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# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public

Department of the Treasury Internal Revenue Servico

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

Inspection

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	_		US	WATER	ALLIANC	E						26-	-211:	2661		
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ī	Tax-ex	empt st	atus.	X 501(c)	(3) 5	01(c) (	) <b>《</b> (ir	sert no.)	4947(a)(1)	or	527	4. 11	Vo," atlac	n a list (	(see instructions)	
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	1	Briefly	/ descri	ibe the orga	ınızation's m	ission o	most signi	ficant activitie	s: THE U	S WATE	R ALL	IANCE'	S M1	SSI	ON IS TO	)
ø		UNI	TE PI	EOPLE A	ND POLIC	CIES	FOR WAT	TER SUST	AINABIL	ITY.		τ	- <i>-</i>			
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Ę	2	Check	this bo	ox ▶	if the organi	zation d	scontinuec	its operation	ns or dispos	ed of more	than 259	6 of its net	assets			
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For	Paper	rwork	Reduct	tion Act No	tice, see the	separat	e instructio	ns.			. (/			_	Form 99	0 (2013)
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2-USWA

For	rm 990 (2013)Page <b>2</b>
P	art III Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO EXPLORE THE COMPLEX ISSUE OF WATER SUSTAINABILITY AND PLAN FOR THE
	FUTURE BY IMPROVING PUBLIC AWARENESS THAT ADVANCES HOLISTIC,
	WATERSHED-BASED APPROACHES TO WATER QUALITY AND QUANTITY CHALLENGES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$103,653, including grants of \$) (Revenue \$)
	ATTACHMENT 1
4b	(Code:) (Expenses \$161,386. including grants of \$) (Revenue \$50,377)
	ATTACHMENT 2
_	(Code ) (Finance f)
40	: (Code) (Expenses \$317,735. Including grants of \$) (Revenue \$165,000) THE U.S. WATER ALLIANCE MANAGES THE VALUE OF WATER COALITION,
	WHICH UNITES PUBLIC AND PRIVATE SECTOR LEADERS, UTILITIES, AND
	ORGANIZATIONS TO BOLSTER PUBLIC SUPPORT FOR PROTECTING WATER AND
	INVESTING IN ITS FUTURE. THE ALLIANCE HELPS TO PLAN AND CARRY OUT
	THE COALITION'S PUBLIC AWARENESS CAMPAIGN, CURATES THE COALITION'S
	ONLINE PRESENCE, INCLUDING ITS WEBSITE AND SOCIAL MEDIA FEEDS.
7-1	Other program services (Describe in Schedule O.) ATTACHMENT 3
+u	
4e	(Expenses \$ 152,024. Including grants of \$ ) (Hevenue \$ 7,410. )  ■ Total program service expenses ► 734,798.
10.	

**Checklist of Required Schedules** 

Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or 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 provide advice on the distribution or investment of amounts in such funds or accounts? If			v
-	"Yes," complete Schedule D, Part I	6		_ <u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		v
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			Х
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
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	40		Х
11	•	10		
	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,"	110	х	
h	complete Schedule D, Part VI	11a		
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
_	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	110		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		х
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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		-	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a	х	
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 and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	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 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? 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 other			
	assistance to or for foreign individuals? 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 (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			.,
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			1,7
••	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part I	V Checklist of Required Schedules (continued)		-	
_			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or 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			
23	- · · · · · · · · · · · · · · · · · · ·			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		х	
	employees? If "Yes," complete Schedule J	23_		
24 a	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 25a	24a	_	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	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		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			ŀ
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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 L	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any	-		
_	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II.	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			<u> </u>
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			<del>                                     </del>
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
_	· · · · · · · · · · · · · · · · · · ·	00-		x
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<del>  ^</del>
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	004		x
_	Schedule L, Part IV.	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			<sub>U</sub>
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	v	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			l
	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,			l
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	<u> </u>	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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, 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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			Ĭ <u> </u>
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
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,		Į.	
	Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	$\overline{}$	<u> </u>	
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
	The state of the s	- 50		

Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		$\perp$
	Establica alla contratt. De out Esta 1999 Esta out a la contratta de la contra		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ļ		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
٥	reportable gaming (gambling) winnings to prize winners?	1c	_X	
2 <b>a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
L	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 4			
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	-
3-	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?		}	<b>X</b>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b	-	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		-
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		х
b	If "Yes," enter the name of the foreign country: ▶	70		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_ x_
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			ı
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_	ł	17
a	required to file Form 8282?	7с		<u>X</u>
	If "Yes," indicate the number of Forms 8282 filed during the year			_ <u>_</u> _
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		$\frac{x}{x}$
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	+	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
_	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12		İ	•
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]		}	
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
10-	against amounts due or received from them.)			-
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <u>12b</u> Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.	ısa	$\dashv$	
b	Enter the amount of reserves the organization is required to maintain by the states in which		j	
_	the organization is licensed to issue qualified health plans	[		
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O			tions
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion 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 1a 3	5		
	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			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint			
'a	one or more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,	/ a		
b		7b		x
	stockholders, or persons other than the governing body?	7.5	<del></del>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following		x	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			x
Cooti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	_ \	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Coa		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	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		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a		X
þ	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	<u> </u>
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 in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a				
	with a taxable entity during the year?	16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	1.00		_
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure	1100	ł	Ь
17	List the states with which a copy of this Form 990 is required to be filed \			<del></del>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection, Indicate how you made those available. Check all that early	n 501(	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest	polic	y, and
	financial 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		
JSA	Organization: ▶THE ORGANIZATION 1250 24TH STREET, NW, SUITE 300 WASHINGTON, DC 20037 202-223-2299		-000	(2012)

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

Check if Schodule Occasions a response or note to applies in this Bot VIII.

Check if Schedule O contains a response or note to any line in this Part VII................

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, 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.

Check this box if neither the organization r	nor any related	orga	niza	tion	COI	mpen	sate	ed any current offic	er, director, or trus	stee	
(A) Name and Title	(B) Average hours per week (list any	box, office	unles er and	Pos neck s pe d a d	more rson irect	e than on some state of the sta	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations	_
(1)DICK CHAMPION JR	1.00										
CHAIR		х		х				0	О		0
(2)HOWARD M NEUKRUG PE	1.00					-				•	
VICE CHAIR		Х		X				0	0		0
(3)ALEXANDRA DAPOLITO DUNN	1.00										
SECRETARY		Х		Х				0	0		0
(4)ERIK J MEYERS	1.00										
VICE PRESIDENT		X		Х				0	0		0
(5)TODD WILLIAMS	1.00										
DIRECTOR		Х						0	0		0
(6)KATHERINE BAER	1.00										
DIRECTOR		Х						0	0		0
(7)BOB IACULLO	1.00							_			
DIRECTOR		Х	Щ					0	0		0
(8)JACK BAYLIS	1.00							_	_		
DIRECTOR		Х	L.,					0	0		0
(9)D RANDALL BENN	1.00										_
DIRECTOR		X	$\vdash$			<u> </u>		0	0		0
(10)JAMES H CLARK	1.00	.,	li								_
DIRECTOR	1 00	Х	Н					0	0		0
(11)CAROL COLLIER DIRECTOR	1.00	.,									_
	1 00	Х	$\vdash$					0	0		0
(12)MICHAEL B COOK DIRECTOR	1.00	X						0	0		0
(13)BRENT FEWELL	1.00		$\Box$						_	"	
DIRECTOR		Х						l o	o		0
(14)DANIEL BENA	1.00		H							·	•
DIRECTOR		х						0	o		0
<del></del>										000	•

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JSA

Page 8

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	yee	es,	and I	ligi	nest Compensat	ed Employees (	conti	nued)	- tage C
(A) Name and title	(B) Average hours per week (list any hours for related	box, office	unles r and	Pos heck ss pe d a d	erson	e than our both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimate amount other compensa	of tion
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	y employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		organizat and relati organizati	ion ed
15) CATHY GERALI DIRECTOR	1.00	х										
16) JONATHAN KALEDIN	1.00								(	1		0
DIRECTOR	+- <del>-</del>	х						c	c			0
17) GINA WAMMOCK DIRECTOR	1.00	х						0	C			0
18) DAN KEPPEN DIRECTOR	1.00	x						C				
19) KENNETH P KIRK	1.00									1		<u>_</u>
DIRECTOR 20) ENRIQUE ZALDIVAR	1.00	Х		<u> </u>	_			C		1		0
DIRECTOR	1.00	x						C	) (			0
21) CHARLES LOGUE PE	1.00											
DIRECTOR		х		_				C	) (			0
22) T. DAVID CHINN DIRECTOR	1.00	x						_	)			0
23) G TRACY MEHAN III	1.00									$\vdash$		
DIRECTOR		x						c	)(			0
24) CORNELIUS P O'LEARY TREASURER	1.00	x		x				_	)			0
25) MICHELE PLA	1.00	^		┢	┢				) (	1		0
DIRECTOR	<u> </u>	x						c				0
1b Sub-total							<b>&gt;</b>	100 000		1		0
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)			• •		٠.		<b>&gt;</b>	190,000. 190,000.	(	4		197. 197.
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste		bov	e) who	re	<u> </u>		1		197.
							•				Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched	er, directo ule J for suc	or, or ch ind	tru <i>ivid</i>	uste ual	е, • •	кеу є 	· ·	oloyee, or highes	t compensated		3	х
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,0	003	11	"Yes	," ·	complete Schedu			4 X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on 1	fron	n any	uni	related organizati			5	x
Section B. Independent Contractors	cs, compic	10 00,	icut	110 0	, 101	Sucri	рег	3011	· · · · · · · · · · · · · · · · · · ·		3	
1 Complete this table for your five highest com- compensation from the organization. Report of year.	ipensated ii compensati	ndepe on for	the	ent e	con	tracto dar ye	rs t ar e	hat received more ending with or with	than \$100,000 hin the organization	of on's t	ax	
(A) Name and business add	dress		_					( <b>B</b> ) Description of se	ervices		(C) pensation	 I
							-					
	· · · · · · · · · · · · · · · · · · ·											
2 Total number of independent contractors (in							e li	isted above) who	received			

Part VII Section A. Officers, Directors, Tru	I	y En	nplo	oye	es,	and I	Hig	hest Compensat	ed Employees	<u>3 (co</u>	ntinue	ed)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unle	Pos heck ss pe	erson	e than c is both tor/trust	an	(D) Reportable compensation from the	(E) Reportable compensation fri related organizations		am	(F) timated tount of other pensati	f
	related organizations below dotted line)	I m D	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		fro orga and	om the anizatio d related inization	n b
26) ANDREW W RICHARDSON PE BCEE	1.00	4											
DIRECTOR 27) JOHN SALO	1.00	X	├	├	<del> </del>	-				4			0
DIRECTOR		×								d			0
28) KEVIN L SHAFER DIRECTOR	1.00							0		0			0
29) PETER TUNNICLIFFE	1.00									$\top$		_	
DIRECTOR		Х			<u> </u>			0		O			0
30) JAMES F STAHL	1.00	4											
DIRECTOR 31) RICH SUSTICH	1.00	X		_	<u> </u>		_	0		_9_			0
DIRECTOR		x						_		٦			0
32) RACHEL JANNETTA	1.00	<b>-</b>	$\vdash$		-		$\vdash$			<del></del>			
DIRECTOR		x						o		o			0
33) ROGER WOLF	1.00												
DIRECTOR		X						0		0			0
34) BEN GRUMBLES	40.00	ł			١			100 000					
PRESIDENT 35) MARY ANN DICKINSON	1.00	X		X	X			190,000.		4		44,1	.97.
DIRECTOR		x						١		۸			0
										1			
1b Sub-total	l		L	L	1		<u> </u>						
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	-				· ·	 	<b>&gt;</b>			$\pm$			
Total number of individuals (including but not reportable compensation from the organization)				d al	bove	e) who	o re	eceived more than	\$100,000 of				
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schede	er, directo	or, or ch ind	tru <i>lividi</i>	uste ual	e,	key e	emp	oloyee, or highes	compensated	J 1	3	Yes	No X
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	sum of rep eater than	ortab \$15	le (	om 00?	per	satior <i>"Ye</i> s	n ar	nd other compens	sation from the le J for such	: 7	4	x	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on i	fron	ı any	uni	related organization	on or individual	ı	5		
Section B. Independent Contractors	, <u> </u>					000	<u> </u>		<u> </u>		1 5 1		
<ol> <li>Complete this table for your five highest com compensation from the organization. Report c year.</li> </ol>													
(A) Name and business add	lress							(B) Description of se	rvices	Co	(C)	ation	
							1						
			-				+						
						····	+		<del></del>				
							$\dagger$						
2 Total number of independent contractors (in	ncluding bu	ut not	lin	nite	d to	thos	e li	isted above) who	received				

more than \$100,000 in compensation from the organization ▶

Par	t VIII	Statement of Rever Check if Schedule O co		nse or note to ar	v line in this Part \	/III		
		Check ii Schedulo S de	Than's a respon	ise of fiole to al	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	1b 1c 1d tions) . 1e ts, above . 1f	274,875. 541,857.				
	g	Noncash contributions included in <b>Total.</b> Add lines 1a-1f			816,732.			
Jue				Business Code				
Program Service Revenue	2a b c	REGISTRATION/WEBCAST FEES CONTRACT MANAGEMENT FEE			57,787. 165,000.	57,787. 165,000.		
rogram Se	d e f	All other program service rev						
<u> </u>	g	Total. Add lines 2a-2f	<u>"</u>		222,787.	<del></del>		<del> </del>
	3 4 5	Investment income (includin other similar amounts). AT income from investment of the Royaltres	TACHMENT 4 ax-exempt bond p	proceeds	418. 0	418.		
	6a b	Gross rents	(i) Real	(II) Personal				
	d	Net rental income or (loss)			0			-
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities	(II) Other				
		and sales expenses Gain or (loss)						
ne	d	Net gain or (loss) Gross income from fundra	using		0			
Other Revenue		events (not including \$ of contributions reported on See Part IV, line 18	line 1c).					
the		Less: direct expenses						-
0		Net income or (loss) from full Gross income from gaming a See Part IV, line 19	activities		0			
	b	Less. direct expenses	b					
	10a	Net income or (loss) from ga Gross sales of inventor returns and allowances	ory, less		0			
	b b	Less: cost of goods sold  Net income or (loss) from sa  Miscellaneous Reven	les of inventory		0			
	<u> </u>	CONSULTING HONORARIA		Dusiless Code	7.000	7.00		1
	11a b c	CONSULTING HONORARIA			7,065.	7,065.		
	"	All other revenue				<del></del>		1
	e	Total. Add lines 11a-11d •			7,065.			
	12	Total revenue. See instruction			1,047,002.	230,270.		

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).

Check if Schedule O	ontains a respo	nse or note to any line	ın this Part IX		<del></del>   T
Do not include amounts reported of 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1 Grants and other assistance to go organizations in the United States See F		0			
2 Grants and other assistance to the United States See Part IV, line	i	0			
3 Grants and other assistance to organizations, and individuals United States See Part IV, lines 15	outside the and 16	0			
4 Benefits paid to or for members		<u> </u>			
5 Compensation of current office trustees, and key employees	· · · · · · · · · · · · · · · · · · ·	190,001.	133,930.	35,033.	21,038.
6 Compensation not included above, persons (as defined under section 4 persons described in section 4958(c)(3)	1958(f)(1)) and	o			
7 Other salaries and wages		157,346.	110,912.	29,012.	17,422.
8 Pension plan accruals and contributions 401(k) and 403(b) employer contribution	(include section	22,959.	16,184.	4,233.	2,542.
9 Other employee benefits	. <b></b> [	78,885.	55,605.	14,545.	8,735.
10 Payroll taxes		21,841.	15,396.	4,027.	2,418.
11 Fees for services (non-employees)  a Management		o			
b Legal		0			
c Accounting		23,043.		23,043.	
d Lobbying		0			
e Professional fundraising services See		0			<del></del>
f Investment management fees	· · · · · · -	- 0			
g Other (If line 11g amount exceeds 10%	of line 25, column	191,248.	183,590.	7,658.	
(A) amount, list line 11g expenses on Schedul	· .	0	103, 390.	7,030.	<del></del>
12 Advertising and promotion		4,113.	2,488.	1,625.	
13 Office expenses		4,140.	850.	3,290.	
<ul><li>14 Information technology</li><li>15 Royalties</li></ul>		0		0,230.	·
15 Royalties	I	23,000.		23,000.	
17 Travel		11,897.	7,084.	4,813.	<del>- · · · · · · · · · · · · · · · · · · ·</del>
18 Payments of travel or entertainm for any federal, state, or local p	nent expenses	0			
19 Conferences, conventions, and me	<u> </u>	86,510.	86,284.	226.	
20 Interest		0	<u> </u>		
21 Payments to affiliates		0			<del></del>
22 Depreciation, depletion, and amor		1,135.		1,135.	
23 Insurance		5,606.	·	5,606.	
24 Other expenses Itemize expenses		_			
above (List miscellaneous expenses	ın lıne 24e lf				
line 24e amount exceeds 10% of li	· I				
(A) amount, list line 24e expenses o aSUBSCRIPTIONS	n Schedule O.)				
bBANK FEES	[	1,814.	1,654.	105.	55.
c SPONSORSHIPS		700.	700.		
dPRINTING		12,249.	12,249.	404 444	
e All other expenses			107,872.	-121,111.	13,239.
25 Total functional expenses. Add lines 26 Joint costs. Complete this line organization reported in column from a combined educational of fundraising solicitation. Check here	e only if the (B) joint costs campaign and	836,487.	734,798.	36,240.	65,449.
following SOP 98-2 (ASC 958-720	)				
oun .					Form <b>990</b> (2013)

rt X				
	Check if Schedule O contains a response or note to any line in this Pa		· · · · ·	
		(A) Beginning of year		( <b>B</b> ) End of year
1	Cash - non-interest-bearing		1	
2	Savings and temporary cash investments	47,801.		326,316
3	Pledges and grants receivable, net	81,016.		90,100
4	Accounts receivable, net	8,896.	4	6,136
5	Loans and other receivables from current and former officers, directors,			
ļ	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L  Loans and other receivables from other disqualified persons (as defined under section	0	5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers			
	and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
	organizations (see instructions) Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	0	8	
9	Prepaid expenses and deferred charges	743.	9	2,743
10 a	Land, buildings, and equipment cost or			
	other basis. Complete Part VI of Schedule D 10a 20,695.			
b	Less accumulated depreciation	2,286.		1,152
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11	0	13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	140,742.		426,44
17	Accounts payable and accrued expenses	105,678.		124,11
18	Grants payable		18	
19	Deferred revenue	8,250.	_	65,00
20	Tax-exempt bond liabilities	C	20	
21	Escrow or custodial account liability Complete Part IV of Schedule D	C	21	
22	Loans and other payables to current and former officers, directors,			
	trustees, key employees, highest compensated employees, and	_		
	disqualified persons Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	<u>C</u>	23	
24	Unsecured notes and loans payable to unrelated third parties.	<u>_</u>	24	
25	Other liabilities (including federal income tax, payables to related third		[ ]	
1	parties, and other liabilities not included on lines 17-24) Complete Part X	^		
	of Schedule D	113,928.	25	100 110
26	Total liabilities. Add lines 17 through 25	113,920.	26	189,118
}	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.			
27		21,814.	27	60,238
28	Unrestricted net assets Temporarily restricted net assets	5,000.	28	177,09
29	Permanently restricted net assets	3,000.	29	<u> </u>
-"	Organizations that do not follow SFAS 117 (ASC 958), check here		23	<del></del>
	complete lines 30 through 34.		ļ ļ	
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
27 28 29 30 31 32 33	Total net assets or fund balances	26,814.		237,329
34	Total liabilities and net assets/fund balances	140,742.		426,44

Form **990** (2013)

Form 99	00 (2013)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1				002.
2	Total expenses (must equal Part IX, column (A), line 25)	2			36,4	
3	Revenue less expenses. Subtract line 2 from line 1	3		2	10,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			26,1	
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7_				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			_		
_	33, column (B))	10	L	2	37,	<u>329.</u>
Part						
	Check if Schedule O contains a response or note to any line in this Part XII	• •	• • • •			<u> </u>
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		<del></del>			
	If the organization changed its method of accounting from a prior year or checked "Other," e.	xplair	n in			
0-	Schedule O.					x
28	Were the organization's financial statements compiled or reviewed by an independent accountant?	- 11		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	plied	a or			
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis			0.	x	
Ь	Were the organization's financial statements audited by an independent accountant?			2b		<del> </del>
	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	ed o	n a			[
	<del></del>					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	_	_	2c	x	
	of the audit, review, or compilation of its financial statements and selection of an independent account the appropriate approach and selection of an independent account to the audit and the approach of the audit and the approach are approached as a selection of an independent account to the audit and the aud			20		<del>                                     </del>
	If the organization changed either its oversight process or selection process during the tax year, e	xpıaıı	n in			
ο.	Schedule O.	ادسيرا	h :			
зa	As a result of a federal award, was the organization required to undergo an audit or audits as set	rorti	n IN	3a		x
<b>L</b>	the Single Audit Act and OMB Circular A-133?	··	the	<u> </u>	-	<del></del>
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		HE	3b		

## **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

OMB No 1545-0047

26-2112661

Open to Public Inspection

US WATER ALLIANCE

➤ Attach to Form 990 or Form 990-EZ.
➤ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Department of the Treasury Internal Revenue Service **Employer identification number** Name of the organization

Pai	rt I	Reason for Publ	ic Charity Status	s (All organizations mus	st com	nplete	this pa	ιrt.) Se	<u>e instru</u>	<u>ictions</u>	•			
The	orga	nization is not a privi	ate foundation bed	ause it is (For lines 1 thr	ough 1	1, che	ck only	one box	k.)			-		
1		A church, convention	on of churches, or	association of churches o	describ	ed ın <b>s</b>	ection	170(b)(	1)(A)(i).					
2				1)(A)(ii). (Attach Schedule										
3				ervice organization descri	•	sectio	n 170/b	)(1)(A)	(iii).					
4	$\vdash$	,	•	erated in conjunction with			•			n 170/h	.\/1\/Δ	Miii) F	nter :	the
•	ш	hospital's name, city		stated in conjunction with	a	oopita		bea iii	3001101		,,, ,,,,,,	·,(,	1101	
5				nefit of a college or univer	orcity o		or one	rated b			ntal u	nit doco	riboo	Lin
J	ш				SISILY C	Jwneu	or ope	ialeu L	y a go	vernine	ıılaı u	iiii uesc	noec	
_	$\overline{}$	section 170(b)(1)(A					: 170	(1-)(4)(	<b>4</b> \ <i>C</i> \					
6	<del>  ,  </del>		_	or governmental unit desc										
7	X	_	-	es a substantial part of its	s supp	ort tro	m a go	vernme	ental un	it or fro	om the	e genera	al pul	DIIC
		described in sectio		• •										
8	Щ	•		on 170(b)(1)(A)(vi). (Com	•									
9		<del>-</del>	•	es: (1) more than 331/3%									_	
		•		exempt functions - subj			-							
				ome and unrelated busin						n 511	tax) f	rom bus	sines	ses
				e 30, 1975. See <b>section</b>	٠,	, , ,	•		•					
10	Ш	An organization org	janized and operat	ted exclusively to test for	public s	safety.	See <b>se</b>	ction 5	09(a)(4)	).				
11		-		rated exclusively for the								-		
		purposes of one or	r more publicly su	pported organizations de	scribe	d in se	ection 5	509(a)(	1) or se	ction 5	09(a)(	(2). See	sect	ion
		509(a)(3). Check th	ne box that describ	es the type of supporting	_			mp <u>lete</u>	lines 11	e throu	ugh 11	lħ.		
		a Type I		c Type III-Function								nally inte	•	
е		By checking this bo	ox, I certify that the	e organization is not cont	rolled	dırectl	y or inc	lirectly	by one	or mor	e dısq	jualified	pers	ons
		other than foundati	ion managers and	other than one or more p	publicly	y supp	orted o	rganıza	tions d	escribe	d in s	ection 5	09(a	(1)
		or section 509(a)(2	).											
f		If the organization	received a writte	n determination from the	e IRS	that it	is a Ty	ype I, ⊺	ype II,	or Type	e III s	upportir	ıg	
		organization, check	this box										. [	
g		Since August 17, 2		nization accepted any gift				any of	the					
_		following persons?	_	,				•						
		(i) A person who	directly or indirect	tly controls, either alone	or toge	ether v	vith per	sons d	escribed	d in (ii)	and	٦	Yes	No
			•	the supported organization	_		•			• /		11g(i)		
				scribed in (i) above?	• •	• • •	• • • •			· · · ·		11g(ii)	$\neg$	
				on described in (i) or (ii) al	bove?						• • •	11g(iii)	_	
h		• •	• •	ut the supported organiza							• • •	<u> </u>		
		ame of supported	(ii) EIN	(iii) Type of organization	T	ls the	(v) Did v	ou notify	(vi)	s the	(vii) A	Amount of	mone	any
		organization	(,	(described on lines 1-9	organia	zation in listed in	the orga	anization	organiz	zation in	(,	support		
				above or IRC section (see instructions))	your go	overning		) of your port?		rganized US?				
			1	(====,		ment? No	Yes		Yes		1			
				-					1		_			
(A)														
										<del></del>				
(B)												_		
(C)													,	
43					-						-			—
(D)					ļ		ļ		<u> </u>					
(E)														
					<del> </del>	-		<u> </u>	<del>                                     </del>	<del>                                     </del>				
Tota	al													
					•	<del></del>			<del></del>		<del></del>			

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	430,577.	735,351.	646,711.	630,806.	816,732.	3,260,177.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	430,577.	735,351.	646,711.	630,806.	816,732.	3,260,177.
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						305,466.
6	shown on line 11, column (f)  Public support. Subtract line 5 from line 4						2,954,711.
	tion B. Total Support					L	2,934,711.
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	430,577.	735,351.	646,711.	630,806.	816,732.	3,260,177.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	58.	299.	289.	250.	418.	1,314.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	4,756.	17,007.	5,975.	8,225.	7,065.	43,028.
11	Total support. Add lines 7 through 10						3,304,519.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	260,229.
13	First five years. If the Form 990 is forganization, check this box and stop here		<del> </del>	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Sup			-			
14	Public support percentage for 2013 (li		-			14	89.41%
15	Public support percentage from 2012					15	75.34%
16a	331/3% support test - 2013. If the o						37
	this box and <b>stop here</b> . The organization	•		-			
D	331/3% support test - 2012. If the c	_					. —
170	check this box and stop here. The organization	•					
17a	10% or more and if the organization	_					
	10% or more, and if the organization Part IV how the organization meets t					•	•
	organization			•	•		pported
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organization	<b>2012.</b> If the org	ganization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	
	Explain in Part IV how the organizati						-
18	supported organization  Private foundation. If the organization						<b>▶</b> □
	instructions				•		▶ □
			· · · · · ·		<u> </u>	<del> </del>	<del></del>

2-USWA

Schedule A (Form 990 or 990-EZ) 2013

Dart III	Support	Schodula	for C	Organizations	Described in	Section	n 500/a)/2)
	Support	Schedule	IUI 🤇	Ji yailizatioiis	Described in	Jecuo	ロラしらいはルビル

(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 qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees	· I					
	received (Do not include any "unusual grants")	i e					
2	Gross receipts from admissions, merchandise	,					
	sold or services performed, or facilities	ı					
	furnished in any activity that is related to the	ı			•		
	organization's tax-exempt purpose	ı					
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	ı					
4	Tax revenues levied for the				-		
	organization's benefit and either paid	ı					
	to or expended on its behalf	ı					
5	The value of services or facilities						
	furnished by a governmental unit to the	ı					
	organization without charge	ı					
6	Total. Add lines 1 through 5		·				
7a	Amounts included on lines 1, 2, and 3	<del>-</del>					
	received from disqualified persons	ı					
b	Amounts included on lines 2 and 3		· -				
	received from other than disqualified	ı					
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	ı					
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from					-	
	line 6)	ı					
Sec	tion B. Total Support		•			<del>!</del>	<del></del>
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	-					
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975		i				
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)				1		
14	First five years. If the Form 990 is for	the organization	n's first, second.	third, fourth, or	fifth tax year a	is a section 501	(c)(3)
	organization, check this box and stop here.						
Sec	tion C. Computation of Public Sup					<del></del>	<del></del>
15	Public support percentage for 2013 (line 8	, column (f) divide	ed by line 13, colur	nn (f))		15	%
16	Public support percentage from 2012 Sche	dule A, Part III, Iır	ne 15	· · · · · · · · · · · · · · · · · · ·		16	%
<u>Sec</u>	tion D. Computation of Investmen	nt Income Per	centage				
17	Investment income percentage for 2013 (lin	ne 10c, column (	f) divided by line 1	3, column (f))		17	%
18	Investment income percentage from 2012	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2013. If the org	ganization did no	ot check the box	on line 14, and	d line 15 is mor		
	17 is not more than 331/3%, check th						
b	331/3% support tests - 2012. If the orga						
	line 18 is not more than 331/3 %, check						
<b>20</b> JSA	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	, check this bo	ox and see insti	ructions >

Schedule A (Form 990 or 990-EZ) 2013

Page 4

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

# **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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

	of the organization		Employer identification number
US	WATER ALLIANCE		26-2112661
Par	Organizations Maintaining Donor Advisor Complete if the organization answered	sed Funds or Other Similar Funds or A "Yes" to Form 990, Part IV, line 6.	Accounts.
		(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 advised
	funds are the organization's property, subject to th		
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that grant fun	ds can be used
	only for charitable purposes and not for the benef	fit of the donor or donor advisor, or for any	other purpose
	conferring impermissible private benefit?		
Par	Conservation Easements. Complete if		rm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th		
	Preservation of land for public use (e.g., rec	reation or education) Preservation of	of an historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contribution in	the form of a conservation
	easement on the last day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easemen		
C	Number of conservation easements on a certified		2c
d	Number of conservation easements included in (chistoric structure listed in the National Register		
3	Number of conservation easements modified, tra		
5	tax year >	nsterred, released, extinguished, or termin	lated by the organization during the
4	Number of states where property subject to cons	ervation easement is located >	
5	Does the organization have a written policy regard		
-	violations, and enforcement of the conservation e		
6	Staff and volunteer hours devoted to monitoring,		
	<b>&gt;</b>	, 3,	January Canada
7	Amount of expenses incurred in monitoring, inspe	ecting, and enforcing conservation easeme	ents during the year
	<b>▶</b> \$		,
8	Does each conservation easement reported on lir	ne 2(d) above satisfy the requirements of se	ection 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?		Yes No
9	in Part XIII, describe now the organization reports	s conservation easements in its revenue an	d expense statement, and
	balance sheet, and include, if applicable, the text		cial statements that describes the
Do	organization's accounting for conservation easem		
Par	Organizations Maintaining Collection Complete if the organization answered	s of Art, Historical Treasures, or Othe d "Yes" to Form 990, Part IV, line 8.	er Similar Assets.
1a	If the organization elected, as permitted under S works of art, historical treasures, or other simi public service, provide, in Part XIII, the text of the	SFAS 116 (ASC 958), not to report in its lar assets held for public exhibition, edu footnote to its financial statements that des	revenue statement and balance shee ucation, or research in furtherance of scribes these items
b	If the organization elected, as permitted under works of art, historical treasures, or other simi public service, provide the following amounts rela	SFAS 116 (ASC 958), to report in its r lar assets held for public exhibition, edu	evenue statement and balance shee
	(i) Revenues included in Form 990, Part VIII, line	1	▶ \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of a		
	following amounts required to be reported under s	SFAS 116 (ASC 958) relating to these item	is
а	Revenues included in Form 990, Part VIII, line 1 .		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

	2
age	~

Par	t III Organizations Maintaining Collection	ctions of Art, His	storical T	reasur	es, (	or Oth	er Similar /	Asset	ts (conti	nued)
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other reco	ords, chec	k any o	f the	followi	ng that are a	a sign	ificant us	e of its
а	Public exhibition	d [	Loan	or excha	ange	program	ıs			
b	Scholarly research	e	Other		_					
С	Preservation for future generations	_								
4	Provide a description of the organization's	collections and exp	lain how	they fur	ther	the orga	anization's ex	cempt	purpose	ın Part
	XIII.	·		•				•		
5	During the year, did the organization solicit of	or receive donations	of art, hist	orical tr	easur	res, or o	ther similar			
	assets to be sold to raise funds rather than to							. Г	Yes	No
Par	t IV Escrow and Custodial Arrangeme								). Part IV	
	or reported an amount on Form 9								,	,
	<del></del>									
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for co	ontributi	ons o	or other	assets not			
	included on Form 990, Part X?							Г	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tab	ole:				٠ ـ		
		•	_				Amo	unt	· -	
С	Beginning balance				1c		-			
d	Additions during the year							_		
е	Distributions during the year	· · · · · · · · · · · ·			1e					
f	Ending balance				$\overline{}$					
2a	Did the organization include an amount on F			'					Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the e	xplanation	has be	en pro	ovided in	Part XIII			
Par	t V Endowment Funds. Complete if t	he organization ar	swered "	Yes" to	For	m 990,	Part IV, line	10.		
	(a) Cur	rent year (b) Pr	or year	(c) Tw	o years	s back	(d) Three years	back	(e) Four ye	ears back
1a	Beginning of year balance							ĺ		
b	Contributions						-			
С	Net investment earnings, gains,		-							
	and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance				ï					
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g,	column	(a)) l	held as				
а	Board designated or quasi-endowment	%								
þ	Permanent endowment ▶ %									
C	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should									
За	Are there endowment funds not in the posse	ession of the organiz	ation that	are held	d and	dadmini	stered for the			
	organization by.								Y	es No
	(i) unrelated organizations						· • • • • • • •		3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organizations						. <b></b> .		3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment fur	nds.						
Par	t VI Land, Buildings, and Equipment.	wared "Vee" to Fee	000 D		i 1	1 o Co	- F 000	Dani	V 1: 1	^
	Complete if the organization ansy  Description of property	(a) Cost or other basis	(b) Cost of			1a. Sec (c) Accu			ス, IINE 1 ) Book value	
		(investment)		ther)		depre		,,	, Book value	, _ <del></del>
1a	Land		1							
b	Buildings									
С	Leasehold improvements									
d	Equipment		<u> </u>	20,69	95.	1	9,543		:	1,152.
_е	Other									
Tota	I. Add lines 1a through 1e. (Column (d) must	equal Form 990, Par	t X, columi	n (B), lin	e 10(	c).)	▶			1,152.

	Investments - Other Securities.	d "Yes" to Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)	(2) 20011 14:00	Cost or end-of-year market value
	al derivatives		
	-held equity interests		
/ <b>/                                  </b>			
(A) (B)			
(C)		<del></del>	
(D)			
(E)_			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col (B) line 12)	<u> </u>	
Part VIII		d "Yes" to Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation
	(C) Coonplian of invocation	(5) 5551 14.65	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
	in (b) must equal Form 990, Part X, col (B) line 13)		
5			
Part IX	Other Assets.  Complete if the organization answere	d "Yes" to Form 990	Part IV line 11d See Form 990 Part X line 15
Part IX	Complete if the organization answere		, Part IV, line 11d. See Form 990, Part X, line 15.
(1)	Complete if the organization answere	d "Yes" to Form 990 Description	, Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
(1)	Complete if the organization answere		
(1) (2) (3)	Complete if the organization answere		
(1) (2) (3) (4)	Complete if the organization answere		
(1) (2) (3) (4) (5)	Complete if the organization answere		
(1) (2) (3) (4) (5) (6)	Complete if the organization answere		
(1) (2) (3) (4) (5) (6) (7)	Complete if the organization answere		
(1) (2) (3) (4) (5) (6) (7) (8)	Complete if the organization answere		
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answere (a)	Description	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col	Complete if the organization answere  (a)  umn (b) must equal Form 990, Part X, col. (B)  Other Liabilities.	line 15.)	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col	Complete if the organization answere  (a)  umn (b) must equal Form 990, Part X, col. (B)  Other Liabilities.	line 15.)	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered (a)  umn (b) must equal Form 990, Part X, col. (B)  Other Liabilities.  Complete if the organization answered line 25.	line 15.)	(b) Book value   Part IV, line 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col	Complete if the organization answered (a)  umn (b) must equal Form 990, Part X, col. (B)  Other Liabilities. Complete if the organization answered	line 15.)d "Yes" to Form 990	(b) Book value   Part IV, line 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col	Complete if the organization answere  (a)  umn (b) must equal Form 990, Part X, col. (B)  Other Liabilities.  Complete if the organization answere line 25.  (a) Description of liability	line 15.)d "Yes" to Form 990	(b) Book value   Part IV, line 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Col Part X  1. (1) Fede (2) (3)	Complete if the organization answere  (a)  umn (b) must equal Form 990, Part X, col. (B)  Other Liabilities.  Complete if the organization answere line 25.  (a) Description of liability	line 15.)d "Yes" to Form 990	(b) Book value   Part IV, line 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Coll Part X  1. (1) Fede (2) (3) (4)	Complete if the organization answere  (a)  umn (b) must equal Form 990, Part X, col. (B)  Other Liabilities.  Complete if the organization answere line 25.  (a) Description of liability	line 15.)d "Yes" to Form 990	(b) Book value   Part IV, line 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Col Part X  1. (1) Fede (2) (3) (4) (5)	Complete if the organization answere  (a)  umn (b) must equal Form 990, Part X, col. (B)  Other Liabilities.  Complete if the organization answere line 25.  (a) Description of liability	line 15.)d "Yes" to Form 990	(b) Book value   Part IV, line 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Col Part X  1. (1) Fede (2) (3) (4) (5) (6)	Complete if the organization answere  (a)  umn (b) must equal Form 990, Part X, col. (B)  Other Liabilities.  Complete if the organization answere line 25.  (a) Description of liability	line 15.)d "Yes" to Form 990	(b) Book value   Part IV, line 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X  1. (1) Fede (2) (3) (4) (5) (6) (7)	Complete if the organization answere  (a)  umn (b) must equal Form 990, Part X, col. (B)  Other Liabilities.  Complete if the organization answere line 25.  (a) Description of liability	line 15.)d "Yes" to Form 990	(b) Book value   Part IV, line 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Col Part X  1. (1) Fede (2) (3) (4) (5) (6) (7) (8)	Complete if the organization answere  (a)  umn (b) must equal Form 990, Part X, col. (B)  Other Liabilities.  Complete if the organization answere line 25.  (a) Description of liability	line 15.)d "Yes" to Form 990	(b) Book value   Part IV, line 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Coll Part X  1. (1) Fede (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answere  (a)  umn (b) must equal Form 990, Part X, col. (B)  Other Liabilities.  Complete if the organization answere line 25.  (a) Description of liability	line 15.)d "Yes" to Form 990	(b) Book value   Part IV, line 11e or 11f. See Form 990, Part X,

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	า.	
1	Total revenue, gains, and other support per audited financial statements	1	1,077,377.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	<del>-                                    </del>	
a	Net unrealized gains on investments		
b	Donated services and use of facilities 2b 30,375.		
c	Recoveries of prior year grants 2c		
ď	Other (Describe in Part XIII.)		
_	Add lines 2a through 2d	2e	30,375.
3	Subtract line 2e from line 1	3	1,047,002.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		2,011,002.
a	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII.)		
c		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,047,002.
Part			
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	866,862.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		-
а	Donated services and use of facilities 2a 30,375.		
b	Prior year adjustments 2b		
С	Other losses 2c		
đ	Other (Describe in Part XIII.)  Add lines 2a through 2d		
е	Add mids at through ad	2e	30,375.
3	Subtract line 2e from line 1	3	836,487.
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		
	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	836,487.
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1d and 4b, Part IV, lines 1b and 2b, Part III, lines 1d and 4b, Part IV, lines 1b and 2b, Part III, lines 1d and 4b, Part IV, lines 1b and 2b, Part III, lines 1d and 4b, Part IV, lines 1b and 2b, Part III, lines 1d and 4b, Part IV, lines 1b and 2b, Part III, lines 1d and 4b, Part IV, lines 1b and 2b, Part III, lines 1d and 4b, Part IV, lines 1b and 2b, Part III, lines 1d and 4b, Part IV, lines 1b and 2b, Part III, lines 1d and 4b, Part IV, lines 1b and 2b, Part III, lines 1d and 4b, Part IV, lines 1b and 2b, Part III, lines 1d and 4b, Part IV, lines 1b and 2b, Part III, lines 1d and 4b, Part IV, lines 1b and 2b, Part IV, lines 1b and 2b		ne 4; Part X, line
	XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	ration.	
PART	X, LINE 2		
THE	ALLIANCE PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE		
	THE COMMUNICATION OF ANY AND DESCRIPTION OF THE PROPERTY OF A COMMUNICATION OF THE PROPERTY OF		
YEAR	ENDED SEPTEMBER 30, 2013, AND DETERMINED THAT THERE WERE NO MATTERS		
ጥሀአጥ	WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY		
1 nA1	WOOLD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAT		
HAVE	ANY EFFECT ON ITS TAX-EXEMPT STATUS.		
	ANT EFFECT ON 115 TAX-EARTY STATOS.		

Part XIII Supplemental Information (continued)

## **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.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Open to Public

Department of the Treasury Name of the organization

US WATER ALLIANCE

Employer identification number 26-2112661

Part	Questions Regarding Compensation			
4	Charlethe appropriate havings) if the appropriate provided any of the following to a few approach band on Figure		Yes	No
14	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	ŀ		
	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	1ь		
2	explain  Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			
	1a <sup>2</sup>	2		
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, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations 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			
а	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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.		1	
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:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
_	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	ایا		v
а	The organization?	6a		X
b	Any related organization?	6b		<u></u>
-	If "Yes" to line 6a or 6b, describe in Part III.		J	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	_		v
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject		Į	,
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			v
	In Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			

## es, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

on must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the adividuals that are not listed on Form 990, Part VII.

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

T	(B) Breakdown	of W-2 and/or 1099-MISC	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
i)	190,000.	d	(	14,300.	29,897.	234,197.	
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ijĖ		<del>-</del>					
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Schedule J (Form 990) 2013

Page 3

iformation, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. tional information.

Schedule J (Form 990) 2013

## SCHEDULE M (Form 990)

**Noncash Contributions** 

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

US WATER ALLIANCE

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

	WATER ALLIANCE				26-211266	l		
Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported or Form 990, Part VIII, line	Method o			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods					_		
6	Cars and other vehicles							
7	Boats and planes			-	-			
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock			" "				
11	Securities - Partnership, LLC,			-				
• •	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial					•		
17	Real estate - Other							
18	Collectibles							
19	Food inventory	f e						
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts					_		
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►(_ATCH 1)		5.	30,37	5.			
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received							
	which the organization completed i	Form 8283,	Part IV, Donee Acknowledg	ement	. [29]			
	<b>-</b>						Yes	No
30 a	During the year, did the organizat							
	it must hold for at least three yea	rs from the	date of the initial contribu	ition, and which is no	t required to be			
	used for exempt purposes for the e	ntire holding	period?	• • • • • • • • • • • • • • • • • • • •		30a		<u> </u>
	If "Yes," describe the arrangement i							
31	Does the organization have a							
00 -	contributions?					31		<u> </u>
32 a	Does the organization hire or use	e third parti	es or related organization	s to solicit, process,	or sell noncash			
	contributions?		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		32a		_ <u>X</u> _
	If "Yes," describe in Part II		a alicean del de la de					
33	If the organization did not report an	amount in	column (c) for a type of pro	perty for which colum	n (a) is checked,			
	describe in Part II							

Part II

Page 2

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

## SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION (A)	CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
MEETING SPACE, AUDIO/VISU	x	5.	30,375.	FAIR MARKET VALUE
TOTALS	-	5.	30,375.	

### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2013
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

US WATER ALLIANCE

Employer Identification number 26-2112661

990 REVIEW PROCESS

THE FEDERAL FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND A COPY IS REVIEWED BY THE PRESIDENT, THE TREASURER, AND THE CHIEF OPERATING OFFICER BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

EXECUTIVE COMPENSATION

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 SELECTIVLY RECURITED AND

RESUMES VETTED BY AN EXECUTIVE COMMITTEE. SALARIES ARE BELOW SCALE FOR

STATUS AND CREDENTIALS BASED ON AREA SEARCH FOR SIMILAR POSITIONS.

PUBLIC DISCLOSURE

THE U.S. WATER ALLIANCE MAKES GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

CONFLICT OF INTEREST POLICY

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.

GRANT MONITORING POLICY

GRANT FUNDS AND ALL EXPENSES ARE MONITORED BY AN INDEPENDENT AUDIT AGENCY.

CHANGES TO GOVERNING DOCUMENTS - BYLAWS AMENDMENT

ARTICLE V, SECTION 3(A) OF THE USWA BY-LAWS ("STAGGERED TERMS; DURATION OF TERMS") HAD PLACED A LIMIT ON BOARD MEMBERSHIP BY STATING THAT: "A DIRECTOR MAY SERVE MULTIPLE [THREE YEAR] TERMS BUT NOT MORE THAN THREE CONSECUTIVE TERMS ON THE BOARD."

BECAUSE A NUMBER OF KEY USWA LEADERS WERE FACING TERM LIMITS OVER THE NEXT FEW YEARS, AND IN ORDER TO MAINTAIN STABILITY DURING A CRITICAL TRANSITION PERIOD IN THE LIFE OF THE ALLIANCE, THE BOARD VOTED TO ADD ADDITIONAL LANGUAGE TO ARTICLE V, SECTION 3(A) TO CHANGE THE BY-LAW TERM LIMITS:

"HOWEVER, MEMBERS OF THE EXECUTIVE COMMITTEE AND THE CHAIRS OF ANY USWA COUNCILS (INCLUDING THE BUSINESS ADVISORY COUNCIL AND THE URBAN WATER SUSTAINABILITY COUNCIL), UPON APPROVAL BY A MAJORITY OF THE BOARD, MAY SERVE AN ADDITIONAL THREE YEAR TERM."

ATTACHMENT 1

### FORM 990, PART III - PROGRAM SERVICE, LINE 4A

THE U.S. WATER PRIZE WAS INITIATED IN 2010 TO RECOGNIZE

ORGANIZATIONS AND INDIVIDUALS FOR OUTSTANDING ACHIEVEMENTS IN

WATER QUALITY AND QUANTITY IMPROVEMENT (SCIENTIFIC, ECONOMIC,

TECHNICAL, ENVIRONMENTAL, SOCIAL, INSTITUTIONAL, CULTURAL OR

POLITICAL) THAT LEAD TO WATER SUSTAINABILITY. SUPPORT IS GROWING

Name of the organization
US WATER ALLIANCE

Employer Identification number 26-2112661

ATTACHMENT 1 (CONT'D)

FOR THE U.S. WATER PRIZE AND SO IS THE VARIETY OF WINNERS, FROM LARGE CITY UTILITIES TO INTERSTATE SOURCE WATER PROTECTION COLLABORATORS, TO EDUCATIONAL NONPROFITS. THE HIGH-PROFILE ANNUAL AWARDS PROGRAM ATTENDED BY MORE THAN 300 WATER LEADERS HAS BEEN A TREMENDOUS SUCCESS HONORING A LIST OF AMERICA'S LEADERS IN THE PUBLIC, PRIVATE, AND NONGOVERNMENTAL SECTORS:

2011

CITY OF LOS ANGELES

MILWAUKEE WATER COUNCIL

NATIONAL GREAT RIVERS RESEARCH & EDUCATION CENTER

NEW YORK CITY DEPARTMENT OF ENVIRONMENTAL PROTECTION

PACIFIC INSTITUTE.

2012

MILWAUKEE METROPOLITAN SEWERAGE DISTRICT

PEPSICO FRITO-LAY

PHILADELPHIA WATER DEPARTMENT

PROJECT WET FOUNDATION

SAN FRANCISCO PUBLIC UTILITIES COMMISSION

SALMON FALLS WATERSHED COLLABORATIVE

2013

ONONDAGA COUNTY, NY

THE FRESHWATER TRUST

MILLERCOORS

2014

ALLIANCE FOR WATER EFFICIENCY, CHICAGO, IL

Employer Identification number 26-2112661

ATTACHMENT 1 (CONT'D)

AMERICAN WATER, VOORHEES, NJ

METROPOLITAN SEWER DISTRICT OF GREATER CINCINNATI, OH

ORANGE COUNTY WATER DISTRICT AND SANITATION DISTRICT, CALIFORNIA
2015

THE CITY OF SAN DIEGO, CA

THE COCA-COLA COMPANY, ATLANTA, GA

ELECTRIC POWER RESEARCH INSTITUTE, PALO ALTO, CA

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.

ATTACHMENT 2

### FORM 990, PART III - PROGRAM SERVICE, LINE 4B

IN 2010 THE ALLIANCE ESTABLISHED THE URBAN WATER SUSTAINABILITY
COUNCIL TO PROMOTE INNOVATION AND TRAIN FUTURE LEADERS IN HOLISTIC
WATERSHED MANAGEMENT IN THE US. CHAIRED INITIALLY BY HOWARD
NEUKRUG, WATER COMMISSIONER OF THE PHILADELPHIA WATER DEPARTMENT
AND NOW KEVIN SHAFER, EXECUTIVE DIRECTOR OF THE MILWAUKEE
METROPOLITAN SEWERAGE DISTRICT. THE COUNCIL SHAPES THE ALLIANCE'S
POLICIES ON URBAN WATER, INFRASTRUCTURE, AND ENERGY. ITS PRIMARY
ACTIVITY HAS BEEN ORGANIZING THE ONE WATER LEADERSHIP (OWL) SUMMIT
WHICH HAS BECOME A FOCAL POINT FOR THE NATIONAL DIALOGUE ON
RESOURCE RECOVERY AND GREEN INFRASTRUCTURE. THE CONFERENCE DRIVES

Name of the organization US WATER ALLIANCE

Employer identification number 26-2112661

ATTACHMENT 2 (CONT'D)

THE CONCEPT OF WATER AS AN INTEGRATING STRATEGY FOR THE URBAN ENVIRONMENT THAT CAN BUILD RESILIENCY TO CLIMATE CHANGE.

IN ITS SIXTH YEAR, THE OWL SUMMIT BRINGS TOGETHER 300+
SUSTAINABILITY CHAMPIONS, TO SHARE MODEL PROGRAMS, DO PEER
EXCHANGE, AND CONSIDER STRATEGIES FOR DRIVING THE SHIFT TOWARD
"ONE WATER" MANAGEMENT. SPOTLIGHT COMMUNITIES (OR EVEN SPOTLIGHT
REGIONS) BRING CROSS-DISCIPLINARY, MULTI-SECTOR TEAMS TO DISCUSS
THEIR ACHIEVEMENTS, ISSUES, AND OPPORTUNITIES. LEADERS DISCUSS
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 OWL SUMMIT HAS BEEN HOSTED IN PHILADELPHIA,
MILWAUKEE, CINCINNATI, LOS ANGELES, AND KANSAS CITY. PLANS ARE
UNDERWAY FOR THE 6TH OWL SUMMIT, AUGUST 26-28, 2015, IN SAN
FRANCISCO.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERV	ATTACHMENT 3			
DESCRIPTION	GRANTS	EXPENSES	REVENUE	
ONE WATER MANAGMENT NETWORK		623.		
BUSINESS ADVISORY COUNCIL		42,878.	7,410.	
GROWING BLUE PROJECT		22,774.		
NUTRIENT DIALOGUES		85,749.		

Schedule O (Form 990 or 990-EZ) 2013 Page 2 Employer identification number Name of the organization US WATER ALLIANCE 26-2112661 ATTACHMENT 3 (CONT'D) FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION **GRANTS** EXPENSES REVENUE 152,024. TOTALS 7,410. ATTACHMENT 4 FORM 990, PART VIII - INVESTMENT INCOME (A) (C) (D) (B) TOTAL RELATED OR UNRELATED **EXCLUDED** DESCRIPTION REVENUE EXEMPT REVENUE BUSINESS REV. REVENUE

418.

418.

418.

418.

INTEREST INCOME

TOTALS