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Form 990

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

OMB No. 1545-0047

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

Dep	cartment of t mail Revenu	he Treasury	1		ecurity number orm 990 and its			-	_			Inspect				
Δ			ndar year, or tax year		October			nd endin		tember 3	20 2	0 16				
<u>:-</u>		ppilcable	C Name of organization V		October		210, 61	io endin	<u> </u>			ntification nu	mber			
Ō	Address c		Doing business as	vator org	<del>-</del>	<del></del>				7 .	_	2060131				
ቯ	Name cha	•	Number and street (or f	O. box if mail	is not delivered to	street address	) T	Room/sui	te	E Tele	E Telephone number					
Ĭ	Initial retu	-	117 W 20th Street				´		203		•	877-8400				
Ħ		vterminated	City or town, state or pr	ovince, country	, and ZIP or foreig	n postal code					9.0	011 0400				
Ħ	Amended		Kansas City, MO 6416	•	•	•				G Gro	ss receipts	i <b>s</b> 16	527,314			
$\overline{\Box}$			F Name and address of p		Gary White				H(a) Is this			rates? Yes				
_	. фр.,		117 W 20th Street, Su	-	•	1108				• '		ded? Yes	_			
$\overline{\Gamma}$	Tax-exem	not status:	<b>√</b> 501(c)(3)	501(c) (	) ◀ (insert no		l) or [	527			No," attach a list. (see instructions)					
J	Website:		v.water.org						H(c) Gro	up exemp	p exemption number >					
ĸ	Form of ar	ganization:	93 · M S	tate of legi	al domicile;	NC										
P	art I	Summ	ary													
	1 1	Briefly de	scribe the organizat	on's missio	n or most sign	ificant activ	ities:	Water.c	rg goals	are to dr	aw attent	tion to the	world's			
8	1	number o	ne health problem, ur	safe and ina	dequate water	supplies, an	d to ra	aise fund	s to help	fight this	immens	e problem	- one			
臣			y at a time.													
Activities & Governance	2	Check th	is box ▶□ if the org	anization dis	scontinued its	operations	or dis	sposed o	f more th	an 25%	of its ne	et assets.				
Ē	3 1	Number (	of voting members o	f the govern	ing body (Part	t VI, line 1a)				نے ب	3		16			
ď	4 1	Number (	of independent voting	g members	of the governi	ng body (Pa	ert VI,	line 1b)		با ٠	4		16			
<u>ğ</u>	5	Total nun	nber of individuals er	nployed in c	alendar year 2	2015 (Part V	', line	2a) .		· ]_	5		63			
Ě			nber of volunteers (e		• • •			· · ·		· -	6		0			
Ą			elated business reve				<u></u>				<u>'a                                      </u>		0			
	<u>b</u>	Net unrel	ated business taxab	le income fr	om F6fm\990-	TMine 84	<u>: .; </u>	<del></del>	<u> </u>		'b		0			
9	L		ntributions and grants (Part VIII, line 2h) . MAR 2 2 2017									Current Ye				
	8 (			21,186,5		16	850,029,028									
Revenue	9		service revenue (Par				18	· ·  -			0		0			
ě	10 l		nt income (Part VIII,				7 5	$\cdot$ $\cdot$ $\vdash$		78,1	14		94,533			
	11 (	otner rev	enue (Part VIII, colur	nn (A), lines	5. 60 GERGE	Tyc. and 11	Θ) .	: <del> </del>			0		287,683			
_			nue-add lines 8 thre				A), Jin	<del>0</del> 12)		21,264,7			,411,244			
	1		nd similar amounts p					· · -		4,223,0		5	,560,504			
	1	•	paid to or for member			•	inon E	: ''			0		<u> </u>			
SG	1		other compensation, or mal fundraising fees				mes s	~'"		<u>5,655.7</u>	46		<u>,445,280</u>			
Expenses			draising expenses (P					2204		ed Selection						
ă			penses (Part IX, colu				38	3,284		3,218,9	- The second		,772,289			
			enses. Add lines 13-				 12 251	,		13,097.7			7.778,073			
		-	less expenses. Subt				10 201	' ՝ Ի		8,166.9			366,829)			
- S		10401100	iode expended. Oubt	idot iiiio io	NO III IIIIO IL	<u> </u>	<u></u>	<del></del>	leginning of			End of Yes				
Assets or 1 Balances	20	Total ass	ets (Part X, line 16)					h		24,624,8		23	,521,367			
A Ba	21		ilities (Part X, line 26)					:		1,381.5			,592,057			
至	• 1		s or fund balances.		21 from line	20		r		23,243,2			,929,310			
_	art II		ure Block													
Un	der penalt	les of perjui	y, I declare that I have ex	amined this retu	ım, including acco	ompanying sch	edules	and stater	nents, and	to the best	of my kno	wiedge and	belief, it is			
tru	e, correct,	and comple	ete. Declaration of prepare	r (other than of	ficer) is based on :	all information (	of whic	h preparer	has any kn	owledge.						
		<b>\</b>	Guonne J	Kean							3/1/201	7				
Sign		Signa	atore of officer							Date						
He	re	<b>\</b>	Yvonne J. Kěan,	Director of	Finance											
		<del></del>	or print name and title													
Pa	id	Print/Typ	preparer's name	P	reparer's signature	9		Da		Che	ck 🗍 lf	PTIN				
	eparer	Mike Er	ngle		11 12 19C			31	ilin_		employed	P0048	2834			
	se Only		ame ► BKD, LLP		•					inn's ElN	<u> </u>	44-01602	50			
		Firm's a	ddress ► 1201 Walnut							hons no.		<u>816-221-63</u>				
			this return with the	<del></del>		see instructi	ons)	<u>· · ·</u>	<u> </u>	<u> </u>	<u> </u>	. 🗸 Yes				
For	Paperw	ork Redu	ction Act Notice, see t	the separate	instructions.			Cat N	o 11282Y			Form 9	90 (2015)			

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  Our goals are to draw attention to the world's number one health problem, unsafe and inadequate water supplies, and to raise funds
	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?
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$11,817,506 including grants of \$5,547,306) (Revenue \$) Water Programs and WaterCredit Initiative - see attached narrative
4b	(Code:) (Expenses \$1,915,381 including grants of \$13,198) (Revenue \$) Advocacy and Outreach - see attached narrative
4c	(Code:) (Expenses \$1,056,029 including grants of \$0) (Revenue \$)  New Ventures - see attached narrative
4d	Other program services (Describe in Schedule O.)
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 14,788,916

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," complete Schedule A	1	1	
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			_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4	<b>✓</b>	
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
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		/
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	<b>√</b>	
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		1
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		1
	Did the organization report an amount for other habilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
	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
14 a	, , , , , , , , , , , , , , , , , , , ,	14a	1	<b> </b>
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	1	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		-	<del>                                     </del>
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	/	-
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16	_	1
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
	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		1

Part	V Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<b>✓</b>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		<b>✓</b>
	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	ĺĺ		
	\$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			1
<b>h</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		<del>*</del>
	Did the organization invest any proceeds of tax-exempt borios beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		<u> </u>
•	to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	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	25a		<b>✓</b>
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	200		<u> </u>
20	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		<b>-</b>
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).	[	. 1	-
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			<u> </u>
	Schedule L, Part IV	28b		✓
C	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		✓_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<b>√</b>	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N.</i>	30		-
	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		✓
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			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33	<b>\</b>	<del></del>
<b>-</b> -	or IV, and Part V, line 1	34	1	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	1	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	✓	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<b>√</b> _
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		1
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	✓	
		Forr	990	(2015)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<del></del>	<u></u>	V
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   27		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 27  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		i	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	1	
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 63			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
_	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>✓</b>
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			ĺ
	account)?	4a	1	
ь	If "Yes," enter the name of the foreign country: ▶ India, Kenya, Peru, Indonesia, Bangladesh	70	<u> </u>	
_	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		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		/
-	gifts were not tax deductible?	6ь		ĺ
7	Organizations that may receive deductible contributions under section 170(c).			
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		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		,
	required to file Form 8282?	7c		<b>V</b>
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<del></del>
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			]
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		<del> </del>
8	Initiation fees and capital contributions included on Part VIII, line 12			1
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:			1
8	Gross income from members or shareholders			, ;
Ь	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)	40-		1
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a		<del>  -</del>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			ì '
a	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			1
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand		L	<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	, 000	(2015)
		rom	・・・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・	, (CU IO)

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	truct	
<u>C4</u>	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<u> </u>	-  ⊻
Secti	on A. Governing Body and Management		Yes	No
4	Catanata and of the transfer of the annual and be and of the toy year.	-	163	100
1a	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.			
ь	Enter the number of voting members included in line 1a, above, who are independent . 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	6		7
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			<u> </u>
-	stockholders, or persons other than the governing body?	7b		<b>✓</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	<b>\</b>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
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	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	ــــ
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	✓	
13	Did the organization have a written whistleblower policy?	13	✓	
14 15	Did the organization have a written document retention and destruction policy?	14	1	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1
а	The organization's CEO, Executive Director, or top management official	15a	1	1
b	Other officers or key employees of the organization	15b	1	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	1	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			1
	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		1
Secti	on C. Disclosure			<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶ See full listing in Schedule O			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	i 501(	c)(3)s	only
	☑ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	: ▶	
	Vyonne Keen 117 W 20th Street Suite 203 Kenses City MO 64108 (816)877-8400			

			_
D.		_	•
	1U	u	

Form		

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 noi	r any related	d orga	anız	atio	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
				(0	<del>)</del>					,
(A) Name and Title	(B) Average	box, ι	ınles	eck is pe	rson	than o	ап	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	a Officer	Key employee	Highest compensated employee	e) Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) Adam Schechter - Board Member	1	1			)					
(2) Andy Sareyan - Vice Chair	1	>		1						
(3) Cortney Erin - Board Member	1	<b>\</b>								
(4) Cynthia Fisher - Board Member	11	1								
(5) Tony Stayner - Board Member	1	<b>✓</b>								
(6) Hillary Schneider - Board Member	11	1								
(7) Jill Nash - Board Member	1	>		l						
(8) Jodi Kahn - Board Member	1	<b>~</b>								
(9) Keith Quinn - Board Member	1	1								
(10) Larry Tanz - Secretary	1	1		1						
(11) Lynn Taliento - Board Chair	1	1		1						
(12) Paul O'Connell - Board Member	1	1								
(13) Paula Veale - Board Member	1	1								
(14) Sandra Naftzger - Board Member	1	1								

Part VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees		nd H C)	lighe	st C	ompensated E	mployees (	<u>continu</u>	ed)		
	-			•	ution			ļ					
(A)	(B)	(do n	ot ch			than o	one	(D)	(E)			F)	
Name and title	Average hours per					is both		Reportable compensation	Reportable compensation			nated unt of	
	week (list any	,			T	or/trust	Υ	from	related		ot	her	
	hours for related	호텔	nstii	Officer	Key employee	n dig	Former	the organization	organizatio (W-2/1099-M		compe	ensation n the	no
	organizations	eg de	III.	ğ	l s	est	룓	(W-2/1099-MISC)	(VV-2/1099-IV	iisc)	organ		n
	below dotted	역발	mal		ğ	<sup>©</sup> Sq		,		Į		elated	
	line)	Individual trustee or director	Institutional trustee	Ì	8	pen	[			İ	organi	zatioi	1S
	}	"	tee		ł	Highest compensated employee		}					
(15) Terry Trayvick - Treasurer	11			1									
(46) 0 - 111 11 - 050 - 10 - 5 - 10 - 5	<del> </del>	<b>✓</b>	├	<del>  •</del>	-	├─	├	<del></del>					
(16) Gary White - CEO and Co-Founder	20	1		1	Ì	ļ	(	221 201					20.15
(47)	20		<del>                                     </del>	-	-	├─-	1	231,281	ļ				30,15
(17) Jennifer Schorsch - President	35		ļ	1	ļ	)	)	100 000					24 20
(40)	5			<b>  *</b>		<del>                                      </del>	-	199,622	<del></del>				31,39
(18) Richard Thorsten - Director of Intl Programs	30	-{	Ì	Ì		,				1			
(40)	10	├	<u> </u>	<u> </u>	-	1	<del> </del>	146,188	ļ				16,07
(19) Alix Lebec - Director of Bus Dev & Investor Re						,				j			
	20	<b>├</b> ──		├—	ļ	/	-	143,370					12,83
(20) Julie LaGuardia - Sr. Strategist, Brand Pships	40	1	Ì				(	1	İ				
	<del></del>	<del>                                      </del>	}_	<del> </del>	<b>├</b>	1	├-	112,130					10,01
(21) Yvonne Kean - Director of Finance & Admin	35			ļ					ļ				
	5	ļ	ļ	<u> </u>	<del> </del>	1	_	143,131					12,76
(22) Chevenee Reavis-Frmr Dr Strategic Initiatives	40		ŀ				(			- 1			
<del></del>		<b></b> -	ļ	_		✓_	_	178,779					<u>13,17:</u>
(23)	- <b>-</b>			ļ	}	j			 				
	1	ļ	<u> </u>	<u>Ļ</u> .	<u> </u>		<u> </u>		ļ				
(24)				l		1							
		ļ		<u> </u>	<u> </u>								
(25)				ļ	)	<u> </u>	)						
	<u> </u>			<u> </u>	_	<u> </u>		<del> </del>					
1b Sub-total						•		1,154,501	ļ	0		1	26,40
c Total from continuation sheets to Part		n A											
d Total (add lines 1b and 1c)							<u> </u>		<u> </u>	L			
2 Total number of individuals (including but			nose	e list	ted	above	e) w	ho received m	ore than \$1	00,000	of		
reportable compensation from the organ	ization ► 8												
												Yes	No
3 Did the organization list any former of							emp	ployee, or high	est compe	nsated			-
employee on line 1a? If "Yes," complete											3		<u> </u>
4 For any individual listed on line 1a, is th													
organization and related organizations	greater th	an \$	150,	,000	)? /	f "Ye	s, "	complete Sch	edule J fo	r such	'		-l
individual			٠	•		•					4	✓	-
5 Did any person listed on line 1a receive									zation or ind	iividual			
for services rendered to the organization	? If "Yes," o	compl	ete	Sch	nedu	ıle J 1	or s	such person			5		✓
Section B. Independent Contractors													
1 Complete this table for your five highest	compensat	ed in	dep	end	ent	contr	act	ors that receive	ed more tha	n \$100	),000 of		
compensation from the organization. Re	port compe	nsatio	on fo	or ti	ne c	alend	lar y	year ending wit	h or within 1	the org	janızatio	n's t	ax
year													
(A)								(B)			(C)		
Name and business ad	dress						<u> </u>	Description of s	ervices		Compens	ation	
Albright Stonebridge Group - 601 13th Street NW,	10th Floor, V	Nashii	ngto	n, C	OC 2	0005	Glo	obal Advocacy	Consulting			2	82,50
							L						
							L.	В					
2 Total number of independent contract							o tr	nose listed ab					5 s
received more than \$100,000 of compen-	sation from	tne or	gan	uzat	IOU			1					

Part	VIII	Statement of Reve				. aa liaa in Abia	Dowt V/III		
1		Check if Schedule C	contains	a res	oonse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats rts	1a	Federated campaigns	3	1a	189,992				1
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b					1
S, G	С	Fundraising events .		1c		İ			}
ar Ja	d	Related organizations	s	1d					
. <u>آ</u> رُو	е	Government grants (con	tributions)	1e					1
tion S	f	All other contributions, g				}			
<u>\$</u>		and similar amounts not inc	luded above	1f	15,723,525				
<u> </u>	g	Noncash contributions include	ded in lines 1a	-1f. \$	115,511				
<u>3</u> &	h	Total. Add lines 1a-1	f	<u> </u>	🕨	16,029,028			
E E					Business Code				
Ž	2a								
æ	b								
<u>ĕ</u>	С	2							
Se	d								
ᇤ	е								
Program Service Revenue	f	All other program ser							
<u> </u>	g	Total. Add lines 2a-2	<u>f</u>	<del></del>	<u> </u>				†
	3	Investment income				Ī			·
	]	and other similar amo	-			54,302		<del></del>	54,302
	4								
	5	Royalties	(i) Rea	<del></del>	(ii) Personal				
	<b>6</b> -	0	(I) Nea		(II) r ersonal	1			
	6a	Gross rents .				İ			
	b	Less: rental expenses Rental income or (loss)			<del></del>				,
	d	Net rental income or	(locs)			-			- i
	7a	Gross amount from sales of	(i) Securit		(II) Other				1
	′ -	assets other than inventory		6,301	0	i			
	ь	Less: cost or other basis		0,001		İ			
	_	and sales expenses .	11	5,511	559				1
	С	Gain or (loss)		0,790		1			•
	d					40,231	*	~	40,231
Revenue	8a	Gross income from fuevents (not including \$ of contributions reported		c).					
Other Re		See Part IV, line 18 .		. а		Ì			,
돌	ь	Less. direct expenses	s	. b					
	С	Net income or (loss) f	rom fundra	aising	events . 🕨				
	9a	Gross income from gassee Part IV, line 19 .	aming activ						
	b c	Less: direct expenses Net income or (loss) f							
	10a	Gross sales of in returns and allowance							
	ь	Less: cost of goods s	sold	. b					
	<u>c</u>	Net income or (loss) f							L
		Miscellaneous F	Revenue		Business Code				
	11a	Other income			900099	15,012	15,012		<u></u>
	ь	Management fee reven	ue		541611	300,870	300,870		
	С	Partnership income			900099	(28,199)	(28,199)		
	d	All other revenue .		•					
	е	Total. Add lines 11a-	-			287,683			
	12	Total revenue. See in	nstructions	<u> </u>	<u></u> ▶	16,411,244	287,683	0	
									Form <b>990</b> (2015)

Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX							
Do no 8b, 9b	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses		
1	Grants and other assistance to 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	5,560,504	5,560,504				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	503,457	272,723	166,695	64,040		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	333, 33					
7 8	Other salaries and wages	5,874,212 197,615	4,360,654 137,278	1,021,257	492,301 21,112		
9	Other employee benefits	437,139	309,335	83,761	44,043		
10	Payroll taxes	437,139	297,371	87,710	47,776		
11	Fees for services (non-employees):	432,037	237,371	- 07,710			
	Management						
b	Legal	74,167	63,713	9,873	582		
С	Accounting	72,903	56,067	15,876	960		
d	Lobbying [						
е	Professional fundraising services. See Part IV, line 17						
f	Investment management fees						
g	Other. (If line 11g amount exceeds 10% of line 25, column						
	(A) amount, list line 11g expenses on Schedule O.)	2,194,127	1,728,914	368,834	96,379		
12	Advertising and promotion	244	244	0			
13	Office expenses	383,130	292,068	48,189	42,874		
14 15	Information technology						
16	Royalties	445,745	429,085	11.020	E 641		
17	Travel	1,120,191	984,216	11,020 66,525	5,641 69,450		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	1,120,191	504,210	00,323	05,430		
19	Conferences, conventions, and meetings	49,992	36,334	11,105	2,553		
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization .	149,360	117,400	20,473	11,487		
23	Insurance	21,764	16,747	3,215	1,801		
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	36,276	36,276	0	0		
b	Bank and Credit Card Fees	68,794	12,473	1,273	55,049		
С	Dues, Subscriptions, Licenses and Fees	63,842	31,753	19,996	12,093		
d	Provision for credit losses	17,108	6,352	0	10,756		
е	All other expenses	74,646	39,412	30,848	4,386		
25	Total functional expenses. Add lines 1 through 24e	17,778,073	14,788,916	2,005,874	983,283		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here    if following SOP 98-2 (ASC 958-720)						

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest-bearing . . . . . 1 2 Savings and temporary cash investments . . . . . 2 20,200,673 17,887,123 3 3 2,533,722 11,656 4 4 43,893 75,313 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 **Assets** 7 Inventories for sale or use . . . . . . 8 9 Prepaid expenses and deferred charges 9 219,813 251,225 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b Less: accumulated depreciation . . . . 145,126 10c 789,872 11 Investments—publicly traded securities . . . . 774,405 11 853,734 12 Investments—other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11... 13 466,110 3,206,150 14 14 15 Other assets. See Part IV, line 11 . . . . . . . . . . . . . 15 241,062 446,294 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 24,624,804 23,521,367 Accounts payable and accrued expenses . . . . . . . . . 17 1,230,615 17 1,592,057 18 18 19 19 150,906 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 26 1,381,521 1,592,057 Organizations that follow SFAS 117 (ASC 958), check here ▶ 📝 and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 . . . . . . . . . . . . . 9,418,271 11,984,176 Temporarily restricted net assets . . . . . . . . . . . . . . . . . . 28 28 13,825,012 9,945,134 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . . . . . . 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 32 Retained earnings, endowment, accumulated income, or other funds . 32 33 33 23,243,283 21,929,310

24,624,804

23,521,367 Form **990** (2015)

Total liabilities and net assets/fund balances . . . . .

Page	12
, age	-

Pari	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		16,41	1,244
2	Total expenses (must equal Part IX, column (A), line 25)	2		17,77	8,073
3	Revenue less expenses. Subtract line 2 from line 1	3		(1,366	5,829)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		23,24	3,283
5	Net unrealized gains (losses) on investments	5		2	4,657
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9		2	8,199
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		21,92	9,310
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<del></del>	· ·	<u></u>
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 Schedule O.	plain in	12 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both:		2a	Lang 3	1
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	 ed on a	<b>2b</b>		
С	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  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 account		2c	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain in	\$\left(\frac{1}{2}\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		2
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth in	3a		1
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		3b		
			Form	n <b>990</b>	(2015)

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

Name of the organization

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

	r org			<del></del>			58-200		
_	Reason for Public Charity Status (All organizations must complete this part.) See instructions.							ns.	
	organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)								
1	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i)</b> .  A school described in <b>section 170(b)(1)(A)(ii)</b> . (Attach Schedule E (Form 990 or 990-EZ).)								
2				•					
3		nospital or a cooperative hos						IIII. Enter the	
4	_	nedical research organizatio spital's name, city, and state	-	onjunction with a nosp	oitai desc	nbea in s	ection (70(b)(1)(A)(	m). Enter the	
5									
J		ction 170(b)(1)(A)(iv). (Comp		college of university	Owned 0	Operate	d by a government	ai dilit described ili	
6		ederal, state, or local govern							
7		organization that normally		•	port from	a govern	nmental unit or from	the general public	
	de	scribed in <b>section 170(b)(1)</b> (	( <b>A)(vi).</b> (Complet	e Part II.)					
8	□ A c	community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)				
9		organization that normally							
		ceipts from activities related							
		pport from gross investmen						x) from businesses	
		quired by the organization at				-			
10		organization organized and	•	•	•				
11		organization organized and							
		e or more publicly supported	-						
		box in lines 11a through 11d			-			-	
í		Type I A supporting organization (c)							
		he supported organization(s) organization. <b>You must com</b>			ci a majo	rity Of the	e directors or trustee	s or the supporting	
		Type II. A supporting organize			nootion w	ith ito ou	anortad arganization	o(a) by baying	
•		control or management of the							
		organization(s). You must co					int oont of or manag	o and capperion	
		Type III functionally integra	=		ted in cor	nection v	with, and functionall	y integrated with,	
•		ts supported organization(s)							
(	1 🗀 1	Type III non-functionally int	egrated. A supp	oorting organization o	perated i	n connec	tion with its support	ed organization(s)	
		hat is not functionally integra						an attentiveness	
	r	equirement (see instructions	) You must cor	nplete Part IV, Secti	ons A an	d D, and	Part V.		
(		Check this box if the organization						I, Type III	
		unctionally integrated, or Type		onally integrated supp	orting or	ganizatio	n.		
1		r the number of supported o							
9		ride the following information					r <del> </del>	г <del></del>	
	(i) Nam	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9		rganization ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
				above (see instructions))		ment?	instructions)	instructions)	
					Yes	No			
— A)									
~) 					<u> </u>				
B)					1				
					<del> </del>		<del> </del>		
C)					<u> </u>				
D)									
			<u></u>		<del> </del> -		<del> </del>		
E)									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,160,131	12,194,353	15,470,475	21,186,597	16,029,028	74,040,584
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	9,160,131	12,194,353	15,470,475	21,186,597	16,029,028	74,040,584
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 about on line 11 column (f)						
	shown on line 11, column (f)					<del></del>	30,277,033
6 Secti	Public support. Subtract line 5 from line 4.  on B. Total Support					i	43,763,511
	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
7	Amounts from line 4	9,160,131	12,194,353	15,470,475	21,186,597	16,029,028	74,040,584
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,301	21,260	13,745	22,582	54,302	116,190
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					287,683	287,683
11	Total support. Add lines 7 through 10						74,444,457
12	Gross receipts from related activities, etc.	. (see instruction	ons)			12	18,385
13	First five years. If the Form 990 is for the	-					
	organization, check this box and stop he			<u></u>	· · · · ·	<u> </u>	<u> </u>
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2015 (line 6	,	•			14	58.79 %
15	Public support percentage from 2014 Sch					15	59 48 %
16a	331/3% support test—2015. If the organiz				d line 14 is 331	/3% or more, ch	
	box and <b>stop here.</b> The organization qua	•	-	-	40	45 - 001 04	. ▶ ☑
þ	331/3% support test—2014. If the organ check this box and stop here. The organi					15 IS 331/3% (	
4.4	,	•					. <b>P</b> []
17a	10%-facts-and-circumstances test—20 10% 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	nd <b>stop here.</b> E	xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part VI how the organization m supported organization	tion meets the	"facts-and-ci	rcumstances"	test, check th	is box and sto	op here
18	Private foundation. If the organization di	d not check a f	box on line 13	. 16a. 16b. 17a	. or 17b. checi	k this box and	· · ·
	instructions					· · · ·	. ▶ □

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	in the organization rane to quality	440. 1		on, picase oc	mpioto i ait	<del>'''/</del>	
	on A. Public Support			4 3 == -=			
	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise						
4	sold or services performed, or facilities						
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose						<del></del>
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						
_	· · · · ·	<del></del>		<del></del>			<del></del>
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
_			<del>                                     </del>			<del></del>	
6	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3						
7a	received from disqualified persons .						
L	· •						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	<del></del>		<del></del>			<del></del>
8	Public support. (Subtract line 7c from	<del></del>					<del></del>
	line 6.)					-	
Secti	on B. Total Support		<del></del>				
	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6		(-,	(-/	(-,	(-/ ; -	()
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)					<del></del>	
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		1-6-1		601		504( )(0)
14	First five years. If the Form 990 is for the organization, check this box and stop her	-			•		, ,, ,
Cooti	on C. Computation of Public Suppor			· · · · ·	<u> </u>	<del></del>	
15	Public support percentage for 2015 (line 8			2 column (fl)		15	%
16	Public support percentage from 2014 Sch					16	
	on D. Computation of Investment Inc			<del></del>	<u> </u>	101	
17	Investment income percentage for 2015 (I			v line 13. colu	mn (f))	17	%
18	Investment income percentage from 2014			•		18	<del></del>
19a	331/3% support tests—2015. If the organi						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2014. If the organiz						
_	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did		_	-	-		_

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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.)

secti	on A. All Supporting Organizations		V	N.
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	NO
•	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		<del> </del>
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 <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		ļ
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 <b>Part VI</b> 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</b>	, and any ampliful the argument that argument the argument that are argument to a second the argument that are are a second to	4-		ļ
ь	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.  Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	4a		<del></del> -
-	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		ļ
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 <b>Part VI</b> 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 <b>Part VI</b> , 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		
þ	Type I or Type II only. Was any added or substituted supported organization part of a class already			
c	designated in the organization's organizing document?  Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		<u> </u>
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	-		
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			- {
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	0		$\vdash \lnot$
-	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		ļ,
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 or 990-EZ).	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			
L.	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		-
Þ	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
¢	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		<u> </u>
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		J
þ	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		

				5
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		<del> </del>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		<del></del>
	on B. Type I Supporting Organizations	1		·
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			1
	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 <b>Part VI</b> 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			ĺ
	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			
	<u> </u>		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			1 .
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		<u> </u>
Secti	on D. All Type III Supporting Organizations			
_		_	Yes	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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			ĺ.
	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	<u> </u>		
	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 <b>Part VI</b> the role the organization's supported organizations played in this regard.			
		3_		L
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	nstru	ction	s).
a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	structi	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			1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			ļ
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		_	
	•	2a	<u> </u>	
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 <b>Part VI</b> 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.	20		-
о a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	1 * *	1
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1
-	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b	† ·	i -

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co			•
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		in	
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7	<u> </u>	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	T		
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	T -		
factors (explain in detail in <b>Part VI</b> ):			
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,	1	<del></del>	· - · · · · · · · · · · · · · · · · · ·
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	<u>-</u>	
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ly-in	tegrated Type III support	ing organization (see
instructions).			'

Part		) Supporting Organi	zations (continued)	
Secti	on D - Distributions	<del></del>		Current Year
1_	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe	rted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.			
7_	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
_1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			,
	(reasonable cause required-see instructions)			
_3	Excess distributions carryover, if any, to 2015:			
а				
b				
С	<u> </u>			
<u>d</u>	From 2013			
<u>e</u>	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2015 distributable amount			
<u>i</u>	Carryover from 2010 not applied (see instructions)			
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7. \$			
а	Applied to underdistributions of prior years			· · · · · · · · · · · · · · · · · · ·
b	Applied to 2015 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	1			
b	1			
С	Excess from 2013			
d	Excess from 2014			
e	Excess from 2015			

Part VI	III, line 12; Part IV B, lines 1 and 2; F 3a and 3b; Part V	rormation. Provide the Section A, lines 1, 2, 3 Part IV, Section C, line 1 line 1; Part V, Section Also complete this part	b, 3c, 4b, 4c, 5 ; Part IV, Section B, line 1e; Part	ia, 6, 9a, 9b, 9c, on D, lines 2 and V, Section D, line	11a, 11b, and 11c 3; Part IV, Section es 5, 6, and 8; and	Part IV, Section E, lines 1c, 2a, 2b,
Part II, Sec	tion B, Line 10					
		2015				
Other Incor	me	\$ 15,012				
Manageme	nt Fee Revenue	\$ 300,870				
Partnership	Income	\$ (28,199)				
Total		\$ 287,683			<b></b>	
						·
				•••••		
		<del></del>		·•··		
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			***************************************			<del></del>
				<del>-</del>		

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

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

Tax) (	see separate instructions), t	then			
	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			*
Name	of organization			Employer ider	ntification number
Water					58-2060131
Part		e organization is exempt un			organization.
1	•	the organization's direct and indir			
2					j 
3	Volunteer hours				
Part	I-B Complete if th	e organization is exempt und	der section 501(	c)(3).	
1		excise tax incurred by the organiz			)
2	Enter the amount of any	excise tax incurred by organization	on managers under	r section 4955 🕨 💲	)
3	If the organization incurr	ed a section 4955 tax, did it file Fe	orm 4720 for this y	ear?	Yes No
4a	Was a correction made?	·			Yes No
b	If "Yes," describe in Part				
Part		e organization is exempt un			(c)(3).
1		tly expended by the filing organ		527 exempt function	
				<b>▶</b> \$	
2		filing organization's funds contri	_	ganizations for section	
	•			<b>&gt;</b> \$	
3		expenditures. Add lines 1 and			
4		n file <b>Form 1120-POL</b> for this yea			<del></del>
5		ses and employer identification no			
		ents. For each organization listed			
		ontributions received that were pr d fund or a political action commit			
	as a separate segregated	Turid of a political action commit	Tee (PAC). II addition	nai space is needed, prov	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter -0-	contributions received and promptly and directly
					delivered to a separate
					political organization If none, enter -0-
	···				
(1)			-		
(2)			_}		
(3)			-		
(4)					
	<del></del>		<del> </del>		
(5) ——					
(6)					

f Grassroots lobbying expenditures

	1000 EL/2010					, ugo <b></b>
Pa	art II-A Complete if the organization section 501(h)).	is exempt u	nder section 50	1(c)(3) and filed	Form 5768 (ele	ction under
A	Check ► ☐ if the filing organization beloname, address, EIN, expen					oup member's
В	Check ▶ ☐ if the filing organization che	cked box A a	nd "limited cont	rol" provisions a	pply.	
	Limits on Lobb	ying Expenditu	ires		(a) Filing	(b) Affiliated
	(The term "expenditures" me	ans amounts (	paid or incurred.)		organization's totals	group totals
-	1a Total lobbying expenditures to influence	public opinion (	grass roots lobby	ng)	138	
	<b>b</b> Total lobbying expenditures to influence	a legislative bo	dy (direct lobbying		2,404	
	c Total lobbying expenditures (add lines 1a	and 1b)			2,542	
	d Other exempt purpose expenditures .				17,775,531	
	e Total exempt purpose expenditures (add	lines 1c and 1c	d)		17,778,073	
	f Lobbying nontaxable amount. Enter t	he amount fro	om the following	table in both	·	
	columns.		<u> </u>		1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying I	nontaxable amount	is:		
	Not over \$500,000	20% of the am	ount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess of	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess of	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ov	er \$1,500,000	į	
	Over \$17,000,000	\$1,000,000				
	g Grassroots nontaxable amount (enter 25	•			250,000	
	h Subtract line 1g from line 1a. If zero or le				0	
	i Subtract line 1f from line 1c. If zero or les	•	• • • . •		0	
	j If there is an amount other than zero			-		☐ Yes ☐ No
	reporting section 4911 tax for this year?		· · · · ·			
	(Some organizations that made a sec See the	tion 501(h) ele separate instr	uctions for lines	e to complete all 2a through 2f.)	of the five column	ns below.
	Lobbying	Expenditures	During 4-Year Av	eraging Period	Г	
	Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	( <b>d)</b> 2015	(e) Total
	2a Lobbying nontaxable amount	614,531	717,219	804,888	1,000,000	3,136,638
	b Lobbying ceiling amount (150% of line 2a, column (e))					
	c Total lobbying expenditures	13,483	0	0	2,542	16,025
_	d Grassroots nontaxable amount	484,420	179,305	201,222	250,000	1,114,947
	e Grassroots ceiling amount (150% of line 2d, column (e))			. 44 - 194-1		

Schedule C (Form 990 or 990-EZ) 2015

730

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768		
For e	each "Yes," response on lines 1a through 11 below, provide in Part IV a detailed	(;	a)		(b)	
	ription of the lobbying activity.	Yes	No	A	moun	ıt
1	During the year, did the filing organization attempt to influence foreign, national, state or local	<b>†</b>				
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:					
a	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	-				
c d	Media advertisements?					
e	Publications, or published or broadcast statements?	-				
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			-		
i	Other activities?				_	
j	Total. Add lines 1c through 1i					
<b>2</b> a	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					
C	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?	<u> </u>				
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	:)(5), (	or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		<u> </u>
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		•	2	ļ	-
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>	
T Care	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," C answered "Yes."				line	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	s of				
а	Current year		2a			
b	Carryover from last year		2b			
C	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?	ying				
5	Taxable amount of lobbying and political expenditures (see instructions)	•	4			
Pari		•	5			
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	oup lis	t): Par	t II-A. I	ines	1 and
	instructions); and Part II-B, line 1. Also, complete this part for any additional information.		-,,	, .		
				·		
		*				
	***************************************					

	m 990 or 990-EZ) 2015	Page <b>4</b>
Part IV	Supplemental Information (continued)	
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		·
		<i></i>
		·····
		/
		<del></del>
<b></b>		·
		•••••••••••••••••••••••••••••••••••••••
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### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on 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

Name o	f the or	ganization		Employer identification number
Water.	ora			58-2060131
Par		Organizations Maintaining Donor Adv Complete if the organization answered		
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		
2		egate value of contributions to (during year)		
3		egate value of grants from (during year) .		
4		egate value at end of year		
5	Did ti	ne organization inform all donors and donor are the organization's property, subject to the		
6	only 1	ne organization inform all grantees, donors, a for charitable purposes and not for the bene rring impermissible private benefit?		or any other purpose
Par	t II	Conservation Easements.		
		Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpo	ose(s) of conservation easements held by the	organization (check all that apply).	
	☐ Pi	reservation of land for public use (e.g., recrea	tion or education) 🔲 Preservation of	f a historically important land area
	☐ Pi	rotection of natural habitat	☐ Preservation of	f a certified historic structure
		reservation of open space		
2		blete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation
	easer	nent on the last day of the tax year.		Held at the End of the Tax Year
а	Total	number of conservation easements		2a
b	Total	acreage restricted by conservation easement	ts <i></i>	2b
С	Numb	per of conservation easements on a certified l	nistoric structure included in (a) .	2c
d	Numb	per of conservation easements included in	(c) acquired after 8/17/06, and not	on a
	histoi	ic structure listed in the National Register .		· · 2d
3	Numb tax ye	per of conservation easements modified, transear ►	sferred, released, extinguished, or terr	ninated by the organization during the
4		per of states where property subject to conse	rvation easement is located ▶	
5	Does	the organization have a written policy reions, and enforcement of the conservation ea	garding the periodic monitoring, ins	· ·
6	Staff a	and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
7	Amou ▶\$	int of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation easements during the year
8		each conservation easement reported on line ection 170(h)(4)(B)(ii)?	• •	f section 170(h)(4)(B)(i)
9	balan	rt XIII, describe how the organization reports ce sheet, and include, if applicable, the text or azation's accounting for conservation easements.	of the footnote to the organization's fir	
Pari		Organizations Maintaining Collection Complete if the organization answered		
1a	work	organization elected, as permitted under SF s of art, historical treasures, or other similar c service, provide, in Part XIII, the text of the	assets held for public exhibition, ed	ducation, or research in furtherance of
b	If the works	organization elected, as permitted under S s of art, historical treasures, or other similar c service, provide the following amounts relat	FAS 116 (ASC 958), to report in its rassets held for public exhibition, eding to these items:	revenue statement and balance sheet ducation, or research in furtherance of
	(i) Re	evenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) As	sets included in Form 990, Part X		• \$
2	If the follow	organization received or held works of art ving amounts required to be reported under S	, historical treasures, or other similar SFAS 116 (ASC 958) relating to these it	r assets for financial gain, provide the tems:
a b	Reve	nue included on Form 990, Part VIII, line 1 .s included in Form 990, Part X		<b>▶</b> \$

Pa	ae	2

Part	- 0								
3	Using the organization's acquisition, collection items (check all that apply):		ther reco	rds, check	any of the	e follov	ving that are a	significant u	ise of its
а	☐ Public exhibition		d	☐ Loan o	or exchang	e progi	rams		
b	☐ Scholarly research		е	☐ Other					
C	☐ Preservation for future generations	3							
4	Provide a description of the organiza XIII.	tion's collections	and expla	ain how th	ey further	the org	janization's exe	empt purpos	e in Part
5	During the year, did the organization assets to be sold to raise funds rather							_	☐ No
Part	IV Escrow and Custodial Arra	angements.	-						
	Complete if the organization 990, Part X, line 21.	answered "Yes	on For	m 990, P	art IV, line	9, or	reported an a	mount on F	Form
1a	Is the organization an agent, trustee included on Form 990, Part X?							_	☐ No
b	If "Yes," explain the arrangement in P	art XIII and compl	ete the fo	ollowing ta	ble:	Γ_		Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amou	nt on Form 990, P	art X, line	21, for es	crow or cu	ustodia	account liabilit	ty? 🗌 Yes	☐ No
b	If "Yes," explain the arrangement in P							·	
Part									
_	Complete if the organization	answered "Yes	on For	m 990. P	art IV. line	e 10.			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(a) Current year		or year	(c) Two year		(d) Three years ba	ck (e) Four ye	ears back
1a	Beginning of year balance	<del></del>	<del>                                     </del>				<del></del>		
b	Contributions		<u> </u>					<u> </u>	
c	Net investment earnings, gains, and		-					<del>-  </del>	
	losses								
А	Grants or scholarships						<u> </u>	<u> </u>	
e	Other expenditures for facilities and	<del></del>	<del> </del>					<del></del>	
	programs								
f	Administrative expenses	<del></del>							
g	End of year balance	L				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		_L	
2	Provide the estimated percentage of the standard	ine current year er	no balanc	e (line 1g,	column (a	)) neid a	as:		
а	Board designated or quasi-endowme	nı 🕨	%						
b	Permanent endowment >	%							
С	Temporarily restricted endowment		000/						
0-	The percentages on lines 2a, 2b, and			4!4	الملمط مسما		uninintared for	Nh.a	
38	Are there endowment funds not in th organization by:	e possession of the	ne organi	zation tha	t are nero	and ad	ministered for		
									es No
	(i) unrelated organizations					• •		.  3a(i)	
_	(-,		-					. 3a(ii)	
	If "Yes" on line 3a(ii), are the related of							. <b>3b</b>	
4_	Describe in Part XIII the intended use		on's endo	owment tu	nds				
Part									
	Complete if the organization								
	Description of property	(a) Cost or o			other basis ner)		Accumulated epreciation	(d) Book	value
1a	Land			<u></u>	0				0
b	Buildings			L	0		0		0
C	Leasehold improvements	.			0		0		0
d	Equipment				1,325,410		535,538		789,872
е	Other	<u>·                                      </u>			0		0		0
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form 9	90, Part	X, column	(B), line 10	Oc.) .	<del>. •</del>		789,872
							·		

Part VII	Investments — Other Securities.  Complete if the organization answered "Yes	es" on Form	990. Part IV. lin	e 11b. See Form	990. Part X. line 12.
	(a) Description of security or category (including name of security)		(b) Book value	(c) Met	hod of valuation -of-year market value
(1) Financial	derivatives	[			
	neld equity interests				
(3) Other					
(A)					<del></del>
(B)				<u> </u>	
(C) (D)		·			
(E)				<u> </u>	
(F)			<del></del>		<del></del>
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.) ▶				<del></del>
Part VIII	Investments—Program Related. Complete if the organization answered "Ye	es" on Form	990, Part IV, lin	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Met	hod of valuation -of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	h) must assist Form 000. Part V and (P) (so 12)				
Part IX	b) must equal Form 990, Part X, col (B) line 13.) ►  Other Assets.		<del></del>	L	<del></del>
Partix	Complete if the organization answered "Yo		990, Part IV, lin	e 11d. See Form	
	(a) Description	1			(b) Book value
(1)					<u> </u>
(2)					
(4)					
(5)					<del></del>
(6)					<u> </u>
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col. (B) line	15.)	<u> </u>	<u> ▶</u>	
Part X	Other Liabilities.  Complete if the organization answered "Yoline 25.	es" on Form	990, Part IV, lin	e 11e or 11f. See	e Form 990, Part X,
1.		Book value			
(1) Federal in	ncome taxes		7		
(2)			7		
(3)					•
(4)					
(5)					
(6)					
(7)					
(8)					
(9)			_		
	b) must equal Form 990, Part X, col. (B) line 25.) ▶	-646-6-1	1 40 4ho 1 21	-1	
	r uncertain tax positions. In Part XIII, provide the text s liability for uncertain tax positions under FIN 48 (AS				

Part	ΧI	Reconciliation of Revenue per Audited Financial Stateme			Retu	m.
	Total	Complete if the organization answered "Yes" on Form 990, I revenue, gains, and other support per audited financial statements			1	16 107 100
1 2		ints included on line 1 but not on Form 990, Part VIII, line 12.				16,197,498
a		nrealized gains (losses) on investments	2a	24 661		
b		ted services and use of facilities	2b	24,661 2,952		li.
C		veries of prior year grants	2c	2,932		
d		(Describe in Part XIII.)	2d	31,312		L.
		nes 2a through 2d	لسنسا		2e	58,925
3		act line 2e from line 1			3	16,138,573
4		ints included on Form 990, Part VIII, line 12, but not on line 1:	iἰ		<u> </u>	70,130,573
a		tment expenses not included on Form 990, Part VIII, line 7b	4a	0	]	li.
b		(Describe in Part XIII.)	4b	272,671		
-		ines 4a and 4b			4c	0
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	16,411,244
Part	XII	Reconciliation of Expenses per Audited Financial Statem	ents	With Expenses pe	r Re	
		Complete if the organization answered "Yes" on Form 990, I				
1	Total				1	17,886,492
2		ints included on line 1 but not on Form 990, Part IX, line 25:				
а	Dona	ted services and use of facilities	2a	2,952		
b	Prior :	year adjustments	2b	0	]	
C	Other	losses	2c		]	
d	Other	(Describe in Part XIII.)	2d	105,467		
е		ines 2a through 2d			2e	108,419
3		act line <b>2e</b> from line <b>1</b>	. · .		3	17,778,073
4		ints included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а		tment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b		(Describe in Part XIII.)	4b	0		
_c		ines 4a and 4b			4c	0
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18)	<del></del>	5	17,778,073
Part		Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4. D.	and N. Ivan dla and Ole	. David	V line 4: Dort V line
		es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
		•	-			
Part X,	Line 2	- Uncertain Tax Positions Disclosure Management has evaluated their	Incon	ie tax positions under	rne gr	lidance included
12 VSC	740	Paced on their review, management has not identified any material line	ortain (	ov positions to be rec	ardad	0.5
III ASC	, /40	Based on their review, management has not identified any material unc	a Lant	ax hosinous to be teci	oi ded	01
disclos	ed in t	he financial statements.				
uiscius	eu iii i	ile illiaticiai statefilelits.				
Dart YI	Line 2	2d and Part XII, Line 2d - WaterCredit Investment Fund 1, LLC is included	d in the	e consolidated audit re	nort a	s a non-controlled
T dit Air		dura fare All, Ellie 2a - Water Steate III vestiliere faria 1, EES 13 II clade		c consolidated addit to	porce	3 d Horr-cond oned
entity.	howev	er for tax purposes it is considered a controlled entity				
91711111						
Part XI.	Line 4	b - WaterCredit Investment Fund 1, LLC is included in consolidated auc	lit repo	ort but not a controlled	entity	. The intercompany
manag	ement	fee revenue and expense between WC, LLC and WaterCredit Investmen	t Fund	1, LLC is eliminated d	uring	consolidation.
Therefo	ore, thi	s amount is WC, LLC 's management fee revenue from WCIF 1.				
			,			
	·	,				

chedule D (Form 990) 2015	Page 3
Part XIII Supplemental Information (continued)	
Part XI, 4b - Other	
Management Fee Revenue \$ 300,870	
Partnership Income (28,199)	
otal \$ 272,671	
•	
<u></u>	
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#### **SCHEDULE F** (Form 990)

## **Statement of Activities Outside the United States**

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ▶ 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.

Employer identification number

Vater.org		58-206013	
Part I	General Information on Activities Outside the United States. Complete if the organi	ization answered "	Yes" or
	Form 990, Part IV, line 14b.		

.org				58	3-2060131
		es Outside	the United States. Comp	plete if the organization ans	wered "Yes" on
For grantmakers. Does the assistance, the grantees' el	organization igibility for the	e grants or as	sistance, and the selection		
grants or assistance?					☑Yes ☐No
		he organizati	on's procedures for mont	toring the use of its grant	s and other
Activities per Region. (The fo	ollowing Part I	l, line 3 table o	can be duplicated if addition	nal space is needed.)	
(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
Ctrl America & Carribean			Grant Making		51,440
East Asia & the Pactific			Grant Making		953,300
South America			Grant Making		47,461
South Asia			Grant Making		1,582,201
Sub-Saharan Africa			Grant Making		1,796,712
East Asia & the Pactific	2	15	Program Services	WaterCredit	245,013
South America	1	_ 3 _	Program Services	WaterCredit	102,804
South Asia	2	18	Program Services	WaterCredit	496,807
Sub-Saharan Africa	2	5	Program Services	WaterCredit & Direct Impact	284,766
					·
		<del></del>			
					!
					<u> </u>
		<u> </u>			
Sub-total Total from continuation sheets to Part I					5,560,504 0
	General Information Form 990, Part IV, line For grantmakers. Does the assistance, the grantees' el grants or assistance?  For grantmakers. Describiassistance outside the United Activities per Region. (The form) (a) Region  Ctrl America & Carribean  East Asia & the Pactific  South America  Sub-Saharan Africa  East Asia & the Pactific  South America  South Asia  Sub-Saharan Africa  Sub-Saharan Africa  Sub-Saharan Africa	General Information on Activities Form 990, Part IV, line 14b.  For grantmakers. Does the organization assistance, the grantees' eligibility for the grants or assistance?  For grantmakers. Describe in Part V to assistance outside the United States.  Activities per Region. (The following Part (a) Region (b) Number of offices in the region)  Ctrl America & Carribean  East Asia & the Pactific  South America 1  South Asia 2  Sub-Saharan Africa 2  Sub-Saharan Africa 2  Sub-Saharan Africa 2  Sub-Saharan Africa 2  Sub-Saharan Africa 2	General Information on Activities Outside Form 990, Part IV, line 14b.  For grantmakers. Does the organization maintain reconsistance, the grantees' eligibility for the grants or as grants or assistance?  For grantmakers. Describe in Part V the organization assistance outside the United States.  Activities per Region. (The following Part I, line 3 table of offices in the region of offices in the region of offices in the region of employees, agents, and independent contractors in region.  Ctrl America & Carribean  East Asia & the Pactific  South America  South Asia  Sub-Saharan Africa  1 3  South Asia 2 18  Sub-Saharan Africa 2 5  Sub-Saharan Africa 2 5  Sub-Saharan Africa 3 5  Sub-Saharan Africa 4 5  Sub-Saharan Africa 5 5	General Information on Activities Outside the United States. Compered Prom 990, Part IV, line 14b.  For grantmakers. Does the organization maintain records to substantiate the amassistance, the grantees' eligibility for the grants or assistance, and the selection grants or assistance?  For grantmakers. Describe in Part V the organization's procedures for monital assistance outside the United States.  Activities per Region. (The following Part I, line 3 table can be duplicated if addition (a) Region  (b) Number of offices in the region (b) Number of offices in the region (b) Number of offices in the region (b) Number of offices in the region (b) Number of offices in the region (b) Number of offices in the region (b) Number of offices in the region (b) Number of offices in the program services, investments, grants to recopents investments, grants to recopents incated in the region)  Ctrl America & Carribean  Ctrl America & Carribean  Grant Making  Grant Making  Grant Making  Grant Making  Grant Making  East Asia & the Pactific  2 15 Program Services  South America 1 3 Program Services  South Asia 2 18 Program Services  South Asia 2 18 Program Services  Sub-Saharan Africa 2 5 Program Services  Sub-Saharan Africa 2 5 Program Services	General Information on Activities Outside the United States. Complete if the organization ans Form 990, Part IV, line 14b.  For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantese' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance outside the United States.  Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)  (a) Region  (b) Number of offices in the region (in States).  (c) Region (in States).  Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)  (d) Activities conducted in finge on by type) (e.g., considering the conducted in finge on by type) (e.g., considering the conduction of service) (e.g

c Totals (add lines 3a and 3b)

5,560,504

Schedule F (Form 990) 2015

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, 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 (f) Manner of disbursement cash 40,392 Wire 44,503 Wire 41,834 Wire 49,680 Wire 51,440 Wire 81,462 Wire 62,327 Wire 55,568 Wire 15,206 Wire 27,187 Wire 52,856 Wire 60,620 Wire 31,388 Wire 23,405 Wire 88,652 Wire 35,00<u>0 Wire</u> (e) Amount of cash grant (d) Purpose of East Asia & Pacific | Water Projects East Asia & Pacific | Water Projects East Asia & Pacific | Water Projects East Asia & Pacific | Water Projects East Asia & Pacific | Water Projects East Asia & Pacific | Water Projects East Asia & Pacific | Water Projects East Asia & Pacific | Water Projects East Asia & Pacific | Water Projects East Asia & Pacific | Water Projects East Asia & Pacific | Water Projects East Asia & Pacific | Water Projects East Asia & Pacific | Water Projects Cutrl Amer & Carrib Water Projects East Asia & Pacific | Water Projects East Asia & Pacific | Water Projects grant (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization Part II 12 13 15 9 Ê <del>₹</del> (<del>9</del> € Û 9 8 <u>@</u>  $\Xi$ <u>N</u> ල

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

Enter total number of other organizations or entities

ო

N

Schedule F (Form 990) 2015

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Schedule F (Form 990) 2015

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

							an a substantial and a substan		
1 (a) 1 orga	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
Ξ			East Asia & Pacific Water	Water Projects	32,130 Wire	Wire			
(2)			East Asia & Pacific Water	Water Projects	19,142 Wire	Wire			
ල			East Asia & Pacific	Water Projects	30,050 Wire	Wire			
(4)			East Asia & Pacific	Water Projects	30,819 Wire	<i>M</i> ire			
(2)			East Asia & Pacific Water	Water Projects	37,430 Wire	Wire	i i		1
(9)		,	East Asia & Pacific Water	Water Projects	61,780 Wire	Wire			
(£)			South America	Water Projects	38,545 Wire	Wire			
(8)	-		South America	Water Projects	7,416 Wire	Wire			
(6)			South Asia	Water Projects	97,402 Wire	Wire			
(10)			South Asia	Water Projects	41,385 Wire	Wire			
(11)			South Asia	Water Projects	28,063 Wire	Wire			
(12)			South Asia	Water Projects	47,703 Wire	Wire			
(13)			South Asia	Water Projects	258,179 Wire	Wire			
(14)			South Asia		205,419 Wire	Wire			
(15)			South Asia		40,511 Wire	Wire			
(16)			South Asia	Water Projects	57,207 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

57 Enter total number of other organizations or entities ო

Schedule F (Form 990) 2015

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

	Part IV,	line 15, for ar	ny recipient who re	sceived more than \$	5,000. Par II car	Part IV, line 15, tor any recipient who received more than \$ኃ,000. Part II can be duplicated if additional space is needed.	Idillonai space is	needed.	
-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)
Ξ			South Asia	Water Projects	9,600 Wire	Nire			
[3]			South Asia	Water Projects	70,000 Wire	Wire			 
<u>ල</u>			South Asia	Water Projects	44,520 Wire	Nire			
<u>\$</u>				Water Projects	44,680 Wire	Nire			
(2)				Water Projects	84,961 Wire	Wire			
9				Water Projects	83,325 Wire	Wire			
<u>e</u>				Water Projects	85,063 Wire	Wire			
<u>@</u>				Water Projects	54,078 Wire	Wire			
6				Water Projects	38,409 Wire	Wire			
5					60.207 Wire	Wire			
Ξ				Water Projects	316.216 Wire	Wire			
12			South Asia		72,775 Wire	Wire			
(13)			Sub-Saharan Africa Water	_	68,892 Wire	Wire			
£			Sub-Saharan Africa Water	_	395,215 Wire	Wire			
(15)			Sub-Saharan Africa Water		25,000 Wire	Wire			
(16)			Sub-Saharan Africa Water		80,550 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

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2015

57

Page 2

Schedule F (Form 990) 2015

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

Ē	1 V, = 0 - 0, 10 c	ing recipients will be	* I I I I I I I I I I I I I I I I I I I		ו מונוץ, וווכ וכ, וכו מון וכסופות אווכ וכסוים וווכוס ביותו פכן ככני ביות הכן ככני ביות הכן ככני ביות הכן ככני	2. 2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		Sub-Saharan Africa Water Projects	Water Projects	14,400 Wire	Wire			
(2)		Sub-Saharan Africa Water Projects	Water Projects	23,284 Wire	Wire			
(3)		Sub-Saharan Africa Water Projects	Water Projects	64,465 Wire	Wire			
(5)		Sub-Saharan Africa Water Projects	Water Projects	337,674 Wire	Wire			
(2)		Sub-Saharan Africa Water Projects	Water Projects	60,297 Wire	Wire			
(9)		Sub-Saharan Africa Water Projects	Water Projects	419,584 Wire	Wire			i
6		Sub-Saharan Africa Water Projects	Water Projects	164,920 Wire	Wire			
(8)		Sub-Saharan Africa Water Projects	Water Projects	64,031 Wire	Wire			
(6)		Sub-Saharan Africa Water Projects	Water Projects	78,400 Wire	Wire			
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
		-			Amenda ya ta basina ana ana ana ana ana ana ana ana ana		***************************************	

57 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 Enter total number of other organizations or entities 0 က

Schedule F (Form 990) 2015

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. Schedule F (Form 990) 2015

Part III Grants ar

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(6)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Sch	Schedule F (Form 990) 2015

Pac	10	4

Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreig Corporation (see Instructions for Form 926)		☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	n	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect Certain Foreign Corporations (see Instructions for Form 5471)		☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 862 Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electin Fund (see Instructions for Form 8621)	1,	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certa Foreign Partnerships (see Instructions for Form 8865)	•	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? "Yes," the organization may be required to separately file Form 5713, International Boycott Report (se Instructions for Form 5713; do not file with Form 990)		☑ No

Schadula E (S	orm 990) 2015
Part V	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 Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).
For each or	ganization receiving program grant funding, monthly reports are required to be submitted, which contains an accounting
of the amou	ints expended, compared to original budgets, and explanation of any variances. Requests for changes in budget must be
submitted i	n 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)

**Compensation Information** 

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

OMB No 1545-0047 2015

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

Employer identification number

Name of the organization

58-2060131 Part I Questions Regarding Compensation Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Tax indemnification and gross-up payments Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee ☐ Written employment contract Independent compensation consultant ☐ Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? . . . . . 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a Any related organization? . . . . . . . . . . . . . . . . 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? . . . 6а **6b** If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?

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

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

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(B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation		(B) Breakdown o	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
	€ \$	174,699	56,582	0	7,623	22,529	261,433	7,483
1 Gary White, CEO		162 112	37 510		781.7	24 205	231 014	6 717
2 Jennifer Schorsch. President	Ξ	31.750	1					
	8	150,363	28,416	О	0	13,172	191,951	0
3 Chevenee Reavis, Director	Ê							
	€	120,744	22,387	0	4,683	8,084	155,898	0
4 Yvonne Kean, Director	€							
	8	123,101	23,087	0	0	16,075	162,263	0
5 Richard Thorsten, Director	E						1	
	8	121,155	22,215	0	4,906	7,933	156,209	0
6 Alix Lebec, Director	€							
	8							
7	€							
	(2)							
8	Ξ							
	(3)							
6	(E)							
	8							
10	€							
	8							
11	Ê							
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	€							
13	<b>E</b>							
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	(1)							
15	€							
	€	1						
16	€					ŀ		

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Inspection Employer identification number

water.					58-200013	)		
Part	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash cont			
1	Art-Works of art							
2	Art—Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities-Publicly traded	_ /	24	115,511	Value at date	of don	ation	1
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation							
	contribution—Historic							
	structures							
14	Qualified conservation contribution—Other							
15	Real estate - Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles				<u> </u>			
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy				<u> </u>			
22	Historical artifacts				<u> </u>			
23	Scientific specimens							
24	Archeological artifacts				<u> </u>			
25	Other ► ()				ļ			
26	Other ► ()	<u> </u>		·	<del> </del>			
27	Other ► (							<del></del>
<u>28</u> 29	Other ► ( ) Number of Forms 8283 received	hu tha ar	contaction during the tay	year for contributions for	<del>                                     </del>			
29	which the organization completed				29			
	Which the organization completed	21 01111 020	5, 1 art 14, 501100 / 10111101110	agomont	29	- 1	Yes	No.
200	During the year, did the organiza	tion roccine	by contribution only prop	arty reported in Bort I lines	1 through	$\vdash$		1
30a	28, that it must hold for at least the						ĺ	
	to be used for exempt purposes				or required	30a		
b	If "Yes," describe the arrangement					wa		<u> </u>
31	Does the organization have a		stance policy that require	es the review of any no	n-standard			
01	contributions?	giit dooch				31	1	لــــا
32a	Does the organization hire or us	e third par	ties or related organization	is to solicit, process, or se	ell noncash	<del>"  </del>	-	
<b>040</b>	contributions?			io to dollory producty of de		32a		1
b	If "Yes," describe in Part II.					JEG		<del>-</del>
33	If the organization did not report a	n amount ir	column (c) for a type of pro	operty for which column (a)	is checked			
	describe in Part II							}

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raye	-

Schedule M (I	Fage 2 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	mn 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
2015

Department of the Treasury Internal Revenue Service

► 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

Name of the organization	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 hoard member or officer
Commod, it known, or as soon as the commod has been lack timed. When a commod has been lack to be a commod has been lack timed.	
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 dete	ermined by the Evecutive Committee
depending on the appropriateriess to the position 1981 The Executive Streets 5 compensation 15 dec	Similed 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.	
and market said y surveys and a ciri susmitted to board for annual approval.	
Part VI, 16b - Investment in WaterCredit Investment Fund 1 was evaluated by senior staff and presente	d to the full board with complete
explanation and analysis prior to their approval. No written policy or procedures was followed	

Schedule O (Form 990 or 990-EZ) (2	2015)			Page 2
Name of the organization				Employer identification number
Water.org		<del></del>	<del></del>	58-2060131
Part VI, C17 - AK, AL, AR, AZ,	CA, CT, FL, GA, IL, K	Y, MA, MD, ME, MI, MN, I	MO, MS, NC, ND, NH, NJ, NM	I, NY, OH, OK, OR, PA, RI, SC, TN,
UT, VA, WA, WDC, WI, WV				
Part VI, C19 - Organizational	and financial documer	its of the organization, i	ncluding annual tax return a	nd audit reports are posted on our
website, www water org, with	in 30 days of the issue	nce of the documents	Other governance document	ts and conflict of interest policy are
available upon request.				
Part IX, 11G - Other Operatin	g Expenses & Contrac	tors		
	Program	Management	Fundraising	
Contract Services	\$ 1,670,648	\$ 356,230	\$ 91,750	
IT Consulting	\$ 46,509	\$ 12,604	\$ 4,629	
Other Professional Fees	\$ 11,757	\$ 0	\$ 0	
TOTAL	\$ 1,728,914	\$ 368,834	\$ 96,379	
Part XI, 9 - Other changes in r	net assets or fund bala	inces		
Partnership Income	\$ 28,199			

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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.

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

Open to Public 2015

OMB No. 1545-0047

**Employer identification number** Inspection

58-2060131

(g) Section 512(b)(13) controlled entity? (f)
Direct controlling
entity 0 WaterCredit LLC ŝ Identification of Related Tax-Exempt Organizations Complete of 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. Yes \$2,089,549 Water.org (f) Direct controlling (e) End-of-year assets Public charity status (if section 501(c)(3)) \$300,870 (d) Total income e (d) Exempt Code section Legal domicile (state or foreign country) Delaware Delaware Legal domicile (state or foreign country) Ō Primary activity Fund Management Fund Management Primary activity (2) WaterCredit Investment Fund 3, LLC - 47-5166202 (a) Name, address, and EIN (if applicable) of disregarded entity (3) (a)
Name, address, and EIN of related organization 117 W 20th St #203, Kansas City, MO 64108 117 W 20th St #203, Kansas City, MO 64108 (1) WaterCredit, LLC - 46-5146273 Part II

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

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Cat. No. 50135Y

Schedule R (Form 990) 2015

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. Part III

(a) Name, address, and ElN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelatied, excluded from tax under sections 512-514)		(f) Share of total S income	(g) Share of end-of- year assets	(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		(i) General or managing partner?	(k) Percentage ownership
								Yes	S <sub>O</sub>	Yes	2	
(1) WaterCredit Investment Fund 1, 30-0819072,	Fund Management	Delware	WaterCredit LLC		Related	(\$28,199)	\$3,120,801		(\$28,199)	) (661		29.33%
(2) 117 W 20th St, Suite 203 Kansas City, MO 64108												
(c)						•						
(4)												
(9)												
(9)		_								-		
ω												
Part IV Identification of F	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.	ons Taxable lated organiz	as a Corporat	tion or Tr as a corpo	ust Comploration or t	ete if the c rust during	rganization the tax ye	answe	red "Yes" on	Form 99	30, Par	t IV
(a) Name, address, and EIN of related organization	ed organization	(b) Pnmary activity	(c) Legal domicile (state or foreign country)		(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)		(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ge Section	(i) Section 512(b)(13) controlled entity?
											Yes	s No
(1)									!			
(2)		]										
(3)												
(4)					<u>.</u>						_	
(5)												
(9)											-	-
(a)												
										chedule	R (Form	Schedule R (Form 990) 2015

Schedule R (Form 990) 2015

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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—N/2	repro patelar avon vo	izations listed in Dark	Yes No
a Receipt of (i) interest, (ii) annuttes, (iii) royalties, or (iv) rent from a controlled entity			1a
_			> q1
_	•		10
			- 1d
			1e
f Dividends from related organization(s)			11 /
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)			٠ 
i Exchange of assets with related organization(s)			<b>-</b>
j Lease of facilities, equipment, or other assets to related organization(s)			; <b>;</b>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)			1k /
l Performance of services or membership or fundraising solicitations for related organization(s)			,
m Performance of services or membership or fundraising solicitations by related organization(s)			TET
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n /
o Sharing of paid employees with related organization(s)			
<b>p</b> Reimbursement paid to related organization(s) for expenses			1p
			, 1q · · · ·
_			18
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	complete this line, incl	uding covered relation	ships and transaction thresholds.
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WaterCredit Investment Fund 1	q	\$3,206,149	\$3,206,149 Amount invested
(2) WaterCredit Investment Fund 1		\$300,870	\$300,870 3% of assets under management
6)			
(4)			
ie.			
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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 gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (d) (e) (f) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded	(e) Are all partners section 501(c)(3)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(I) Code V—UBI amount in box 20 of Schedule K-1	(i) General or managing partner?	(k) Percentage ownership
			from tax under sections 512-514)	organizations?			Yes	(Form 1065)	Yes No	
(1)										
(2)										
(6)										
(4)										
(5)										
(9)										
ω										
(8)										
(6)										
(10)										
(11)	!									
(12)										
(13)										
(14)										
(15)										
(16)										
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Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).	
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