 10).			
<u> </u>	1 1 Industrial and Complete	(a) Current year		rior year	(c) Two year			years back	(e) Four y	ears back
10	Beginning of year balance	(a) Content year	(5)	nor year	(6) 1110 300.	o ouen T	u) 111100)		(6) 1 55. 7	
	Contributions									
b	l l				 					
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	·····				-				
t -	Administrative expenses				1					
9	End of year balance		- // 1		l				L	
2	Provide the estimated percentage of the curr	rent year end balant		g, column (a	a)) neid as					
a	Board designated or quasi-endowment	%	%							
b	Permanent endowment									
С	Temporarily restricted endowment	%								
0-	The percentages in lines 2a, 2b, and 2c should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a sh	•	ation the	st ara bald a	and administa	rad far th	o organi	zation		
Ja	Are there endowment funds not in the posse	ission of the organiz	auon ma	it are nelu a	ing agministe	rea for th	e organi	Zation	T.	/oc No
	by:								3a(i)	es No
	(i) unrelated organizations								3a(ii)	
L	(ii) related organizations	s lieted as required :	n Cobo	tulo D2					3b	
	If "Yes" to 3a(ii), are the related organizations								30	
Pa	Describe in Part XIV the intended uses of the rt VI Land, Buildings, and Equipm									
_	Description of property	(a) Cost or obasis (investi	ther	(b) Cost	or other (other)	4.7	cumulate reciation		(d) Book	value
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment				7,022.		5,0		1	,929.
е	Other			1	6,181.		16,1	81.		0.
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	10(c))			ightharpoonup	1	,929.
	<u> </u>							Cabadula	D/Earm	990) 2011

U.S. WATER ALLIANCE

26-2112661 Page 3

_	edule D (Form 990) 2011 U.S. WATER ALLIANCE		ZIIZOOI Page
Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Sta	tement	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		703,576
2	Total expenses (Form 990, Part IX, column (A), line 25)		717,076
3	Excess or (deficit) for the year. Subtract line 2 from line 1		<13,500
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities 5		
6	Investment expenses 6		
7	Prior period adjustments 7		
8	Other (Describe in Part XIV.)		
9	Total adjustments (net). Add lines 4 through 8		*
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		<13,500
	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Returr	
1	Total revenue, gains, and other support per audited financial statements	1	703,576
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	 	
a	Net unrealized gains on investments		
_	Donated services and use of facilities 2b	⊣ ∣	
b		⊣ ∣	
c	Recoveries of prior year grants 2c	⊣	
d	,	\dashv \Box	0
e	•	2e	703,576
3	Subtract line 2e from line 1	3	703,370
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Part XIV.)		0
C	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	703,576
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Retu	
1	Total expenses and losses per audited financial statements	1	717,076
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a	_ <u></u>	
b	Prior year adjustments 2b		
С	Other losses 2c	<u> </u>	
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	717,076
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	- -	
ь		7	
	Add lines 4a and 4b		0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	717,076
	rt XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines	s 1b and	2b: Part V. line 4. Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any		
	RT X, LINE 2: THE ALLIANCE PERFORMED AN EVALUATION OF UNC		
			"
PO	SITIONS FOR THE YEAR ENDED SEPTEMBER 30, 2012, AND DETERM	INED	THAT THERE
		-	
WE	RE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINAN	CIAL	STATEMENTS
OR	THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.		
			
		Sched	tule D (Form 990) 201

132054 01-23-12

SCHEDULE J (Form 990)

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

U.S. WATER ALLIANCE

Employer identification number 26-2112661

A Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director. Explain in Part III. Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a	Pa	rt I Questions Regarding Compensation			
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items First-class or charter travel				Yes	No
First-class or charter travel Travel for companions Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Ib If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Ib If any of the following the filing organization or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. Compensation committee Written employment contract Written employment contract Written employment contract Written employment contract Written employment contract Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any c	1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
Travel for companions		Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items	1		
Tax indemnification and gross-up payments		First-class or charter travel Housing allowance or residence for personal use			
Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment form, a supplemental nonqualified retirement plan? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? The organization? For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net		Travel for companions Payments for business use of personal residence	,		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filling organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. Compensation committee Written employment contract Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: Receive a severance payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a X The organization? The organization? The organization? The organization organization in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		Tax indemnification and gross-up payments Health or social club dues or initiation fees			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? A The organization? The organization of the organization of the organization pay or accrue any compensation contingent on the revenues of The organization? For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			ŀ
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Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. Compensation committee	2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
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CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. Compensation committee					
establish compensation of the CEO/Executive Director. Explain in Part III. Compensation committee Independent compensation consultant X Compensation survey or study X Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? b Any related organization? If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of	3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
Compensation committee Independent compensation consultant Independent compensation consultant Independent compensation consultant Independent compensation consultant Independent compensation consultant Independent compensation consultant Independent compensation consultant Independent compensation consultant Independent compensation consultant Independent compensation consultant Independent compensation consultant Independent compensation committee Defendent compensation comm		CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
Independent compensation consultant X Compensation survey or study X Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? b Any related organization? If "Yes" to line 5a or 5b, describe in Part III 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		establish compensation of the CEO/Executive Director. Explain in Part III.			
A During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? b Any related organization? if "Yes" to line 5a or 5b, describe in Part III 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		Compensation committee Written employment contract			
A During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? b Any related organization? if "Yes" to line 5a or 5b, describe in Part III 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		Independent compensation consultant Compensation survey or study	İ		
organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? b Any related organization? If "Yes" to line 5a or 5b, describe in Part III 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			ee		ĺ
organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? b Any related organization? If "Yes" to line 5a or 5b, describe in Part III 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of				_	
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b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? b Any related organization? If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of					v
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Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? b Any related organization? If "Yes" to line 5a or 5b, describe in Part III 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of	С		4c	ļ	
For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? b Any related organization? If "Yes" to line 5a or 5b, describe in Part III 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
contingent on the revenues of a The organization? b Any related organization? If "Yes" to line 5a or 5b, describe in Part III 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
a The organization? b Any related organization? If "Yes" to line 5a or 5b, describe in Part III 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of	5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
b Any related organization? If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		·			
If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of	а	The organization?	5a		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of	b	Any related organization?	_5b_	ļ	<u> </u>
contingent on the net earnings of		If "Yes" to line 5a or 5b, describe in Part III			
	6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
		contingent on the net earnings of		l	
	а	The organization?	6a		X
b Any related organization?	b	Any related organization?	6b	<u> </u>	X
If "Yes" to line 6a or 6b, describe in Part III.		If "Yes" to line 6a or 6b, describe in Part III.			1
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
not described in lines 5 and 6? If "Yes," describe in Part III		not described in lines 5 and 67 lf "Yes," describe in Part III	7	<u> </u>	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III		ınitial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
Regulations section 53 4958-6(c)?		Regulations section 53 4958-6(c)?	9		L

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

					-		<u> </u>	
		(B) Breakdown of W.	V-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(l)-(D)	reported as deferred in prior Form 990
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Open to Public Inspection

Employer identification number Name of the organization 26-2112661 U.S. WATER ALLIANCE FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: ENVIRONMENTAL PROTECTION, AND THE PACIFIC INSTITUTE. 2012 - MILWAUKEE METROPOLITAN SEWERAGE DISTRICT, PEPSICO FRITO-LAY, PHILADELPHIA WATER DEPARTMENT, PROJECT WET FOUNDATION, SAN FRANCISCO PUBLIC UTILITIES COMMISSION AND SALMON FALLS WATERSHED COLLABORATIVE. IN ADDITION, TO PROMOTING WINNERS A NUMBER OF WEBINARS HAVE BEEN PRESENTED ON THE "STAR POWER" PROGRAMS. RECOGNITION PROGRAMS THAT PROMOTE INNOVATION, INTEGRATION, AND EDUCATION HELP ALL OF US IN THE WATER COMMUNITY. THIS YEAR THE AWARD CEREMONY WILL BE HOSTED AT THE NATIONAL GEOGRAPHIC HEADQUARTERS IN WASHINGTON, D.C., ON APRIL 22, 2013. THREE WINNERS WILL BE HONORED: ONONDAGA COUNTY, NY, FOR ITS PROGRAM TO "SAVE THE RAIN" AND EMBRACE GREEN INFRASTRUCTURE SOLUTIONS TO WET WEATHER THE FRESHWATER TRUST FOR ITS COLLABORATIVE MARKET-BASED SOLUTIONS TO RESTORE AND PROTECT RIVERS AND STREAMS; AND, MILLERCOORS FOR THEIR INNOVATIVE AND COMPREHENSIVE STRATEGIES TO PROTECT AND CONSERVE WATER THROUGHOUT ITS LIFE CYCLE. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: IN ITS FOURTH YEAR, THE FIRST CONFERENCE WAS IN PHILADELPHIA. BRINGING TOGETHER HUNDREDS OF SUSTAINABILITY CHAMPIONS AND GREEN CITY ADVOCATES, SEVEN CITIES WERE SPOTLIGHTED. EACH BROUGHT CROSS-DISCIPLINARY, MULTI-SECTOR TEAMS TO DISCUSS THEIR ACHIEVEMENTS, ISSUES, AND LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011) 132211 01-23-12

OPPORTUNITIES. LEADERS DISCUSSED ASPECTS OF URBAN WATER SUSTAINABILITY

INVOLVING GREEN INFRASTRUCTURE, RESOURCE RECOVERY, AND INTEGRATED

PLANNING, ATTRACTING OFFICIALS AND DECISION-MAKERS FROM SECTORS AS

DIVERSE AND CRITICAL AS TRANSPORTATION, HOUSING, MANUFACTURING, ENERGY,

AND AGRICULTURE. THE SUCCESS OF THE CONFERENCE WAS REPEATED IN FY2012

IN MILWAUKEE, AND FY2013 IN CINCINNATI. IT WILL BE HOSTED IN LOS

ANGELES THIS YEAR WITH A NEW NAME, THE "ONE WATER LEADERSHIP SUMMIT."

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

NATIONAL LEADERS IN 2012 TO SHARE PERSPECTIVES ON "ONE WATER

MANAGEMENT" (OWM) AND FORM A NETWORK TO ADVANCE INTEGRATED WATERSHED

MANAGEMENT. MORE THAN 60 LEADERS FROM FEDERAL, STATE, LOCAL AND

NONGOVERNMENTAL ORGANIZATIONS WERE CONVENED TO IMPROVE UNDERSTANDING

AND COORDINATION IN PROMOTING RESEARCH AND IMPLEMENTATION OF INTEGRATED

WATER MANAGEMENT. A WIDE ARRAY OF ORGANIZATIONS SIGNED A STATEMENT OF

COLLABORATION AND HAVE NOW FORMED A NETWORK FOR MOVING FORWARD.

THIS YEAR THAT COALITION IS BEING SUPPORTED BY A PARTNERSHIP OF WATER RESEARCH FOUNDATIONS TO EXPAND THE NETWORK, AND DEVELOP AN ACTION PLAN.

THE NATIONAL MEETING WILL TAKE PLACE ON JUNE 20 IN WASHINGTON D.C.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

GROWING BLUE PROJECT

EXPENSES \$ 27,392. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4: THE NAME OF THE ORGANIZATION WAS

CHANGED FROM THE "CLEAN WATER AMERICA ALLIANCE" TO THE "U.S. WATER

ALLIANCE."

132212 01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

THE BOARD OF DIRECTORS AMENDED THE ALLIANCE'S BYLAWS, EFFECTIVE OCTOBER 1,
2011, TO REPLACE THE NACWA BOARD OF DIRECTORS WITH THE ALLIANCE BOARD OF
DIRECTORS AS THE VOTING ENTITY. THEREFORE, THE DECISIONS OF THE ALLIANCE'S
GOVERNING BODY ARE NO LONGER SUBJECT TO APPROVAL BY NACWA.

FORM 990, PART VI, SECTION B, LINE 11: THE FEDERAL FORM 990 IS PREPARED BY

AN INDEPENDENT ACCOUNTING FIRM AND A COPY IS REVIEWED BY THE PRESIDENT AND

THE TREASURER BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C: A CONFLICT OF INTEREST POLICY

STATEMENT IS DISTRIBUTED ONCE PER YEAR TO THE BOARD OF DIRECTORS. EACH

MEMBER IS REQUIRED TO SIGN THE FORM AND RETURN IT TO THE ALLIANCE OFFICE

WHERE IT IS REVIEWED AND KEPT IN HARD AND ELECTRONIC FILES. BEFORE EACH

BOARD OF DIRECTORS MEETING, MEMBERS ARE ASKED WHETHER OR NOT THEY HAVE A

CONFLICT OF INTEREST WITH ANY ITEM ON THE AGENDA. VERBAL RESPONSES ARE

RECORDED IN THE MEETING MINUTES WHICH ARE KEPT IN WRITTEN AND ELECTRONIC

FORM.

FORM 990, PART VI, SECTION B, LINE 15: BOARD MEMBERS VOLUNTEER TIME AND EXPERTISE TO ALLIANCE ACTIVITY AS WELL AS TRAVEL AND LODGING EXPENSES WHERE NECESSARY. THE SMALL STAFF OF FOUR PEOPLE, INCLUDING THE PRESIDENT, HAS BEEN SELECTIVELY RECRUITED AND RESUMES VETTED BY AN EXECUTIVE COMMITTEE.

SALARIES ARE BELOW SCALE FOR STATUS AND CREDENTIALS BASED ON AREA SEARCH FOR SIMILAR POSITIONS.

Sch	edule O (Form 990 or 9	90-EZ) (20	11)		Page :
Nam	e of the	organization		WATER ALLIANCE		Employer identification number 26-2112661
то	THE	PUBLIC	UPON	REQUEST.		
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Form 886	8 (Rev. 1-2012)					Page 2
• If you a	re filling for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II and check this	box	>	X
Note. Onl	y complete Part II if you have already been granted an a	utomatic	3-month extension on a previously fl	led Form 8	8868.	
	re filing for an Automatic 3-Month Extension, complete			 		
Part II	Additional (Not Automatic) 3-Month E	xtensio				
			Enter filer's	identifyin	g number, see ins	tructions
Type or	Name of exempt organization or other filer, see instru	ctions		Employer	Identification num	ber (EIN) or
print						
File by the	U.S. Water Alliance			X	26-211266	51
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, so 1816 Jefferson Place, NW	ee instruc	tions.	Social sec	curity number (SSN	ŋ
instructions.	City, town or post office, state, and ZIP code. For a fo	oreign add	Iress, see instructions.			
	Washington, DC 20036-2505	orong rr acc				
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Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
Applicati	OΠ	Return	Application			Return
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Form 990		01		1374	2027 M (2/2)	
Form 990		02	Form 1041-A			08
Form 990		01	Form 4720			09
Form 990		04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069						
Form 990-T (trust other than above) 06 Form 8870						
	o not complete Part II if you were not already granted	an autor	natic 3-month extension on a prev	iously file	d Form 8868.	
<u> </u>	Meredith Ristic	C				
• The bo	ooks are in the care of > 1816 Jefferson	Place	e, NW - Washington	, DC	20036- <u>250</u> !	5
Teleph	none No.▶ (202) 223–2299		FAX No. ▶			
• If the	organization does not have an office or place of business	s in the Ui	nited States, check this box		>	
	is for a Group Return, enter the organization's four digit					check this
box ▶	. If it is for part of the group, check this box	and atta	ach a list with the names and EiNs of	all memb	ers the extension i	s for.
4 I re	quest an additional 3-month extension of time until	Augus	t 15, 2013 .			
		OCT 1	, 2011 , and endin	g SEP	30, 2012	
	he tax year entered in line 5 is for less than 12 months, o	heck reas	son: Initial return	Final r	eturn	
	Change in accounting period					
7 Sta	ate in detail why you need the extension					
Ac	iditional time is needed to	gathe	r information nece	ssary	to file	<u>a</u>
C	omplete and accurate return.				· _ ; · · · · · ·	
8a If t	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			_
no	nrefundable credits. See instructions.			8a	\$	0.
b If t	his application is for Form 990-PF, 990-T, 4720, or 6069,	, enter any	refundable credits and estimated	1.73		
tax	payments made. Include any prior year overpayment al	llowed as	a credit and any amount paid	~ *		_
pr	eviously with Form 8868.			8b	\$	0.
c Ba	lance due. Subtract line 8b from line 8a. Include your pa	ayment wi	th this form, if required, by using			
EF	TPS (Electronic Federal Tax Payment System). See Instr	uctions.		8c	\$	0.
			st be completed for Part II			
Under per	rattles of perjury, I declare that I have examined this form, including	ting accom	panying schedules and statements, and t	o the best o	it my knowledge and	belief,
it is true, o	correct, and copaniete, and that am authorized to prepare this f				· (1.1	
Signature	Titte >	CPA		<u>Date</u>	► 5/10/13	

Form 8868 (Rev. 1-2012)

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