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17 Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2014

Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

Dep	artment o	f the Treasury nue Service	1	er social security numbers on t		-	-			Inspec	
Inter				on about Form 990 and its instru					20		11011
~			dar year, or tax year be		, 20 14, a	nd ending	<u> 5e</u>	otembe		, 20 15 or identification n	umber
B		``	Name of organization Wa	iter org				┨"	шпроус		ambe)
		change	Doing business as), box if mail is not delivered to street	addrace\	Room/suite			Talanhor	58-2060131 ne number	
	Traine change										
	Initial return 117 W 20th Street 203 816-877-8400 City or town, state or province, country, and ZIP or foreign postal code										
님		rn/terminated	•	• •	ai code			ر ا			
님	Amende		Kansas City, MO				1	_			1,338,547
Ш	Applicat		Name and address of print							subordinates? Ves	
				203, Kansas City, MO 64108						s included? 🗹 Yes	
<u> </u>		mpt status	✓ 501(c)(3)		1947(a)(1) or	<u> </u>	-1				וכווכ
<u>J</u>	Website		water org	7	T			- 1		number ▶	
_			Corporation Trust	_ Association Other ▶	LYea	r of formatio	n 19	993	M State	of legal domicile	NC
	art I	Summa									
_	1			n's mission or most significan							
ည	}	number on	e health problem, unsc	afe and inadequate water suppl	ies, and to r	aise funds	to help	fight I	this imi	mense problen	1 - one
Ē		community									•••••
Activities & Governance	2		•	nization discontinued its opera		sposed of	more t	han 2	1	its net assets.	
යි	3		•	he governing body (Part VI, III	•			•	3		16
భ	4			members of the governing bo					4		16
Ę.	5	Total numb	per of individuals emp	oloyed in calendar year 2014 ((Part V, line	2a) .			5		49
Ęį	6	Total numb	per of volunteers (esti	mate if necessary)					6		0
Ą	7a	Total unrel	ated business revenu	ie from Part VIII, column (C), I	ine 12 .				7a		0
	b	Net unrelat	ted business taxable	income from Form 990-T, line	e 34 <u> </u>				7b		0
							Pric	r Year		Current Y	ear
ø	8	Contributio	ons and grants (Part \	/III, line 1h)				15,47	70,475	2	1,186,597
ᇎ	9	Program s	ervice revenue (Part \	/III, line 2g)					0		0
Revenue	10	Investment	t income (Part VIII, co	olumn (A), lines 3, 4, and 7d)					3,704		78 114
Œ	11	Other reve	nue (Part VIII, column	n (A), lines 5, 6d, 8c, 9c, 10c, a	and 11e)	[1,160		0
	12	Total reven	ue-add lines 8 throu	igh 11 (must equal Part VIII, co	lum <u>n (A), lir</u>	ne_12)		15,53	35 339	2	1,264,711
	13	Grants and	i sımılar amounts pai	d (Part IX, column (A), lines 1-	-3), .7 = 1			3,73	35,933		4,223 076
	14	Benefits pa	aid to or for members	s (Part IX, column (A), ព្រឹម្មៀំ 🕌	11/2				0		0
ç	15			ployee benefits (Part IX, colum		5–10)		4,68	32,556		5,655,746
Expenses	16a	Profession	al fundraising fees (P	art IX, column (Å), line (17e) 🛚	7 2015	`. [
ē	ь			t IX, column (D), line 25)	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• Г			ŧ		
ũ	17			n (A), lines 11a-11d, 111-24e)				2,92	25,890		3,218 934
	18			7 (must equal Part IX; column) . F			14,379	1	3.097.756
	19			ct line 18 from line 12				4,19	90,960		8,166,955
2 8						Be	ginning	of Curre	nt Year	End of Y	ear
t Assets or d Balances	20	Total asset	ts (Part X, line 16)			. [16,33	34,615		24,524,804
ASS D	21		ties (Part X, line 26)			. [33,864		1,381 521
돌	22	Net assets	or fund balances. Su	ubtract line 21 from line 20		Г		15.15	50,751		23 243 283
	art II		re Block								
_				nined this return, including accompany	ying schedules	and statem	ents, and	to the l	best of n	ny knowledge an	d belief, it is
				other than officer) is based on all info							
		1 4v	ome & Kear					T			
Sig	ın		eg rease					Date	/29/1		
He		I Yvo	onne I Kean, Dire	ector-Finance & Admin	ì			2	./29/1	.0	
	. •		r print name and title	ooto: 1 manot & 11amin.							
			preparer's name	Preparer's signature		Date			D	PTIN	
Pa		A4.1 1.5.		MISA		2	MIL		Check (self-emp	 .1	82834
	epare	I					-110	Firm's		. 1	
Us	e Onl			t., Ste 1700 KC, MO 64106						44-0160	
Ma	v the IF			reparer shown above? (see in	structions)			Phone	110	816-221-6: ✓ Ye	s 🗌 No
				e separate instructions.		Cat No	11282Y				990 (2014)
				are monderens.		~ai. 110	112021			1 04111	(20.4)

Form 99		Page 2
Part	· · · · · · · · · · · · · · · · · · ·	
	Check if Schedule O contains a response or note to any line in this Part III	<u>. 🗸</u>
1	Briefly describe the organization's mission:	
	Our goals are to draw attention to the world's number one health problem, unsafe and inadequate water supplies, and to raise fu	inds
	to help fight this immense problem, one community at a time.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
~	prior Form 990 or 990-EZ?	/ 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?	No
	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 measu	red by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 7,914,426 including grants of \$ 4182,649) (Revenue \$	
	Water Programs and WaterCredit Initative - see attached narrative	
	•••••••••••••••••••••••••••••••••••••••	
	•••••••••••••••••••••••••••••••••••••••	

4b	(Code:) (Expenses \$ 648,721 including grants of \$ C) (Revenue \$)
	Advocacy and Outreach - see attached narrative	
4c	(Code:) (Expenses \$ 1,356,688 including grants of \$ 40,427) (Revenue \$)
	New Ventures - see attached narrative	

4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 9919835	

Part	V Checklist of Required Schedules			
			Yes	No
` 1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	l .		
	complete Schedule A	1	√	L
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		/
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	1	
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		✓
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 "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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 debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
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		/
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.	10		V
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	1	
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	•	1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		v
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		▼
6	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	 	1
	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		<i>\</i>
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	1	
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	1	<u> </u>
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		l	1
	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	/	
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	1	
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		1
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		1
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		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	<u> </u>	▼
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	√
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part i	Checklist of Required Schedules (continued)			NI:
`21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
21	domestic government 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 or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	✓	
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 25a	24a		✓
С	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√
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		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
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 of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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	-	✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	√	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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	1	
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		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	
				

	Check if Schedule O contains a response or note to any line in this Part V	-:	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 27		103	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	√	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 52			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	1	
b	If "Yes," enter the name of the foreign country: India, Kenya, Peru, Indonesia	Tu	·	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	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		✓
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
7	gifts were not tax deductible?	OD		
7 a	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	1	
b	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			
	required to file Form 8282?	7c		✓_
d	If "Yes," indicate the number of Forms 8282 filed dunng the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		-
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
_ b	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			
a b	Gross income from other sources (Do not net amounts due or paid to other sources			
_	against 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?	12a		
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
^	the organization is licensed to issue qualified health plans			
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		√
b		14b		
	The state of the s		n 99 0	(2014)

Part \	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	tructi	ions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		<u> </u>
Section	on A. Governing Body and Management		Yes	No
	Enter the number of voting members of the governing body at the end of the tax year 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		163	No
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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?			· .
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		√
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint	4 5 6		√ √ √
	one or more members of the governing body?	7a		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a 8b	√	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C		1
		40.	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		✓
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	√	
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 14 15	Did the organization have a written whistleblower policy?	13	√	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	-/	
	The organization's CEO, Executive Director, or top management official	15b	∀	
16a	with a taxable entity during the year?	16a		✓
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed See full listing in Schedule O Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	n 501	(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	terest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Yvonne Kean, 117 W 20th Street, Suite 203 Kansas City, MD 64108 (816)877-8400	cords	:▶	

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Pane	7

Form	990	(201	4)

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

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 no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ited any curren	t officer, director	, or trustee.
	(C)									
(A)	(B)	(B) Position (do not check more than one						(D)	(E)	(F)
Name and Title	Average					s tnan d Is both		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	amount of
	week (list any hours for	오코	ភ	Q	줎	g 포	77	from the	related organizations	other compensation
	related	divid	2	Officer	y ei	향형	Former	organization	(W-2/1099-MISC)	from the
	organizations	용트	l ig	`	J _D	e c	٦	(W-2/1099-MISC)		organization
	below dotted line)	Individual trustee or director	al tr		Key employee	ğ				and related organizations
		ře	Institutional trustee		"	Highest compensated employee				·
			ď			ited				
44)										
(1) Lynn Taliento - Board Chair	1 hr	1		1						
(2) Andy Sareyan - Vice Chair	1 hr	-		 *			\vdash		-	
(2) Anuy Saleyan - Vice Chair	 	1		1						
(3) Larry Tanz - Secretary	1 hr	<u> </u>		ΙŤ	\vdash			-		
(a) carry ranz - secretary	† - -	1		1			l			
(4) Terry Trayvick - Treasurer	1 hr						\vdash			
	†	1		1			l			
(5) Jodi Kahn - Board Member	1 hr	i					Ī			
		✓								
(6) Keith Quinn - Board Member	1 hr									
		✓					L			
(7) Cynthia Fisher - Board Member	1 hr									
		1								
(8) Hilary Schneider	1 hr									
		/	_	ļ			ļ			
(9) Adam Schechter - Board Member	1 hr	١.		ĺ						
		✓		L	<u> </u>	 	<u> </u>	-		
(10) Paula Veale - Board Member	1 hr									
700		1	<u> </u>	┝	<u> </u>	├				
(11) Cortney Erin - Board Member	1 hr	1					1			
(12) Constant National Barrier	4 5-	 *	-		⊢	 	╁╌			
(12) Sandra Naftzger - Board Member	1 hr	1	1				1			
(13) Tony Stayner	1 hr	Ť	┢	┢	\vdash	-	 	<u> </u>		
1/ TOTH Staylies	† :::"	1					1			
(14) Jill Nash - Board Member	1 hr		T		Г					
X-12	†	1								

Part VII Section A. Officers, Directors, Trust	oos Koy E	males	,00¢		ad L	liabor	-+ C	omnoncated E	mployoos /		vc()	raye o
Section A. Officers, Directors, Trust	ees, key E	mpioy	/ees		C)	iignes	si C	ompensated E	inbioyees (c	Jonunue	<i>(u)</i>	
(A) Name and title	(B) Average hours per week (list any	box, office	unies	Pos neck is pe	more rson	than one that the thick th	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimate amount other	ated nt of
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M		compen- from organiz and rel organiza	sation the ation ated
(15) Jım Whims - Board Member	1 hr	1										-
(16) Gary White - Chief Executive Officer	40hrs	1		1				223,148				28.472
(17) Jennifer Schorsch - President	40hrs			1				182,124				27,951
(18) Dan Luscher - Chief Operating Officer	40hrs			1				217,207				6,796
(19) Yvonne Kean - Director of Finance & Admin	40hrs			1				142,142				11,834
(20) Chevenee Reavis - Director Strategic Initiatives	40hrs					>		172,390			_	12,412
(21) Richard Thorsten - Director Intl Programs	40hrs					✓		139,118				16,237
(22) Alix Lebec - Senior Mgr Strategic Alliances	40hrs					1		130,325				10,649
(23) Mke McCamon - Director of IT	40hrs					1		121,982				5, 582
(24) Julie LaGuardia - Senior Strategist	40hrs					1		108,208				5,863
(25)	40hrs											
1b Sub-total c Total from continuation sheets to Part d Total (add lines 1b and 1c)	VII, Sectio		•				> > >	1,436,645 0 1,436,645				125,796 C 125,796
Total number of individuals (including but reportable compensation from the organi			ose	list	ted	above	e) w	ho received m	ore than \$10	00,000	of	
3 Did the organization list any former of employee on line 1a? If "Yes," complete s								oloyee, or high		nsated	3	es No
4 For any individual listed on line 1a, is the organization and related organizations individual											4	
5 Did any person listed on line 1a receive of for services rendered to the organization	r accrue co								ation or ind	ividual	5	V
Section B. Independent Contractors	,						-					
Complete this table for your five highest compensation from the organization. Repyear.												's tax
(A) Name and business add	ress							(B) Description of s	ervices	C	(C) compensat	ion
Bernadette Hollis (On Demand Tech) 13816 Hauser	, Overland F	Park, P	(\$ 6	622	<u>n</u>		IT (Consulting			-	\$110,075
Total number of independent contractor received more than \$100,000 of compens							l th	nose listed abo	ove) who			

Part	VIII	Statement of Reve	enue						
		Check if Schedule C	contains	a res	oonse or note to	any line in this	Part VIII		<u></u> . 🗆
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	3	1a	149,035				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b					
s, C	С	Fundraising events .		1c					
Gift	d	Related organizations		1d					
S, imi	е	Government grants (cor		1e					
rtior er S	f	All other contributions, g							
ję ję		and similar amounts not inc		1f	21,037,562				
בל בי	g	Noncash contributions include			73,836				
	h	Total. Add lines 1a-1	<u>f</u>			21,186,597			
Program Service Revenue	_				Business Code				
9	2a								
Œ.	b								
ξ	C								
S	d								
ram	e	All -4b						 	
7 0g	f	All other program ser			•				
	<u>g</u> 3	Total. Add lines 2a-2 Investment income							
	"	and other similar amo				22,582			22,582
	4	Income from investmen	· -		3	22,302			22,502
	5			-					
		rioyanico	(i) Rea		(ii) Personal				
	6a	Gross rents							
	ь	Less: rental expenses							
	c	Rental income or (loss)							
	d	Net rental income or	(loss) .		<u></u> ▶				
	7a	Gross amount from sales of	(i) Securi		(II) Other				
		assets other than inventory	12	29,368					
	ь	Less: cost or other basis							
		and sales expenses .		73,836					
	С	Gain or (loss)		55, 532					
	d	Net gain or (loss) .		•	▶	55,532			55,533
venue	8a	Gross income from fuevents (not including \$	undraising						
Other Re		of contributions report See Part IV, line 18 .	ed on line 1		:				
ğ		Less: direct expense							
_		Net income or (loss) t			events . ►	:			
	9a	Gross income from gase Part IV, line 19 .							
	ь	Less: direct expense	s	. b					
		Net income or (loss)			ivities 🕨				
	10a	Gross sales of in							
		returns and allowanc	es	· a					
	b	Less: cost of goods s	sold	. b					
	С	Net income or (loss)	from sales	of inv				1	
		Miscellaneous F	Revenue		Business Code				,
	11a								
	b							1	
	С							<u> </u>	ļ
	d	All other revenue .						<u> </u>	
	e	Total. Add lines 11a-				78 114			
	12	Total revenue. See i	INSTRUCTIONS	š	🕨	21.264.711		1	l 7811

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con			s must complete colu	ımn (A).
	Check if Schedule O contains a respon			· · · · · · ·	<u></u> 🗸
Do no 8b, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				· ·
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				,
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	4,223,076	4,223,076		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	727,607	201,409	455,196	71,002
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,047,903	2,542,264	866,730	638,909
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	145,509	85,444	37,047	23,018
9	Other employee benefits	425,986	285,686	84,707	55, 593
10	Payroll taxes	308,741	179,969	76,338	52,434
11	Fees for services (non-employees):				
a	Management				· · · · · · · · · · · · · · · · · · ·
b	Legal	24,466	16,534	5,043	2,889
c	Accounting	48,024	32,600	13,896	1,528
d	Lobbying			-	
e	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)	1 55 160	1 245 524	120 121	104 51 5
12	Advertising and promotion	1,576,160 1,516	1,345,524 811	126,121 640	104,515 65
13	Office expenses	224 346	123,373	43,193	57,78C
14	Information technology	224,340	123,3/3	44,133	37,700
15	Royalties				
16	Occupancy	287,394	155,930	48,888	82,576
17	Travel	784,375	611,656	70,628	102,091
18	Payments of travel or entertainment expenses	7.545.5			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	51,421	29,894	17,510	4,017
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	45,719	21,655	15,491	8,573
23	Insurance	13,050	6,665	4, <i>2</i> 17	2,168
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	Foreign Exchange (Gain) Loss	25,177	25,177	o	<u>C</u>
b	Bank & Credit Card Fees	76,848	8,268	4,264	64,316
C	Dues, Subscriptions, Licenses and Fees	26,082	9,161	13,532	3,389
d	All alborations				
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	34,354	14,739	15,358	4,257
25 26	Joint costs. Complete this line only if the	13,097,756	9,919,835	1,898,801	1,279,120
20	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here Image: Infection of the control of the con				

P	art X	Balance Sheet					
		Check if Schedule O contains a response or	note	to any line in this Par	t X	-	
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing				1	
	2	Savings and temporary cash investments			14,287,008	2	20,200,673
ļ	3	Pledges and grants receivable, net			745,000	_	2,533,722
	4	Accounts receivable, net		<u>'</u>	14,283	4	43,893
	5	Loans and other receivables from current and f					
		trustees, key employees, and highest co				_	
		Complete Part II of Schedule L				5	
S	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), an sponsoring organizations of section 501(c)(9) volun organizations (see instructions). Complete Part II of Sche	d con tary	tributing employers and semployees' beneficiary		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges		[114,464	9	219,813
	10a	Land, buildings, and equipment: cost or	1				
		other basis. Complete Part VI of Schedule D	10a	54 <u>1,</u> 2 69			
	b	Less: accumulated depreciation	10b	396,143	75,147		145,126
	11	,			777,3 <u>68</u>		774,405
	12	Investments—other securities. See Part IV, line 1				12	
	13	Investments-program-related. See Part IV, line				13	466,11C
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			321,345	15	241,062
	16	Total assets. Add lines 1 through 15 (must equa			16,334,615 1,035,666		24,624,804
	17	Accounts payable and accrued expenses			1,033,000	18	1,230,615
	18 19	Grants payable			148198		150,906
	20	Tax-exempt bond liabilities		r	140,130	20	134300
	21	Escrow or custodial account liability. Complete I				21	
s	22	Loans and other payables to current and for					
Liabilities	_	trustees, key employees, highest compen					
Ē		disqualified persons. Complete Part II of Schedu				22	
Ë	23	Secured mortgages and notes payable to unrela	ted t	hird parties		23	
	24	Unsecured notes and loans payable to unrelated	third	parties [24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines	17-2	24). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25	· ·	ali bara N	1,183,864	26	1,381,521
ces		Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 and	d 34.				
<u>a</u>	27	Unrestricted net assets			7,016,879		9,418, <i>2</i> 71
Ba	28	Temporarily restricted net assets		r	8,133,872		13,825,012
pun	29	Permanently restricted net assets				29	
Net Assets or Fund Balances		complete lines 30 through 34.					,
sts	30	Capital stock or trust principal, or current funds				30	
SSE	31	Paid-in or capital surplus, or land, building, or ed				31	
Ϋ́	32	Retained earnings, endowment, accumulated in				32	20.040.000
Ž	33	Total net assets or fund balances		F	15,150,751	33 34	23,243,283
_	34	Total liabilities and net assets/fund balances .		<u>.</u>	16,334,615	34	24,624,804 Form 990 (2014)
							· (=== (==)

Page	1	2
Page	1	2

Part	XI Reconciliation of Net Assets				
•	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	<u> </u>	<u>. </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		21,	<u> 264,711</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		130	097,756
3	Revenue less expenses. Subtract line 2 from line 1	3		8	166,955
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		15	150,751
5	Net unrealized gains (losses) on investments	5			(74,423)
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8_		_	
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line .				
	33, column (B))	10		23,	243, 283
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		, 니
				Yes	No No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_]		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	ın		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			9	V
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 21	o ✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	а		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o				
	of the audit, review, or compilation of its financial statements and selection of an independent accounts the statements are statements and selection of an independent accounts the statements are statements and selection of an independent accounts the statements are statements and selection of an independent accounts the statements are statements and selection of an independent accounts the statements are statements and selection of an independent accounts the statement accounts the statement accounts are statements and selection of an independent accounts the statement accounts are statements and selection of the statement accounts are statements and selection of the statement accounts are statement accounts and selection accounts are statement accounts.			c ✓	
	If the organization changed either its oversight process or selection process during the tax year, ex	piain	ın		
_	Schedule O.	forth	.n		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	iortn			,
_	the Single Audit Act and OMB Circular A-133?		3	a	- ✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	_	^{1е} 31	.	
	required addit of addits, explain why in Schedule O and describe any steps taken to undergo such a	uuită.		-	0 (2014)
			F	orm 95	5U (2014)

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.

Department of the Treasury Internal Revenue Service Name of the organization

▶ 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. OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

Water	org:					58-20	601 31
Par	t I Reason for Public Cha						ns.
The c	organization is not a private founda	ition because it is	s: (For lines 1 through	11, chec	k only or	e box.)	
1	☐ A church, convention of churc	hes, or association	on of churches descri	bed in se	ction 17	0(b)(1)(A)(i).	
2	A school described in section						
3	A hospital or a cooperative ho						
4	A medical research organization	•	onjunction with a hosp	oital desci	ribed in s	ection 170(b)(1)(A)(iii). Enter the
_	hospital's name, city, and state						
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	d by a government	ai unii described in
6	A federal, state, or local gover						
7	An organization that normally described in section 170(b)(1)		•	port from	a gover	nmental unit or from	the general public
8	A community trust described i	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	☐ An organization that normally						
	receipts from activities related						
	support from gross investme						x) from businesses
	acquired by the organization a						
10	An organization organized and						
11	An organization organized and						
	one or more publicly supported the box in lines 11a through 11						
	-						
а	☐ Type I. A supporting organiz the supported organization(s organization. You must con	s) the power to re	gularly appoint or ele				
b	Type II. A supporting organi	zation supervised	d or controlled in coni	nection w	ith its su	pported organization	n(s), by having
	control or management of th			e same p	ersons th	nat control or manag	ge the supported
	organization(s). You must c	omplete Part IV,	Sections A and C.				
С							y integrated with,
	its supported organization(s)	•	•				
d							
	that is not functionally integr						an attentiveness
	requirement (see instruction						I. Tuna III
е	Check this box if the organized functionally integrated, or Ty						і, туре ііі
	• •	•	many integrated supp	Jording Or	garnzano	11.	
f	Enter the number of supported of Provide the following information		orted organization(s)				
<u> </u>	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
	(i) Name of supported organization	(1)/2.11	(described on lines 1-9	listed in you	ır governıng	support (see	other support (see
			above or IRC section (see instructions))	docui	ment?	instructions)	instructions)
			(000 11100 00110110))	Yes	No		
(A)			· · · · · · · · · · · · · · · · · · ·				
						<u> </u>	
(B)							
(C)							
(D)							
							
					<u> </u>		
Tota	1						

							· 490 —
Part	II Support Schedule for Organiza	ations Descri	bed in Secti	ons 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi)
•	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, p	lease comple	te Part III.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8,387,006	9,160,131	12,194,353	1 <u>5,</u> 470,475	21,186,597	66, 398, 562
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	8,387,006	9,160,131	12,194,353	15,470,475	21,186,597	66,398,562
5	The portion of total contributions by						
-	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)					:	20.000.040
6	Public support. Subtract line 5 from line 4.			•			26,862,249 39,536,313
	on B. Total Support	. <u> </u>		· ·			39,330,313
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	8,387,006	9,160,131	12,194,353	15,470,475	21,186,597	66, 398, 562
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
9	Net income from unrelated business activities, whether or not the business is regularly carried on	4,897	4,301	21,260	13,745	22,582	66,785
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						66, 465, 347
12	Gross receipts from related activities, etc					12	471,968
13	First five years. If the Form 990 is for the						
C4:	organization, check this box and stop he		<u> </u>	· · · · · · · · · · · · · · · · · · · 	· · · · · · · · · · · · · · · · · · · 	· · · · ·	· ·
	on C. Computation of Public Suppor			1 ookuma (fi)		14	
14 15	Public support percentage for 2014 (line 9) Public support percentage from 2013 Sci	• • •	-	1, column (i))		15	59.48 % 60.01 %
16a	331/3% support test - 2014. If the organi	zation did not o	check the box	on line 13, and	d line 14 is 331	3% or more, cl	neck this
	box and stop here. The organization qua	•	•	-			_
b	331/2% support test—2013. If the organ check this box and stop here. The organ					15 is 33½%	or more, . ► □
17a	10%-facts-and-circumstances test—2010% or more, and if the organization me Part VI how the organization meets the "forganization	ets the "facts-a	and-circumsta	nces" test, che	eck this box an	d stop here. E	xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization or Explain in Part VI how the organization or exposted organization	tion meets the	"facts-and-ci	rcumstances"	test, check th	is box and st e	op here.
18	supported organization	id not check a		 16a, 16b, 17a		k this box and	· ► □ see · ► □

Schedu	le A (Form 990 or 990-EZ) 2014						Page 3
Part							
•	(Complete only if you checked the						der Part II.
	If the organization fails to qualify	under the tes	sts listed belo	ow, please co	omplete Part	II.)	
	on A. Public Support	(1)0040	# N 0044	4 > 2242	4 0 0040		1 22 - 1
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	ļ			l .		ļ
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	.]					
5	The value of services or facilities						
	furnished by a governmental unit to the				,		
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
p	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						ļ
	or 1% of the amount on line 13 for the year	ļ					j
c	Add lines 7a and 7b						···
8	Public support (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Calen 9	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Calen	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Calen 9	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Calen 9 10a	dar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Calen 9 10a	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Calen 9 10a	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Calen 9 10a b	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Calen 9 10a b	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Calen 9 10a b	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Calen 9 10a b	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Calen 9 10a b	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Calen 9 10a b	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Calen 9 10a b c 11	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Calen 9 10a b	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Calen 9 10a b c 11	dar year (or fiscal year beginning in) Amounts from line 6						
Calen 9 10a b	dar year (or fiscal year beginning in) Amounts from line 6	ne organization	's first, secon	d, third, fourth	, or fifth tax y	ear as a section	on 501(c)(3)
Calen 9 10a b c 11 12	dar year (or fiscal year beginning in) Amounts from line 6	ne organization	's first, secon	d, third, fourth		ear as a section	on 501(c)(3)
Calen 9 10a b c 11 12	dar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	ne organization re rt Percentago	's first, secon	d, third, fourth	, or fifth tax yo	ear as a section	on 501(c)(3)
Calen 9 10a b c 11 12 13 14 Secti 15 16	dar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	ne organization re t Percentage 3, column (f) dinedule A, Part I	's first, secon	d, third, fourth	, or fifth tax yo	ear as a section	on 501(c)(3)
Calen 9 10a b c 11 12 13 14 Secti 15 16 Secti	dar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	ne organization re t Percentago 3, column (f) dinedule A, Part I come Percer	's first, secon vided by line 1 II, line 15	d, third, fourth	, or fifth tax yo	ear as a section	on 501(c)(3) ▶ □ %
Calen 9 10a b c 11 12 13 14 Secti 15 16 Secti 17	dar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	ne organization re t Percentago 3, column (f) din nedule A, Part I come Percer line 10c, colum	's first, secon e vided by line 1 II, line 15 ntage in (f) divided b	d, third, fourth	n, or fifth tax yo	ear as a section 15 16 17	on 501(c)(3) ▶ □ % %
Calen 9 10a b c 11 12 13 14 Secti 15 16 Secti 17 18	dar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	ne organization re t Percentage 3, column (f) div nedule A, Part I come Percer line 10c, colum 3 Schedule A, F	's first, secon 	d, third, fourth	n, or fifth tax ye	ear as a section 15 16 17 18	on 501(c)(3) ▶ □ % %
Calen 9 10a b c 11 12 13 14 Secti 15 16 Secti 17	dar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	ne organization re t Percentage 3, column (f) div nedule A, Part t come Percer line 10c, colum 3 Schedule A, F ization did not	's first, secon vided by line 1 II, line 15 ntage in (f) divided boart III, line 17 check the box	d, third, fourth 3, column (f)) y line 13, colum c on line 14, an	mn (f))	15 16 17 18 nore than 331/3	on 501(c)(3) ▶ □ % % % % % %, and line
Calen 9 10a b c 11 12 13 14 Secti 15 16 Secti 17 18	dar year (or fiscal year beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	ne organization re t Percentage 3, column (f) din nedule A, Part I come Percer line 10c, colum 3 Schedule A, F ization did not and stop here.	's first, secon vided by line 1 II, line 15 ntage In (f) divided beart III, line 17 check the boo	d, third, fourth 3, column (f)) y line 13, colum on line 14, and	mn (f))	ear as a section 15 16 17 18 nore than 331/3 orted organization	%, and line tion . •

line 18 is not more than 33½%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete P	art V	.)	
Section	on A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с	b	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or denve any personal benefit	9b		
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	<u>jan</u> i	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain a support of the containing organization.			structions. All
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or		-	
collection of gross income or for management, conservation, or	6		
maintenance of property held for production of income (see instructions)	7		
7 Other expenses (see instructions)	8		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	0		(B) Current Year
Section B - Minimum Asset Amount		(A) Prior Year	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):		<u></u>	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		<u> </u>
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			,
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4	han.	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	y-in	tegrated Type III supportin	g organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
	on D - Distributions	<u>· · · · · · · · · · · · · · · · · · · </u>		Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes	· · · · · · · · · · · · · · · · · · ·	
2	Amounts paid to perform activity that directly furthers exe		orted	
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
5	Qualified set-aside amounts (prior IRS approval required)		-	
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
.	Distributions to attentive supported organizations to which	h the organization is res	sponsive	
·	(provide details in Part VI). See instructions.	m mo organization io roc	.po	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
			(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
_3	Excess distributions carryover, if any, to 2014:			
a				
b				•
c	.2			
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$, and the same of
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount		<u>. </u>	
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
e	Excess from 2014			

Part VI	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 C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Tax) (s	see separate instructions), th	nen			
	ection 501(c)(4), (5), or (6) orga	nizations Complete Part III			
Name	of organization			Employer ider	tification number
Water.					58-2060131
Part		e organization is exempt unde			organization.
1		he organization's direct and indire			
2	•			\$	
3	Volunteer hours				
Part	I-B Complete if the	e organization is exempt unde	er section 501(c	c)(3).	
1	Enter the amount of any	excise tax incurred by the organiza	tion under section	n 4955 ▶ \$	
2	Enter the amount of any	excise tax incurred by organization	managers under	section 4955 ▶ \$	
3	If the organization incurre	ed a section 4955 tax, did it file For	m 4720 for this ye	ear?	Yes No
4a	Was a correction made?				. Yes No
b	If "Yes," describe in Part				
Part		e organization is exempt unde			(c)(3).
1		ly expended by the filing organiz			
2		filing organization's funds contrib			
_		vities			
3		expenditures. Add lines 1 and 2.			
				-	
4		n file Form 1120-POL for this year?			
5		ses and employer identification nur			
		ents. For each organization listed,			
		ontributions received that were pro-			
	as a separate segregated	Turke of a pointear action committee	(PAC). II addition	Tial space is fieeded, prov	I TOMMACION IN FAIL IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Schedule C (Form 990 or 990-EZ) 2014

Sche	dule C (Form 990 or 990-EZ) 2014					Page Z
	rt II-A Complete if the organization section 501(h)).	-				
A	Check ► ☐ if the filing organization belo name, address, EIN, expens	ngs to an affi es, and share	liated group (and of excess lobb	d list in Part IV e yıng expenditur	each affiliated gro es).	oup member's
В	Check ► ☐ if the filing organization chec	cked box A ar	nd "limited contr	ol" provisions a	pply.	
	Limits on Lobby				(a) Filing	(b) Affiliated
	(The term "expenditures" mea				organization's totals	group totals
1	a Total lobbying expenditures to influence p	ublic opinion (grass roots lobbyi	ng)	0	
	b Total lobbying expenditures to influence a				0	
	c Total lobbying expenditures (add lines 1a	•			o	
	d Other exempt purpose expenditures	•			13,097,756	
	e Total exempt purpose expenditures (add l				13,097,756	
	f Lobbying nontaxable amount. Enter th				14,001,100	······································
	columns.				804,888	
	If the amount on line 1e, column (a) or (b) is:	The lobbying n	ontaxable amount	is:	00 1,000	
	Not over \$500,000	20% of the amo				
	Over \$500,000 but not over \$1,000,000		15% of the excess of	ver \$500,000		
	Over \$1,000,000 but not over \$1,500,000		10% of the excess of			
	Over \$1,500,000 but not over \$17,000,000		5% of the excess ov			
	Over \$17,000,000	\$1,000,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>		
	g Grassroots nontaxable amount (enter 25%				201,222	· · · · · · · · · · · · · · · · · · ·
	h Subtract line 1g from line 1a. If zero or les				0	
	i Subtract line 1f from line 1c. If zero or less				0	
	If there is an amount other than zero of		Ih or line 1i. did	the organization		
	reporting section 4911 tax for this year?					Yes No
	(Some organizations that made a sect See the s	ion 501(h) elec separate instru	ections for lines 2	to complete all 2a through 2f.)	of the five column	ns below.
	Lobbying E	Expenditures I	During 4-Year Av	eraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
	a Lobbying nontaxable amount	474,044	61 4, 531	717,219	804,888	2,610,682
	b Lobbying ceiling amount (150% of line 2a, column (e))					
	c Total lobbying expenditures	3,767	13,483	0	0	17,250
	d Grassroots nontaxable amount	118,511	484, 420	179,305	201,222	983, 458
	e Grassroots ceiling amount (150% of line 2d, column (e))					
	f Grassroots lobbying expenditures	2,804	592	0	o	3, 396

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fi (election under section 501(h)).	led F	orm	5768		
	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed - iption of the lobbying activity.	(a Yes	No No	Ai	(b) mount	1
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					-
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?			<u> </u>		_
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				-	<u> </u>
i	Other activities?					
i	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), o 	r se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	 	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	 	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)			3	<u> </u>	
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OI answered "Yes."				line	3, is
1	Dues, assessments and similar amounts from members	٠. ا	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).					
а	Current year		<u>2a</u>			
b	Carryover from last year		2b			
C	Total		2c 3			
3 4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of	the	<u> </u>			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby and political expenditure next year?	r		1		
5	Taxable amount of lobbying and political expenditures (see instructions)		<u> 4</u> 5			
Par		<u> </u>		<u> </u>		
Provid	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground	up list); Pa	rt II-A, I	ines 1	1 and
	instructions); and Part II-B, line 1. Also, complete this part for any additional information.	•				
					•	
					_	
			·•••-			
				, -		

Schedule C (For	m 990 or 990-EZ) 2014	Page 4
Part IV	Supplemental Information (continued)	
		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Water.	org		58-2060131
Par			ds or Accounts.
	Complete if the organization answered "Yes" to Form		
1 2 3	Total number at end of year	or advised funds	(b) Funds and other accounts
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writ funds are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor advise only for charitable purposes and not for the benefit of the donor conferring impermissible private benefit?	or donor advisor, or fo	r any other purpose
Pari			
1	Purpose(s) of conservation easements held by the organization (characteristic) Preservation of land for public use (e.g., recreation or education Protection of natural habitat Preservation of open space	eck all that apply). n) Preservation of	a historically important land area a certified historic structure
2	Complete lines 2a through 2d if the organization held a qualified coeasement on the last day of the tax year.	enservation contribution	n in the form of a conservation Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements		
ď	Number of conservation easements on a certified historic structure. Number of conservation easements included in (c) acquired aft historic structure listed in the National Register		on a
3	Number of conservation easements modified, transferred, released tax year ▶	l, extinguished, or term	ninated by the organization during the
4 5	Number of states where property subject to conservation easemer Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it holds	riodic monitoring, insp	-
6	Staff and volunteer hours devoted to monitoring, inspecting, and e	nforcing conservation	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforce ▶\$	ing conservation easei	ments during the year
8	Does each conservation easement reported on line 2(d) above satisfand section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation east balance sheet, and include, if applicable, the text of the footnote to organization's accounting for conservation easements.	the organization's fina	ancial statements that describes the
	Organizations Maintaining Collections of Art, Histo Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 95 works of art, historical treasures, or other similar assets held for public service, provide, in Part XIII, the text of the footnote to its firm	r public exhibition, ed	ucation, or research in furtherance of
b	If the organization elected, as permitted under SFAS 116 (ASC works of art, historical treasures, or other similar assets held for public service, provide the following amounts relating to these items	r public exhibition, ed	
2	(i) Revenue included in Form 990, Part VIII, line 1		assets for financial gain, provide the
a	Revenue included in Form 990, Part VIII, line 1	=	

_	Organizations Maintaining Using the organization's acquisition,								
3	collection items (check all that apply):		ssion, and or						significant use of its
а	Public exhibition					or exchang			
b	Scholarly research			e	Other				
_	Preservation for future generations	5	11		(:	
4	Provide a description of the organizat XIII.	tion's	collections	and expla	un now ti	ney turtner	tne org	janization's exe	empt purpose in Part
5	During the year, did the organization	solic	it or receive	donation	s of art,	historical tr	easure	s, or other sim	ilar
	assets to be sold to raise funds rather	than	to be mainta	ained as p	part of the	e organizati	on's co	ollection? .	· 🗌 Yes 🗌 No
Part	IV Escrow and Custodial Arra	ange	ments.						
	Complete if the organization 990, Part X, line 21.								
1a	Is the organization an agent, trustee,								
	included on Form 990, Part X?								· Yes No
b	If "Yes," explain the arrangement in Pa	art XI	II and compl	ete the fo	llowing ta	able:			Amount
	5						1		Amount
c	Beginning balance						10		
a	Additions during the year						10		
e	Distributions during the year						1e		
f	Ending balance						<u>1f</u>		tro Van Na
2a	If "Yes," explain the arrangement in Pa								
	V Endowment Funds.	artņi	II. CHECK HE	e ii tile ez	фіапаціо	I Has Deen	provide	SU III FAIT XIII	· · · · LJ
ı aı	Complete if the organization	ansi	wered "Yes	" to Forn	n 990. P	art IV. line	10.		
	Complete II the organization		Current year	(b) Pro		(c) Two year		(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance								
b	Contributions								
-	Net investment earnings, gains, and losses								
-	Grants or scholarships			 			-		
d e	Other expenditures for facilities and								
•	programs								
f	Administrative expenses								
	End of year balance	<u> </u>							
g 2	Provide the estimated percentage of t	the cu	irrent vear ei	nd balanc	e (line 10	column (a	i)) held	as:	
- а	Board designated or quasi-endowmer			%	- (,	.,,		
b	Permanent endowment ▶	%							
C	Temporarily restricted endowment ▶		%						
_	The percentages in lines 2a, 2b, and 2		ould equal 10	00%.					
За	Are there endowment funds not in the				zation tha	at are held	and ad	ministered for	the
	organization by:								Yes No
	(i) unrelated organizations								. 3a(i)
	(ii) related organizations								. 3a(ii)
ь	If "Yes" to 3a(ii), are the related organ								. 3b
4	Describe in Part XIII the intended uses			on's endo	wment f	unds.			
Part					_				
	Complete if the organization	ans					11a. S	See Form 990	
	Description of property		(a) Cost or o (investri			or other basis ther)		Accumulated epreciation	(d) Book value
1a	Land								
b	Buildings								
C	Leasehold improvements								
d	Equipment					541,269		396,143	145,126
е	Other				<u> </u>		L		
Total.	Add lines 1a through 1e. (Column (d) n	nust e	equal Form 9	90, Part)	K, columr	n (B), line 10)c.) .	<u></u> ▶	145,126

(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	Part VII	Investments — Other Securities.	red "Ves" to Form	m 990 Part IV lin	e 11h See Form	000 Part Y line 12
(including name of incountry			ed res to ron			
2) Closely-held equity interests				(b) Book value		
3) Other	(1) Financial	derivatives				
A	(2) Closely-h	neld equity interests	(
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(3) Other					· . - ·
C C C C C C C C	(A)					
C C C C C C C C						
(G) (G) (G) (G) (G) (G) (G) (F) Part VIII Investments—Program Related. Complete if the organization answered "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 Cost or end of-year mandal value (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g						
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G						
Column (b) must equal Form 990, Part X, col. (B) line 12) Part VIII				 		
Total, Column (b) must equal Form 990, Part X, col. (B) Interest (B				 	ļ	
Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Book value						
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(a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (c) Cost or end-of-	Part VIII			000 David IV Iva	- 11- C F	000 D-+-V II 10
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) Total, (Column (b) must equal Form 990, Part X, col. (B) line 13) (9) (1) (2) (8) (9) (9) Total, (Column (b) must equal Form 990, Part X, col. (B) line 15) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) Total, (Column (b) must equal Form 990, Part X, col. (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25, 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (9) (9) (1) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (9) (9) (1) (1) (1) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1			red "Yes" to For			·
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(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (β) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (β) line 15.) . ▶ Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (c) Form 990, Part X, line 15.						
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(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(1)	(6) 50				(b) Book value
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Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)				 		
Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		mn (b) must equal Form 990, Part X, col. (B) line 15.)		<u></u> ▶	
Line 25.	Part X	Other Liabilities.				
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		Complete if the organization answe	red "Yes" to Fori	m 990, Part IV, lin	e 11e or 11f. See	Form 990, Part X,
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		line 25.				
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1.	(a) Description of liability	(b) Book value			
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		ncome taxes				
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶						
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶						
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶						
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶						
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶						
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶						
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶						
		h) must squal Form 000. Dort V. sal. (D) line 25.1 h				
			the text of the facts	ote to the organization	n'e financial etatom	ente that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" to Form 990,		-	Return.	
1	Total revenue, gains, and other support per audited financial statements			1	21,208,086
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	(74,423)		
ь	Donated services and use of facilities	2b	16,658		
С	Recovenes of prior year grants	2c	0		
d	Other (Describe in Part XIII.)	2d	1,140		
е	Add lines 2a through 2d			2e	(56,625)
3	Subtract line 2e from line 1			3	21, 264, 711
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	. 0		
b	Other (Describe in Part XIII.)	4b	0		
C	Add lines 4a and 4b	<u></u>		4c	0
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	21, 264, 711
Part				r Return	
	Complete if the organization answered "Yes" to Form 990,	Part IV, lir	ne 12a.		
1	Total expenses and losses per audited financial statements			1	13,330,954
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	16,658		
b	Prior year adjustments	2b	0		
C	Other losses	2c	0		
d	Other (Describe in Part XIII.)	2d	216,540		
е	Add lines 2a through 2d			2e	233,198
3	Subtract line 2e from line 1	: · ·		3	13,097,756
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)	4b	0		_
c	Add lines 4a and 4b	191		4c	0
5	XIII Supplemental Information.	16 10.)).		3	13,097,756
2; Par Part X	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part Line 2 - Uncertain Tax Positions Disclosure: Management has evaluated the n ASC 740. Based on their review, management has not identified any material disclosed in the financial statements.	to provide r income ta al uncertair	e any additional in ax positions under a tax positions to b	formation the guidan	ce included
Partx	I, Line 2d and Part XII, Line 2d - WaterCredit Investment Fund 1, LLC included				

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

Employer identification number

2014

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Wate	r.org					58-20601 31
Pa	General Information Form 990, Part IV, line		es Outside	the United States. Comp	plete if the organization and	swered "Yes" on
1	For grantmakers. Does the assistance, the grantees' eli	gibility for the	e grants or as	sistance, and the selection		e
	grants or assistance?					☑Yes ☐No
2	For grantmakers. Describe assistance outside the Unite		the organizati	on's procedures for monit	oring the use of its grar	nts and other
3	Activities per Region. (The fo	llowing Part	I, line 3 table of	can be duplicated if addition	nal space is needed.)	- ₁
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	South & Southeastern Asia		·	Grant Making		1,798,872
(2)	Ctrl America & Carribean			Grant Making		425,751
(3)	Sub-Suharan Africa			Grant Making		1,471,993
(4)	South & Southeastern Asia	3	20	Program Services		367,864
(5)	Ctrl America & Canbbean	1	3	Program Services		91,552
(6)	Sub-Saharan Africa	1	5	Program Services		67,044
(7)						
(8)						
(9)			-			
(10)						
(11)						
(12)						
(13)						
(14)			-,			
(15)						
(16)						
(17)						
38						4, 223, 076
t	sheets to Part I					0
	Totals (add lines 3a and 3b)					4,223,076

Page 2 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, (h) Description of non-cash assistance Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Amount of non-cash assistance cash disbursement (f) Manner of (e) Amount of cash grant (d) Purpose of grant (c) Region (b) IRS code section and EIN (if applicable) Schedule F (Form 990) 2014 (a) Name of organization Part II

	(rf applicable)					other
		Cntrl Amer & Carrib Water	Water Projects	43,189 Wire	Wire	
Z		Court Amer & Carrib Water	Water Projects	45.140 Wire	Mire	
<u> </u>		Control & Carrib Water	Water Projects	37.084 Wire	Mire	
: _ ``		Cont Amer & Carrib Water	Water Projects	24.361 Wire	Mire	
(A)		Court Amer & Carrib Water	Water Projects	230,086 Wire	Mire	
<u>(5)</u>		Cntrl Amer & Carrib Water	Water Projects	3,538 Wire	Wire	
() <u>(</u>		South & SE Asia	Water Projects	86,165 Wire	Wire	
(3)			Water Projects	76,883 Wire	Wire	
(3)			Water Projects	66.204 Wire	Wire	
(01)			Water Projects	64,182 Wire	Wire	
		South & SE Asia	Water Projects	57,603 Wire	Wire	
		South & SE Asia	Water Projects	87,886 Wire	Wire	
(f:) <u>`</u>		South & SE Asia	Water Projects	282,725 Wire	Wire	
(1 2)			Water Projects	13,926 Wire	Wire	
(' E ₁)			Water Projects	72,116 Wire	Wire	
(cy.)			Water Projects	93,485 Wire	Wire	

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter N

Enter total number of other organizations or entities က

Schedule F (Form 990) 2014

2

Schedule F (Form 990) 2014

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II

(ii) Method of valuation (book, FMV, appraisal, other) of non-cash assistance (h) Description Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Amount of non-cash assistance cash disbursement (f) Manner of 46.593 Wire 39359 Wre 35 220 Wre 25991 Wre 32750 Wire 41,904 Wre 19747 Wre 47,113 Wire 42027 Wre 11Q758 Wre 31,623 Wre 59.286 Wre 35002 Wre 63 998 Wre 9965 Wire 103,035 Wre (e) Amount of cash grant (d) Purpose of Water Projects grant South & SE Asia (c) Region (b) IRS code section and EIN (if applicable) organization (a) Name of 1:1 ÷: <u>٠</u> 101 (:) 7 Ē 1:1 Ë

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter N

Enter total number of other organizations or entities က

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

(f) Method of valuation valuation of non-cash assistance appraisal, other)																
(f) Manner of (g) Amount of cash non-cash disbursement assistance																
ount of grant	162,213 Wre	29000 Wire	305,071 Wre	18,785 Wire	91, 238 Wre	172,987 Wre	3000 Wre	22,030 Wre	165,667 Wre	4000 Wre	108,232 Wire	89,394 Wre	372 539 Wre	6 228 Wre	20,305 Wre	
(d) Purpose of (e) Arr	Water Projects	Water Projects	Water Projects	Water Projects	Water Projects	Water Projects	Water Projects	Water Projects	Water Projects	Water Projects	Water Projects	Water Projects	Water Projects	Water Projects	Water Projects	
(c) Region	South & SE Asia	Sub-Saharan Africa Water Projects	Sub-Saharan Africa Water Projects	Sub-Saharan Africa Water Projects	Sub-Saharan Africa Water Projects	Sub-Saharan Africa Water Projects	Sub-Saharan Africa Water Projects	Sub-Saharan Africa Water Projects	Sub-Saharan Africa Water Projects	Sub-Saharan Africa Water Projects	Sub-Saharan Africa Water Projects	Sub-Saharan Africa Water Projects	Sub-Saharan Africa Water Projects	Sub-Saharan Africa Water Projects	Sub-Saharan Africa Water Projects	
(a) Name of (b) IRS code (c) Region section and EIN (if applicable)																
1 (a) N orga		_(1		~	±\$	<u> </u>		_ 5.	<u> </u>	5		8	**	~*·	· ·	

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter N

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2014

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Schedule F (Form 990) 2014

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of	(d) Amount of	(e) Manner of	(f) Amount of	(g) Description	(h) Method of valuation
		recipients	cash grant	disbursement	assistance	of non-cash assistance	(book, FMV, appraisal, other)
(1)							
(2)							
(6)							
(4)		:					
(5)	:						
(9)							
6							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Sch	Schedule F (Form 990) 2014

Door	•

Part	V	Foreign Forms		
1	the c	the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see Instructions for Form 926)	☐ Yes	√ No
2	may Rece	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and eipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	☐ Yes	☑ No
3	the o	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to ain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	☑ No
4	qual Infor	the organization a direct or indirect shareholder of a passive foreign investment company or a lifted electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, mation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing d (see Instructions for Form 8621)	☐ Yes	☑ No
5	the (the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain eign Partnerships (see Instructions for Form 8865)	☐ Yes	✓ No
6	"Yes	the organization have any operations in or related to any boycotting countries during the tax year? If s," the organization may be required to file Form 5713, International Boycott Report (see Instructions Form 5713; do not file with Form 990)	☐ Yes	☑ No

	(
Part V	Supple

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and it is a supplemental to the provided method of the

Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).
For each organization receiving program grant funding, monthly reports are required to be submitted, which contains an accounting
of the amounts expended, compared to onginal budgets, and explanation of any variances. Requests for changes in budget must be
submitted in writing with explanation. Monitoring and evaluation of project work is assessed with in-person visits to the community sites.
The accrual method is used to account for expenditures.

SCHEDULE J (Form 990)

2014

Department of the Treasury Internal Revenue Service Name of the organization

Compensation Information

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

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

► Attach to Form 990.

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

Employer identification number

Open to Public Inspection

OMB No 1545-0047

<u>V</u> ater.		58-20601	31		
Part	Questions Regarding Compensation				
1a	Check the appropriate box(es) if the organization provided any of the following to or for a 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding			Yes	No
	 ☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Health or social club dues or initial personal services (e.g., maid, charter) 	sonal residence ation fees			
b	If any of the boxes on line 1a are checked, did the organization follow a written polic or reimbursement or provision of all of the expenses described above? If "No," explain	complete Part III to	1b		
2	Did the organization require substantiation prior to reimbursing or allowing experdirectors, trustees, and officers, including the CEO/Executive Director, regarding the interest of the control of the c		2		
3	Indicate which, if any, of the following the filing organization used to establish the competorganization's CEO/Executive Director. Check all that apply. Do not check any boxes for related organization to establish compensation of the CEO/Executive Director, but explate Compensation committee	methods used by a			
	☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation or compensation consultant ☐ Compensation survey or study	sation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respective organization or a related organization:	ect to the filing			
a b c	Receive a severance payment or change-of-control payment?		4a 4b 4c	√	√
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accompensation contingent on the revenues of:				
a b	The organization?		5a 5b		√
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accompensation contingent on the net earnings of:	ccrue any			
a b	The organization?		6a 6b		✓
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization p payments not described in lines 5 and 6? If "Yes," describe in Part III		7	1	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract to the initial contract exception described in Regulations section 53.4958-4(a)(3)(3)(in Part III	t that was subject? If "Yes," describe	8		✓
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption pro Regulations section 53.4958-6(c)?		9		

Schedule J (Form 990) 2014

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 (BIGH(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.

Note. The sum of columns (B)(I)—(III) for each listed individual must	or eac	n listed individual mu	ed Individual must equal the total amount of Form 39 (B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	equal the total amount of Form 990, Fan VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual V-2 and/or 1099-MISC compensation	a, applicable column	n (U) and (E) amount	ior that individual.
(A) Name and Title		(f) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	(D) Nontaxable benefits	(E) i otal of columns (B)(î)-(D)	(r) Compensation in column (B) reported as deferred in prior Form 990
	8	172136	51,012	0	7,483	20,988	251,619	5,941
1 Gary White, CEO	E							
	Θ	140,175	30,307	46,725	209'5	1,189	224,003	0
2 Dan Luscher, COO	(3)						:	
	Θ	148,011	34,113	0	4117	21,235	210,076	4,835
3 Jennifer Schorsch, President	Ξ							
	(i)	144,921	27,469	0	0	12,412	184,802	0
4 Chevenee Reavis, Director	Ξ							
	ε	118,559	23,583	0	08.4	7,055	153,976	0
5 Yvonne Kean, Director	Ξ							
	()	115729	23,389	0	0	16,237	155,355	0
6 Richard Thorsten, Director	E							
	(6)							
7	€							
	6							
80	€							
	ε							
6	E							
	€							
10	€							
	6							
11	(3)							
	8							
12	€							
	8							
13	(E)							
	8							
14	€							
	€		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
15	E							
	ε							
16	€							
							Sch	Schedule J (Form 990) 2014

Part 1, 7. Non-fixed payments in the form of a bonus are determined based on personal and organizational performance and the discretion of the Board of Directors.
Schedule J (Form 990) 2014

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2014

Open To Public Inspection

Department of the Treasury Internal Revenue Service

► 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 Name of the organization 58-2060131 Water.org Part I Types of Property (b) (d) (a) Noncash contribution Number of contributions or Method of determining Check if amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art 2 Art - Historical treasures . . . 3 Art - Fractional interests . . 4 Books and publications . . 5 Clothing and household goods Cars and other vehicles . . . 6 7 Boats and planes Intellectual property 8 9 Securities-Publicly traded . . . 73,836 Value at date of donation 17 Securities-Closely held stock . 10 Securities - Partnership, LLC. 11 or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution—Historic structures 14 Qualified conservation contribution-Other . . . 15 Real estate-Residential . . 16 Real estate - Commercial . Real estate-Other 17 18 Collectibles 19 Food inventory 20 Drugs and medical supplies . . 21 Taxidermy 22 Historical artifacts 23 Scientific specimens . . . 24 Archeological artifacts . . . 25 Other ► (_____) 26 Other ► (_____) 27 28 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required 30a **b** If "Yes." describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard 31 / 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a b If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, 33

describe in Part II.

Schedule M (I	Form 990) (2014) Page 2
Part II	Supplemental Information. 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.
Part 1, Colu	umn B reflects the number of contributions.
	······································
	······································

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.

OMB No 1545-0047

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

Open to Public Inspection

Employer identification number

Water.org	58-2060131
Part III, 4a, b, c - See attached narrative.	
Part IV, 11a - The annual 990 tax return is first reviewed by the Audit Committee of the Board, then by t	he full Board of Directors. The
complete Form 990, together with all supplemental schedules is provided to the Board in advance of the	ne meeting so that each board
member has adequate time to review. Highlights of the return are presented during a board meeting ar	nd each board member is given
an opportunity to raise questions or issues.	
Part VI, 12a - Board members are required to notify the organization of any conflict of interest. This no	tification should be in advance of the
conflict, if known, or as soon as the conflict has been identified. When a conflict has been determined,	the board member or officer
involved abstains from voting and the organization obtains independent, outside bids.	
Part VI, 15 - Compensation of officers and key employees is determined by consultation with local, reg	ional or national wage surveys,
depending on the appropriateness to the position. 15a - The Executive Director's compensation is determined by the compensation of the compensatio	ermined by the Executive Committee
and the board. 15b - All other key employees compensation is determined by the Chief Executive Office	cer, assessed using comparable data
and market salary surveys and then submitted to board for annual approval.	
Part VI, C17 - AK, AL, AR, AZ, CA, CT, FL, GA, IL, KY, MA, MD, ME, MI, MN, MO, MS, NC, ND, NH, NJ, NI	v, NY, OH, OK, OR, PA, RI, SC, TN,
UT, VA, WA, WDC, WI, WV	
Part VI, C19 - Organizational and financial documents of the organization, including annual tax return a	
website www.water.org within 30 days of the issuance of the documents. Other governance document	s and conflict of interest policy are
available upon request.	

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Water.org Part I

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

Open to Public

2015 OMB No. 1545-0047

Inspection Employer identification number

58-2060131

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

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	(a) Name, address, and EIN (if applicable) of disregarded entity	Prim	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	gu
(1) Water(320 Main S	(1) WaterCredit, LLC - 46-51-46273 320 Main Ste 1800 K C, MO 64105	Fund Management		Delaware	0	838,270	838, 270 Water.org	
(2) Water((2) WaterCredit Investment Fund 3, L.L.C 47-5166202 320 Main Ste 1800 K.C., MO 64105	Fund Management		Delaware	0	0	0 WaterCredit LLC	رد
(3)								
(4)								
(5)								
(9)								
Part II	Identification of Related Tax-Exempt Organizations Complete If the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	ons Complete if the tax year.	ne organization an	swered "Yes" on	Form 990, Part	IV, line 34 beca	use it had	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entry?	D)(13)
							Yes	N _S
(1)								
(2)								
(3)								
(4)								
(2)								1
(9)								
۵								
or Paper	or Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat. N	Cat. No 50135Y		Schedule	Schedule R (Form 990) 2015	2015

Part III Identification of F	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.	ions Taxable	as a Partners reated as a pa	ship Com artnership	plete if the during the	organizatio tax year.	on answ	ered "Ye	s, on	Form 990,	Part IV	, line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Innant Sha elated, In ted, I from der 12-514)		(g) Share of end-of- year assets		~ 5 A	(f) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)			Percentage ownership	tage ship
(1)								Yes	2		Yes	2		
(2)											ļ <u> </u>			
(6)														
(4)							-							
(5)									-					
(9)														
ω														
Part IV Identification of I	Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	ions Taxable	as a Corpora ations treated	ition or T as a corp	rust Compl	ete if the crust during	organiza g the tax	tion ans year.	wered	"Yes" on F	orm 99	30, Pa	ırt IV,	
(a) Name, address, and EIN of related organization	ed organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	micile D In country)	(d) Direct controlling entity	(e) Type of entity (C corp. S corp. or trust)	entity p, or trust)	(f) Share of total income	end-	(g) Share of end-of-year assets	(h) Percentage ownership	96 ct	(i) Section 512(b)(13) controlled entity?	(b)(13)
								ı i				>	Yes	ę
(1)												_	_	
(2)										,				
(6)														
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for grant, or explaid contribution for ne allead organization(s) Loans or foat pagain for the contribution for ne allead organization(s) Loans or foat grantmess to or for related organization(s) Loans or foat grantmess to or for related organization(s) Sale of assets to related organization(s) Sale of assets to related organization(s) Sale of assets to related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundrasing solicitations for related organization(s) Performance of services or membership or fundrasing solicitations for related organization(s) Performance of services or membership or fundrasing solicitations for related organization(s) Performance of services or membership or fundrasing solicitations for related organization(s) Performance of services or membership or fundrasing solicitations for related organization(s) Performance of services or membership or fundrasing solicitations for related organization(s) Performance of services or membership or fundrasing solicitations for related organization(s) Performance of services or membership or fundrasing solicitations for related organization(s) Performance of services or membership or fundrasing solicitations for related organization(s) Performance of services or membership or fundrasing solicitations for fundrasing solicitations for fundrations for fund	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
ated organization(s) ared organization(s) including covered relationsh (b) (c) Transaction (type (a-s)) Amount involved (type (a-s)) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Giff, grant, or capital contribution to related organization(s)
ated organization(s) ated organization(s) organization(s) tition on who must complete this line, including covered relationsh tition on who must complete this line, including covered relationsh tition on who must complete this line, including covered relationsh tition on who must complete this line, including covered relationsh tition on who must complete this line, including covered relationsh tition on who must complete this line, including covered relationsh tition on who must complete this line, including covered relationsh tition on who must complete this line, including covered relationsh tition on who must complete this line, including covered relationsh tition on who must complete this line, including covered relationsh tition on who must complete this line, including covered relationsh tition on who must complete this line, including covered relationsh tition on who must complete this line, including covered relationsh tition on who must complete this line, including covered relationship c	Gift, grant, or capital contribution from related organization(s)
ated organization(s) ared organization(s) organization(s) trion on who must complete this line, including covered relationsh (e) Transaction (h) Amount involved type (a-s) Amount involved type (a-s)	Loans or loan guarantees to or for related organization(s) .
ated organization(s) ated organization(s) organization(s) including covered relationsh (c) Transaction type (a-s) Type (a-s)	
ated organization(s) ated organization(s) organization(s) tition on who must complete this line, including covered relationsh tipe (a-s) Transaction type (a-s)	•
ated organization(s)	•
ated organization(s) sted organization(s) organization(s) organization(s) ition on who must complete this line, including covered relationsh (b) Transaction type (a-s)	
ated organization(s)	Lease of facilities, equipment, or other assets to related organization(s)
ated organization(s)	Lease of facilities, equipment, or other assets from related organization(s)
th related organization(s)	Performance of services or membership or fundraising solicita
th related organization(s)	Performance of services or membership or fundraising solicitat
10	Sharing of facilities, equipment, mailing lists, or other assets wi
10 14 16 17 18 19 19 19 19 19 19 19	Shanng of paid employees with related organization(s)
or information on who must complete this line, including covered relationships and transaction threshol type (a~s) Transaction Type (a~s) Type (a~s)	Reimbursement paid to related organization(s) for expenses
Information on who must complete this line, including covered relationships and transaction threshol (a) Transaction Amount involved Method of determining amount involved type (a-s)	Reimbursement paid by related organization(s) for expenses
r information on who must complete this line, including covered relationships and transaction threshol (b) Transaction Amount involved Method of determining amount involved type (a~s)	Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s)
(d) Transaction Amount involved Method of determining amount involved type (a-s) Type (a-s) Type (a-s) Type (a-s) Type (a-s) Type (a-s)	instructions for
	(a) Name of related organization
	,

Unrelated Organizations Taxable as a Partnership Complete If the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or aross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	ganization. See	instructions re	garding exclusive	on tor	certali	n investment pa	arrnersnips.				
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(d) Predominant	Are all pa) artners	(f) Share of		(h) Disproportionate	(f) ate Code V—UBI		(k) Percentage
		(state or foreign country)	. 78	section 501(c)(3) organizations?	on (3) strons?	total income	_	allocations	7 amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	ownership
			sections 512-514)	Yes No	ş			Yes No	0	Yes No	,
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Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).	
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