DLN: 93493317067298 Form 990 OMB No 1545-0047

2017

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

-	ment of the T I Revenue Se	Information about Form 990 and its instructions is at w				pen to Public Inspection					
A F	or the <b>20</b> :	17 calendar year, or tax year beginning 01-01-2017 , and ending 12	-31-2017								
□ Ad	ck ıf applıca dress chang me change	■ WATER FOUNDATION		<b>D Employe</b> 37-1833		cation number					
☐ Ini	tıal return	Doing business as									
□ Am	al return/termi nended retur plication per	Number and street (or P O box if mail is not delivered to street address) Room/	/suite	E Telephone (916) 41							
		City or town, state or province, country, and ZIP or foreign postal code SACRAMENTO, CA 95814		<b>G</b> Gross red		,914,846					
		F Name and address of principal officer	H(a)	Is this a group ret	•	, ,					
		WADE CROWFOOT 555 CAPITOL MALL NO 1155 SACRAMENTO, CA 95814		subordinates? Are all subordinate		□Yes ☑No □Yes □No					
I Ta	x-exempt st	atus ☑ 501(c)(3) ☐ 501(c)( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527		ıncluded? If "No," attach a lı	ıst (see ı						
J W	ebsite: 🕨	WWW WATERFDN ORG	H(c)	Group exemption	number 🖡	•					
<b>K</b> Forr	n of organız	ation	<b>L</b> Year	of formation 2016	<b>M</b> State o	f legal domicile CA					
Pa	rt I S	ummary		I							
Activities & Governance	WATE THOU	1 Briefly describe the organization's mission or most significant activities  THE WATER FOUNDATION IS A NONPROFIT STRATEGIC PHILANTHROPY WORKING TO FUNDAMENTALLY TRANSFORM WATER IN THE WEST WE HELP FUNDERS IDENTIFY AND ACT ON OPPORTUNITIES TO BETTER MANAGE WATER AND THOUGHTFUL, STRATEGIC GRANTMAKING TO OUR NONPROFIT PARTNERS TO DRIVE CHANGE WE COMPLEMENT THE CREATIVE COALITION BUILDING AND THOUGHTFUL ENGAGEMENT WITH HIGH-LEVEL DECISION MAKERS									
% ⊗		k this box ▶ ☐ if the organization discontinued its operations or disposed of ber of voting members of the governing body (Part VI, line 1a)			ssets	8					
tie s		ber of independent voting members of the governing body (Part VI, line 1b)			4	8					
<u>₹</u>	5 Total	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)									
Ă	<b>6</b> Total	6	8								
		unrelated business revenue from Part VIII, column (C), line 12			7a	0					
	<b>b</b> Net u	unrelated business taxable income from Form 990-T, line 34	· · ·		7b	0					
	8 Cont	ributions and grants (Part VIII, line 1h)		Prior Year	0	20,884,589					
e li		ram service revenue (Part VIII, line 2g)		0	20,004,309						
Ravenue	_	stment income (Part VIII, column (A), lines 3, 4, and 7d )			0	26,785					
<b>—</b>		r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	3,472					
	<b>12</b> Tota	revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	)		0	20,914,846					
		ts and similar amounts paid (Part IX, column (A), lines 1–3 )			0	4,681,217					
		ifits paid to or for members (Part IX, column (A), line 4)	, <u> </u>		0	1.054.103					
Expenses		ries, other compensation, employee benefits (Part IX, column (A), lines 5–10 essional fundraising fees (Part IX, column (A), line 11e)	'		0	1,854,193					
<u>8</u>		fundraising expenses (Part IX, column (D), line 25) ▶0			1						
ঐ		r expenses (Part IX, column (A), lines 11a–11d, 11f–24e)			0	2,900,333					
	<b>18</b> Total	expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			0	9,435,743					
	<b>19</b> Reve	nue less expenses Subtract line 18 from line 12			0	11,479,103					
Net Assets or Fund Balances			Beg	inning of Current Ye	ear	End of Year					
sset aan	<b>20</b> Total	l assets (Part X, line 16)			0	13,325,797					
A A	<b>21</b> Total	l liabilities (Part X, line 26)			0	1,846,694					
ž:	<b>22</b> Net a	assets or fund balances Subtract line 21 from line 20			0	11,479,103					
Pai		ignature Block									
knowl		of perjury, I declare that I have examined this return, including accompanylibelief, it is true, correct, and complete $$ Declaration of preparer (other than o									
	** S	***** Ignature of officer		2018-11-02 Date							
Sign Here	.  ′.	VADE CROWFOOT CEO									
	N."	ype or print name and title									
	. 1'	Print/Type preparer's name Preparer's signature PATRICIA A FAITH PATRICIA A FAITH	Date		TIN 200294123						
Paid		Firm's name ► BFBA LLP	<u> </u>	self-employed Firm's EIN ► 68-0	0000424						
	parer Only	Firm's address ▶ 83 SCRIPPS DRIVE STE 210		Phone no (916) 9							
	———	SACRAMENTO, CA 95825									
May t	he IRS dis	cuss this return with the preparer shown above? (see instructions)			✓ Ye	es 🗆 No					

Cat No 11282Y

Form **990** (2017)

For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2017)					Page <b>2</b>
Part	Statement	of Program Servic	e Accomplish	nments		
	Check If Sched	lule O contains a respo	nse or note to a	ny line in this Part III		🗹
1	Briefly describe the or	rganızatıon's mıssıon				
THE V	VEST WE HELP FUNDE TMAKING TO OUR NOI	RS IDENTIFY AND AC	T ON OPPORTUN D DRIVE CHANGI	ITIES TO BETTER MANA E WE COMPLEMENT THI	NDAMENTALLY TRANSFORM HOW GE WATER AND ENGAGE IN THO ESE ACTIVITIES WITH CREATIVE	UGHTFUL, STRATEGIC
2	_		nt program serv	ices during the year whi	ich were not listed on	□Yes ☑No
	the prior Form 990 or					∟Yes ⊻ No
_	•	se new services on Sch				
3	Did the organization of services?	☐ Yes ☑ No				
	If "Yes," describe the	se changes on Schedul	e O			
4	Section 501(c)(3) and	tion's program service d 501(c)(4) organization de, if any, for each pro-	ns are required	to report the amount of	argest program services, as meas grants and allocations to others,	tured by expenses the total
4a	(Code See Additional Data	) (Expenses \$	3,839,609	including grants of \$	2,473,660 ) (Revenue \$	)
4b	(Code See Additional Data	) (Expenses \$	1,569,314	including grants of \$	760,857 ) (Revenue \$	)
4c	(Code See Additional Data	) (Expenses \$	1,547,004	including grants of \$	537,986 ) (Revenue \$	)
	(Code ECOSYSTEMS RESTORAT	) (Expenses \$ TON, WATER CONSERVAT	1,539,973 ION & EFFICIENCY	including grants of \$	908,714 ) (Revenue \$	)
		,				
4d	Other program servic	es (Describe in Schedu 1,539,973 incl	ule O ) uding grants of S	908.71	.4 ) (Revenue \$	)
4e	Total program serv		8,495,90	·	,,	

or X as applicable

**Checklist of Required Schedules** 

1

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

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16

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Yes

Yes

Page 3

No

Nο

Nο

Nο

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Νo

Nο

No

Nο

Form **990** (2017)

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Was the organization included in consolidated, independent audited financial statements for the tax year?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . .

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

complete Schedule G, Part III

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . .

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 . . . . . . . . . . .

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year? 

29

Page 4

Part IV Checklist of Required Schedules (continued) Yes

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 . . . . . . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

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,"

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

20a

Yes

Yes

20b

21

22

23

24a

24b

24c

24d

25a

25b

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28a

28b

28c

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35a

35h

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Yes

Form 990 (2017)

No

Νo Νo

Nο

Νo

Nο

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

orm	990 (2017)			Page !
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 2:  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b (1b)			
		4		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c		
	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	7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
22	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		NO
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country  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		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50		
C	If fes, to line 3a or 3b, did the organization file rotti 8886-17	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6</b> b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form	/ <del>9</del>		
••	1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
_		8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
	Section 501(c)(12) organizations. Enter	1		
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
_	against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	12b			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
		1 4 4 -		No
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		110

OHIII	990 (2	517)					Page C
Par		Governance, Management, and DisclosureFor each "Yes" response to lines 2 ti 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedu			" respo	nse to li	nes
		Check if Schedule O contains a response or note to any line in this Part VI					<b>✓</b>
Se	ction	A. Governing Body and Management					
		-				Yes	No
1a	Enter t	the number of voting members of the governing body at the end of the tax year	1a	8			
	body,	e are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or committee, explain in Schedule O					
b	Enter t	the number of voting members included in line 1a, above, who are independent	1b	8			
2		y officer, director, trustee, or key employee have a family relationship or a busines , director, trustee, or key employee?	s rela	tionship with any other	2		No
3		e organization delegate control over management duties customarily performed by ters, directors or trustees, or key employees to a management company or other p			3		No
4	Did the	e organization make any significant changes to its governing documents since the i	prior F	Form 990 was filed?	4		No
5	Did the	e organization become aware during the year of a significant diversion of the organ	nizatio	n's assets?	5		No
6		e organization have members or stockholders?			6		No
7a		e organization have members, stockholders, or other persons who had the power t	o elec	t or appoint one or more			
		ers of the governing body?			7a		No
b		y governance decisions of the organization reserved to (or subject to approval by) is other than the governing body?	mem	bers, stockholders, or	7b		No
8	Did the	e organization contemporaneously document the meetings held or written actions ( lowing	undert	taken during the year by			
а	The go	overning body?			8a	Yes	
b	Each c	ommittee with authority to act on behalf of the governing body?			<b>8</b> b	Yes	
9	Is ther organi	re any officer, director, trustee, or key employee listed in Part VII, Section A, who o zation's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	canno	t be reached at the	9		No
Se	ction	B. Policies (This Section B requests information about policies not requi	red b	y the Internal Revenu	e Code	⊋.)	
						Yes	No
10a	Did the	e organization have local chapters, branches, or affiliates?			10a		No
b		i," did the organization have written policies and procedures governing the activitie anches to ensure their operations are consistent with the organization's exempt pu			10b		
11a	Has th form?	e organization provided a complete copy of this Form 990 to all members of its go	vernin •	g body before filing the	11a	Yes	
b	Descri	be in Schedule O the process, if any, used by the organization to review this Form	990				
12a	Did the	e organization have a written conflict of interest policy? If "No," go to line 13 . .			12a	Yes	
b	Were o	officers, directors, or trustees, and key employees required to disclose annually into ts?	erests • •	that could give rise to	12b	Yes	
С		e organization regularly and consistently monitor and enforce compliance with the ule O how this was done	policy •	? If "Yes," describe in	12c	Yes	
13	Did the	e organization have a written whistleblower policy?	•		13	Yes	
14	Did the	e organization have a written document retention and destruction policy?			14	Yes	
15	Did the persor	e process for determining compensation of the following persons include a review a is, comparability data, and contemporaneous substantiation of the deliberation and	and ap	proval by independent sion?			
а	The or	ganızatıon's CEO, Executive Director, or top management official			15a	Yes	
b	Other	officers or key employees of the organization			15b	Yes	
	If "Yes	" to line 15a or 15b, describe the process in Schedule O (see instructions)					
	taxabl	e organization invest in, contribute assets to, or participate in a joint venture or sir e entity during the year?			16a		No
b	ın join	," did the organization follow a written policy or procedure requiring the organizati t venture arrangements under applicable federal tax law, and take steps to safegua with respect to such arrangements?	ard th				
					16b		
		C. Disclosure					
17	List th	e States with which a copy of this Form 990 is required to be filed► CA					
18		n 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990 ole for public inspection Indicate how you made these available Check all that app		990-T (501(c)(3)s only)			
	□ o	wn website 🗹 Another's website 🗹 Upon request 🔲 Other (explain in Sc	hedul	e O)			
19		be in Schedule O whether (and if so, how) the organization made its governing doc		•			
20		and financial statements available to the public during the tax year		la baalia ee laa			
20		the name, address, and telephone number of the person who possesses the organitTTE LECLERC 555 CAPITOL MALL SUITE 1155 SACRAMENTO, CA 95814 (916) 41					

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax • 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, or 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

$\square$ Check this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	ny c	urrent officer, dire	ctor, or trustee	
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	than o	ne b	ox, ι n of tor/t	t ch unle ficei rust	r and a	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) DAVID BECKMAN CHAIRMAN, PRESIDENT	2 00	Х		×				0	0	0
(2) SUSAN BELL DIRECTOR	1 00	Х						0	0	0
(3) CELESTE CANTU DIRECTOR	1 00	Х						0	0	0
(4) MICHAEL CONNOR DIRECTOR	1 00	Х						0	0	0
(5) LAUREN DACHS VICE CHAIR, SECRETARY	1 00	X		x				0	0	0
(6) ERIC HEITZ DIRECTOR	1 00	X						0	0	0
(7) JIM LOCHHEAD DIRECTOR	1 00	X						0	0	0
(8) MICHAEL MANTELL DIRECTOR	1 00	X						0	0	0
(9) WADE CROWFOOT CEO	37 50	Х		x				241,316	0	30,345
(10) LIZETTE LECLERC DIRECTOR OF OPS AND FINANCE	37 50				x			158,125	0	14,065
(11) ANDREW FAHLUND SENIOR PROGRAM OFFICER	37 50					×		144,113	0	29,227
(12) DOUGLAS MICHAEL MYATT PROGRAM OFFICER	37 50					×		109,704	0	17,246
(13) ALEXANDRA PAXTON PROGRAM OFFICER	37 50					×		127,967	0	16,999
(14) ELIZABETH SODERSTROM STRATEGIC PARTNERSHIPS OFFICER	37 50					x		124,583	0	12,814
										Form <b>990</b> (2017)

HEALDSBURG, CA 95448 BLUE SKY CONSULTING GROUP LLC

1939 HARRISON STREET STE 211 OAKLAND, CA 94612

compensation from the organization ▶ 5

Name and Title

(B)

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Estimated

Page 8

	Name and Title	hours per week (list any hours	hours per week (list any hours director/trustee) than one box, unless person cours is both an officer and a director/trustee) organization.							rom the roganization (W- 099-MISC) Reportable compensation from related organizations (W- 099-MISC)			amount of other compensation from the organization and		
		organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1095	MISC)	2/1099-14150	relat organiza	ted		
	_			$\vdash$	$\vdash$	+									
				_	igspace	$\perp$	<u> </u>	$\perp$							
				_	$\vdash$	+	_	_							
				$\perp$	igspace	igspace	$\perp$	$\perp$							
				$\vdash$	$\vdash$	+	_								
							<b>▶</b>					_			
	otal from continuation sheets to						_ ▶			05,808		0		120,696	
	otal (add lines 1b and 1c)						<u> </u>					۷		120,030	
2	Total number of individuals (includi of reportable compensation from th			e liste	ed a	bov	e) who	o rec	eived mor	e than \$1	100,000				
3	Did the organization list any <b>forme</b> line 1a <sup>7</sup> If "Yes," complete Schedul										d employee on	3	Yes	No No	
4	For any individual listed on line 1a, organization and related organization individual										m the			113	
5	Did any person listed on line 1a rec services rendered to the organization											4	1		
	_		TELE J	/Euu:c		) 50	اعر العد	13011		• •	<u> </u>	5		No	
Se	ection B. Independent Contra Complete this table for your five his		- 1 .ndor					*b.s.t		<b>t</b> b	- +100 000 of so				
1	from the organization Report comp											liihei	1Sation		
	Nam	(A) ne and business addre	-000							Des	(B) cription of services		(C Comper		
IMPRE	ENTA COMMUNICATIONS GROUP	e and business addit	255		_	_				CONSULTIN	· · · · · · · · · · · · · · · · · · ·		Compe	260,556	
	HUNTINGTON DRIVE SUITE 850 MARINO, CA 91108														
	URCES LEGACY FUND APITOL MALL STE 1095									CONSULTIN	NG			212,378	
SACRA	AMENTO, CA 95814 ANK MASLIN MAULIN METZ & ASSOCIATE	·c							<del></del>	CONSULTIN	ii C		<del> </del>	147,500	
		5								CONZOLITI	NG			14/,500	
OAKL	HARRISON STREET STE 2020 AND, CA 94612														
	ERVATION AND NATURAL RESOURCES GR	OUP							ľ	CONSULTIN	NG			134,000	
	S FITCH MOUNTAIN ROAD DSBURG, CA 95448														

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

(C)

Position (do not check more

(D)

Reportable

CONSULTING

(E)

Reportable

102,000

Part \	VIII Statement of Revenue  Check if Schedule O contains a	response or note to any	line in this Part VIII			$\square$
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s	1a Federated campaigns	1a		revende		312 311
Contributions, Gifts, Grants and Other Similar Amounts	<b>b</b> Membership dues	1b				
يَّ وَ	c Fundraising events	1c				
IIIS, ar A	d Related organizations	1d				
ڪ E	e Government grants (contributions)	1e				
ion Sign	f All other contributions, gifts, grants, and similar amounts not included	<b>1f</b> 20,884,589				
but the	above L  g Noncash contributions included					
Contributions, Gifts, Grants and Other Similar Amounts	in lines 1a-1f \$	<u> </u>				
3 E	h Total.Add lines 1a-1f	<u> ▶</u>	20,884,589			
E E	n_	Business	Code			
rever.	2a 					
Program Service Revenue	b ————————————————————————————————————	-				
er vic	c —					
8	e —————	_				
gra	<b>f</b> All other program service revenue					
Ĕ.	gTotal.Add lines 2a-2f					
	3 Investment income (including divide		26,785	26,785		
	sımılar amounts)		,	,		
	<b>5</b> Royalties					
	(ı) Real	(II) Personal				
	<b>6a</b> Gross rents					
	<b>b</b> Less rental expenses		1			
	c Rental income or		-			
	(loss)					
	d Net rental income or (loss) (i) Securiti					
	7a Gross amount	cs (ii) Gener	1			
	from sales of assets other					
	than inventory		_			
	<b>b</b> Less cost or other basis and sales expenses					
	C Gain or (loss)					
	<b>d</b> Net gain or (loss)					
a	<b>8a</b> Gross income from fundraising ever (not including \$	nts of				
n H	contributions reported on line 1c) See Part IV, line 18	a				
Revenue	<b>b</b> Less direct expenses	в <u> </u>	-			
erF	<b>c</b> Net income or (loss) from fundrais		_			
Other	<b>9a</b> Gross income from gaming activities See Part IV, line 19	es				
	oce rare iv, line is in it.	a				
	<b>b</b> Less direct expenses	b				
	c Net income or (loss) from gaming	activities	1			
ľ	<b>10a</b> Gross sales of inventory, less returns and allowances					
		a				
	<b>b</b> Less cost of goods sold	b	J			
}	C Net income or (loss) from sales of Miscellaneous Revenue	Business Code				
}	11a <sub>OTHER</sub> INCOME	900099	3,472	3,472		
	b					
	С					
	d All other revenue					
	d All other revenue e Total. Add lines 11a-11d	•				
	12 Total revenue. See Instructions		3,472			
	J.a Cyclide. See Histiactions	· · · · •	20,914,846	30,257		0 (2017

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Forr	n 990 (2017)				Page <b>10</b>
	rt IX Statement of Functional Expenses cion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nizations must comp	lete column (A)	
	Check if Schedule O contains a response or note to any	-	·	. ,	🗹
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	4,681,217	expenses 4,681,217	general expenses	
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, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	443,851	293,276	150,575	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,113,664	732,055	381,609	
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	43,136	32,253	10,883	
9	Other employee benefits	253,542	161,928	91,614	
10	Payroll taxes				
11	Fees for services (non-employees)				
ā	Management				
Ł	Legal	142,895	126,609	16,286	
(	: Accounting	43,162	27,493	15,669	
c	I Lobbying	86,833	86,833		
e	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 0)	2,016,982	1,948,877	68,105	
12	Advertising and promotion				
13	Office expenses	77,094	49,188	27,906	
14	Information technology	48,078	31,054	17,024	
15	Royalties				
16	Occupancy	286,817	182,895	103,922	
17	Travel	80,631	62,694	17,937	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	67,799	47,707	20,092	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	37,855	24,087	13,768	
23	Insurance	4,354	2,913	1,441	
	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)	7,833	4 921	3,012	
	a DUES & SUBSCRIPTIONS	7,033	4,821	5,012	
	b				
	C				
	d All all				
	e All other expenses	0.425.745	0.405.005	000 0:-	
	Total functional expenses. Add lines 1 through 24e	9,435,743	8,495,900	939,843	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Form **990** (2017)

8,975,990

25,434

268.373

16,000

13,325,797

1,846,694

1,846,694

2.342.574

9,136,529

11,479,103

13.325.797

Form **990** (2017)

(B) End of year

1

7

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10c

11 12

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Page **11** 

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

Cash-non-interest-bearing .

Part II of Schedule L

Notes and loans receivable, net

Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other

basis Complete Part VI of Schedule D

Intangible assets . . . . .

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 .

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

**Total assets.**Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958),

check here 

and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightleftarrows and

Investments-program-related See Part IV, line 11

Inventories for sale or use .

Less accumulated depreciation

2	Savings and temporary cash investments	2	
3	Pledges and grants receivable, net	3	
4	Accounts receivable, net	4	4,040,000
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete	6	

10a

10b

306,227

37.854

(A)

Beginning of year

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

29

30

31

32

33

34

Liabilities 22

Fund Balances

Assets or

Net

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 11,479,103 Part XII

**Financial Statements and Reporting** Check if Schedule O contains a response or note to any line in this Part XII . . . . .

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

Yes

Yes

Yes

2a

2b

2c

3a

3b

No

Νo

No

Form 990 (2017)

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

consolidated basis, or both

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

✓ Separate basis Consolidated basis ☐ Both consolidated and separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Audit Act and OMB Circular A-133?

Schedule O

☐ Separate basis

#### Additional Data

Software ID: Software Version:

EIN: 37-1833985

Name: WATER FOUNDATION

Form 990 (2017)

Form 990, Part III, Line 4a:

RESILIENT WATER SUPPLIES - THROUGH GRANTMAKING TO NON-PROFIT ORGANIZATIONS, INSTITUTIONS, AND CONSULTANTS, THE WATER FOUNDATION HAS IMPROVED MANAGEMENT OF WATER SUPPLIES IN CALIFORNIA AND THE WESTERN UNITED STATES IN 2017, THE WATER FOUNDATION ENABLED MODEL PROJECTS TO RECHARGE AQUIFERS AND INCREASE UNDERGROUND WATER STORAGE, SECURED STATE FUNDING FOR A STATEWIDE WATER DATA PLATFORM, ORGANIZED A 10-YEAR MANAGEMENT PLAN TO STABILIZE THE SALTON SEA, AND SECURED A CONSERVATION STRATEGY FOR THE CENTRAL VALLEY FLOOD MANAGEMENT PLAN

#### Form 990, Part III, Line 4b: LOS ANGELES - IN THE LOS ANGELES REGION, WATER FOUNDATION GRANTMAKING IN 2017 ENABLED THE ESTABLISHMENT OF OURWATERLA, A BROAD, UNPRECEDENTED COALITION THAT SECURED LANDMARK NEW POLICIES AND PROPOSED FUNDING TO EXPAND STORMWATER CAPTURE AND TREATMENT IN THE REGION

#### Form 990, Part III, Line 4c: DRINKING WATER - TO EXPAND ACCESS TO CLEAN AND SAFE DRINKING WATER, THE FOUNDATION'S 2017 GRANTMAKING ENABLED EXPANSION OF KEY PARTNERSHIPS BETWEEN AGRICULTURAL INTERESTS AND ENVIRONMENTAL JUSTICE GROUPS, USE OF STATEWIDE BOND FUNDS TO INSTALL WATER TREATMENT SYSTEMS IN SCHOOLS AND DISADVANTAGED COMMUNITIES. AND NEW CONSOLIDATIONS OF FAILING SMALL WATER SYSTEMS TO ENABLE EFFECTIVE WATER TREATMENT IN DISADVANTAGED

COMMUNITIES

efile GRAPHIC print - DO NO				CESS	As Filed Data -		DLN: 93493317067298				
SCH	ΙΕD	ULE A	Duk	dic (	Charity Statu	e and Dul	alic Sunn	ort	OMB No 1545-0047		
(For	m 990				ganization is a sect				2017		
990E	<b>(Z</b> )				4947(a)(1) nonexe  ▶ Attach to Form 9				201/		
Depart	nent of	the Treasury	► Informatio	n abou	t Schedule A (Form	990 or 990-EZ		ıctions is at	Open to Public		
nterna	Reven	ue Service ne organiza	tion		<u>www.irs.g</u>	ov/form990.		Employer identific	Inspection		
		DATION							action maniber		
Pai	ŧΙ	Reason	for Public Charity	Statu	ıs (All organization	s must comple	te this part.) S	1 37-1833985 See instructions.			
					it is (For lines 1 thro			700 111011 4101101101			
1		A church, c	onvention of churche	s, or ass	sociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).			
2		A school de	scribed in <b>section 1</b> 7	70(b)(1	.)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ) )				
3	$\Box$	A hospital o	or a cooperative hospi	tal serv	ice organization desci	rıbed ın <b>section</b>	170(b)(1)(A)(	iii).			
4			esearch organization and state	operate	d in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's		
5		An organiza (b)(1)(A)	ation operated for the ( <b>iv).</b> (Complete Part I	benefit II )	of a college or univer	rsity owned or op	perated by a gov	ernmental unit descri	bed in <b>section 170</b>		
6		A federal, s	tate, or local governr	nent or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	\)(v).			
7	<b>✓</b>	section 17	<b>0(b)(1)(A)(vi).</b> (Co	mplete	Part II )			init or from the gener	al public described in		
8		A communi	ty trust described in s	ection	170(b)(1)(A)(vi)	(Complete Part I	I)				
9					scribed in <b>170(b)(1)</b> e instructions Enter			with a land-grant coll college or university	ege or university or a		
LO		from activit	ies related to its exer	npt fund d busine	ctions—subject to cert ess taxable income (le	tain exceptions,	and (2) no more	ns, membership fees, than 331/3% of its su sses acquired by the c	upport from gross		
L1					exclusively to test for	r public safety S	ee section 509	(a)(4).			
.2		more public	ly supported organization	ations d	escribed in <b>section 5</b>	09(a)(1) or sec	ction 509(a)(2	s of, or to carry out th ). See section 509(a			
а		<b>Type I.</b> A so	supporting organization	n opera ularly a		ontrolled by its s	upported organi	zation(s), typically by of the supporting orga			
b		manageme		rganiza	tion vested in the san			organization(s), by ha ge the supported orga			
С					upporting organization			nd functionally integra	ited with, its		
d		functionally	integrated The orga	nization		fy a distribution	requirement and	th its supported orgar I an attentiveness req			
e					ed a written determir integrated supporting		RS that it is a Ty	pe I, Type II, Type II	I functionally		
f	Enter	the number	of supported organiz	ations							
g			-		oported organization(	T '		Г			
	(i) Name of supported (ii) EIN organization		≣IN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org in your govern	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
						Yes	No				
			• •								
Γotal			tion Act Notice, see			Cat No 11285		 Schedule A (Form 9			

instructions

(b)(1)(A)(ix)

	(Complete only if you ch						alify under Part		
_	III. If the organization fa	ııls to qualıfy uı	nder the tests li	sted below, plea	ase complete Par	t III.)			
S	ection A. Public Support		Т		1		т		
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
1	Gifts, grants, contributions, and						+		
-	membership fees received (Do not					20,884,58	9 20,884,589		
	include any "unusual grant ")					, ,	' '		
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	<b>Total.</b> Add lines 1 through 3					20,884,58	9 20,884,589		
5	The portion of total contributions by								
	each person (other than a								
	governmental unit or publicly						9,583,515		
	supported organization) included on						' '		
	line 1 that exceeds 2% of the amount								
_	shown on line 11, column (f)								
6	<b>Public support.</b> Subtract line 5 from line 4						11,301,074		
_				l					
	ection B. Total Support  Calendar year	1		1	1				
	(or fiscal year beginning in) ▶	(a)2013	<b>(b)</b> 2014	(c)2015	(d)2016	(e)2017	(f)Total		
7	Amounts from line 4					20,884,58	9 20,884,589		
8	Gross income from interest,					20,004,30	20,004,309		
8	dividends, payments received on								
	securities loans, rents, royalties and					26,78	5 26,785		
	income from similar sources								
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					3,47	2 3,472		
	(Explain in Part VI )								
11	<b>Total support.</b> Add lines 7 through						20,914,846		
	10	L ,	1						
12	Gross receipts from related activities, e	etc (see instructi	ions)			12			
13	First five years. If the Form 990 is fo	r the organization	n's first, second, t	hird, fourth, or fif	th tax year as a sec	tion 501(c)(3) o	rganization,		
	check this box and <b>stop here</b>	_			•				
	ection C. Computation of Public						<u></u>		
				(6))					
14	Public support percentage for 2017 (lir			column (r))		14			
	Public support percentage for 2016 Sci					15			
<b>16</b> a	<b>33 1/3% support test—2017.</b> If the	organization did	not check the box	on line 13, and l	ine 14 is 33 1/3% o	r more, check th	ıs box		
<b>.</b>	and stop here. The organization qualifies as a publicly supported organization  B 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this								
D		-			, 15 15 55 .	., . ,	▶ □		
	box and stop here. The organization 10%-facts-and-circumstances test				12 16 16h				
17a	is 10% or more, and if the organization								
	in Part VI how the organization meets								
		the racts-and-Cl	icumstances test	THE OF GATHZALIOF	i quaimes as a publ	iciy supported	, <b>—</b>		
	organization						▶□		
b	10%-facts-and-circumstances tes								
	15 is 10% or more, and if the organiz								
	Explain in Part VI how the organization	n meets the "fact	ts-and-circumstan	ces test The org	janization qualifies	as a publicly	_		
	supported organization						▶ □		
4.0	Drivate foundation If the erganization	on did not check	a hoy on line 13	162 16b 172 or	17h shock this has	v and see			

Р	Support Schedule for						
	(Complete only if you cl the organization fails to						er Part II. If
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,	)	
	Calendar year	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(e) 2017	(I) Iotai
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6 ) ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ь	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						
12	regularly carried on Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI )						
13	Total support. (Add lines 9, 10c,						
14	11, and 12)  First five years. If the Form 990 is for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization
	check this box and <b>stop here</b>			,,	,		▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2017 (lin			column (f))		15	
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr	nent Income	Percentage				
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17	
18	Investment income percentage from 20	<b>016</b> Schedule A, I	Part III, line 17			18	
	<b>331/3% support tests—2017.</b> If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						ightharpoons
	33 1/3% support tests—2016. If the						. —
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons
20	Private foundation. If the organization	-	-				ightharpoons

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1	İ	
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)			
	in section 309(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	İ	
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		

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				
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 <b>Part VI</b> what controls the organization put in place to ensure such use				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				
	checked 12a or 12b ın Part I, answer (b) and (c) below				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported				

				3.
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	-		
		3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or		$\overline{}$	
	supervised by or in connection with its supported organizations			
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			
	to the foleign supported organization has used exclusively for section 175(e)(2) purposes			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and			

			, ,		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				
	checked 12a or 12b in Part I, answer (b) and (c) below				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported				
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b			
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <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				
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)				

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>			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a			
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)			

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

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		i

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defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
```

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

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

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

```
9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

Pa	rt IV Supporting Organizations (continued)			-9
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization			
5	ection C. Type II Supporting Organizations			
	cetion c. Type 11 Supporting Organizations		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 <b>Part VI</b> how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
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 organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
2				
		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		
s	ection 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 instruct  The organization satisfied the Activities Test. Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a 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 <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <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.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in <b>Part VI.</b></i> the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 (ii) (iii)

**10** Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i) Underdistributions Distributable instructions) **Excess Distributions** Pre-2017 Amount for 2017 1 Distributable amount for 2017 from Section C, line

2 Underdistributions, if any, for years prior to 2017

(reasonable cause required-- explain in Part VI)

See instructions		
3 Excess distributions carryover, if any, to 2017		
a		
<b>b</b> From 2013		
c From 2014		
<b>d</b> From 2015		
e From 2016		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
<b>h</b> Applied to 2017 distributable amount		
<ul> <li>Carryover from 2012 not applied (see instructions)</li> </ul>		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2017 from Section D, line 7		
<u>      \$                              </u>		
Applied to underdistributions of prior years		

b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4

Schedule A (Form 990 or 990-EZ) (2017)

5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

c Excess from 2015. . . . .

See instructions

d Excess from 2016. Excess from 2017.

31 and 4c 8 Breakdown of line 7 a Excess from 2013. **b** Excess from 2014.

## Additional Data

#### Software ID: Software Version:

EIN: 37-1833985

Name: WATER FOUNDATION

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

# Facts And Circumstances Test

SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

## **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

DLN: 93493317067298

Open to Public

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

▶ 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) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Inspection

	Section 527 organizations. Comp							
		on Form 990, Part IV, Line 4, or Form 9						2
		nat have filed Form 5768 (election under s nat have NOT filed Form 5768 (election u						
f the	e organization answered "Yes"	on Form 990, Part IV, Line 5 (Proxy Ta						
	xy Tax) (see separate instruction							
	Section 501(c)(4), (5), or (6) organse of the organization	mizations Complete Part III			Employer id	entif	fication num	ber
	TER FOUNDATION						neation num	.DC.
B	Complete State and		=04/-> :-		37-1833985			
		anization is exempt under section						
1	Provide a description of the org "political campaign activities")	anızatıon's dırect and ındırect political cai	mpaign activities ir	n Part IV (s	see instruction	s for	definition of	
2	Political campaign activity expe	nditures (see instructions)			<b>&gt;</b>	\$.		
3	<u> </u>	npaign activities (see instructions)						
Part	t I-B Complete if the org	anization is exempt under section	on 501(c)(3).					
1	Enter the amount of any excise	tax incurred by the organization under $\boldsymbol{s}$	ection 4955		<b>&gt;</b>	\$.		
2	Enter the amount of any excise	tax incurred by organization managers u	ınder section 4955		<b>&gt;</b>	\$.		
3	If the organization incurred a se	ection 4955 tax, did it file Form 4720 for	this year?				☐ Yes	☐ No
4a	Was a correction made?						☐ Yes	☐ No
b	If "Yes," describe in Part IV	anization is exempt under section	F01/a) ava		F01/a\/	- ·		
	-	•		•				
1	, ,	nded by the filing organization for section	·			\$.		
2	function activities	rganization's funds contributed to other o	organizations for se	ection 52/	exempt •	\$.		
3	Total exempt function expendit	ures Add lines 1 and 2 Enter here and o	n Form 1120-POL,	lıne 17b	<b>&gt;</b>	\$ .		
4	Did the filing organization file <b>F</b>	orm 1120-POL for this year?					☐ Yes	□ No
5	organization made payments F of political contributions receive	d employer identification number (EIN) of or each organization listed, enter the amed at that were promptly and directly deliver ttee (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing orga olitical org	anızatıon's fund anızatıon, sucl	ds A	Iso enter the	
	(a) Name	(b) Address	(c) EIN	filing	ount paid from organization's If none, enter -0-		(e) Amount of contributions and promp directly delived separate proganization enter -	received otly and ered to a political If none,
1								
2								
3								
4								
5								
6								
For Da	aperwork Reduction Act Notice, se	e the instructions for Form 990 or 990-F7.	Cat	No E00946	Schodule (	^ /E^	rm 000 or 000	LEZ) 2017

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under

Page 2

Schedule C (Form 990 or 990-EZ) 2017

Calendar year (or fiscal year

beginning in)

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

Part II-A

	(The term expenditures insums	amounts para or mountain,			
1a	Total lobbying expenditures to influence public opinion	on (grass roots lobbying)		55,210	
ь	Total lobbying expenditures to influence a legislative	body (direct lobbying)		119,956	
С	Total lobbying expenditures (add lines 1a and 1b)			175,166	
d	Other exempt purpose expenditures			8,678,077	
е	Total exempt purpose expenditures (add lines 1c and 1d)			8,853,243	
f	Lobbying nontaxable amount Enter the amount from the following table in both columns			592,662	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e	Ī		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	-		

	4-Year Averaging Period Under section 501(h)						
j 	If there is an amount other than zero on eithe section 4911 tax for this year?	r line 1h or line 1i, did the organization file Form 472	20 reporting		Yes 🗌 No		
i	Subtract line 1f from line 1c If zero or less, er	nter -0-		0			
h	Subtract line 1g from line 1a If zero or less, e	nter -0-		0			
g	Grassroots nontaxable amount (enter 25% of	line 1f)		148,166			
	Over \$17,000,000	\$1,000,000					
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000					
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000					
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000					

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period

(a) 2014

**(b)** 2015

(c) 2016

(d) 2017

592,662

175,166

148,166

55,210 Schedule C (Form 990 or 990-EZ) 2017

(e) Total

592,662

888,993

175,166

148,166

222,249

Schedule C (Form 990 or 990-EZ) 2017

Return Reference

activity

(b)

Amount

(a)

No

Yes

#### During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year С Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D** 

**Supplemental Financial Statements** 

OMB No 1545-0047

DLN: 93493317067298

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

► 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.

Inspection

	e of the organization R FOUNDATION		Employer identification number
ar			37-1833985
_	Organizations Maintaining Donor Adv		
	Complete if the organization answered "Y	es" on Form 990, Part IV, line  (a) Donor advised funds	
-	otal number at end of year	(a) Donor advised funds	(b) Funds and other accounts
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	,	are in number of the the second held in	n danaga danaga finada ana kha
	Did the organization inform all donors and donor advis organization's property, subject to the organization's e	exclusive legal control?	☐ Yes ☐
	Did the organization inform all grantees, donors, and o charitable purposes and not for the benefit of the dono private benefit?	or or donor advisor, or for any other	r purpose conferring impermissible
	Conservation Easements. Complete if t		" on Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the orga	anızatıon (check all that apply) —	
	Preservation of land for public use (e g , recreation	on or education)	ation of an historically important land area
	Protection of natural habitat	☐ Preserva	ation of a certified historic structure
	Preservation of open space		
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	a qualified conservation contribution	n in the form of a <u>conservation</u> Held at the End of the Yea
	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified histor	ric structure included in (a)	2c
1	Number of conservation easements included in (c) acquestructure listed in the National Register	, ,	
	Number of conservation easements modified, transferr	red, released, extinguished, or term	ninated by the organization during the
	Number of states where property subject to conservati	ion easement is located >	
	Does the organization have a written policy regarding and enforcement of the conservation easements it hold	the periodic monitoring, inspection,	handling of violations,
	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and e	nforcing conservation easements during the yea
	Staff and volunteer hours devoted to monitoring, inspecting  Amount of expenses incurred in monitoring, inspecting  \$\Bar{\text{\$\sigma}}\$	-	
	►Amount of expenses incurred in monitoring, inspecting	, handling of violations, and enforc	ing conservation easements during the year f section $170(h)(4)(B)(i)$
	<ul> <li>►</li> <li>Amount of expenses incurred in monitoring, inspecting</li> <li>► \$</li> <li>Does each conservation easement reported on line 2(c</li> </ul>	n, handling of violations, and enforced) above satisfy the requirements of the servation easements in its revenue e footnote to the organization's final	f section 170(h)(4)(B)(i)  Yes No
rt	Amount of expenses incurred in monitoring, inspecting  \$ Does each conservation easement reported on line 2(cand section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conbalance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme  Organizations Maintaining Collections Complete if the organization answered "Y	i, handling of violations, and enforced by above satisfy the requirements of inservation easements in its revenue e footnote to the organization's finants of Art, Historical Treasures es on Form 990, Part IV, line	f section 170(h)(4)(B)(i)  Yes No and expense statement, and ancial statements that describes  6, or Other Similar Assets. 8.
rt	Amount of expenses incurred in monitoring, inspecting  \$  Does each conservation easement reported on line 2(cand section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conbalance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme  III Organizations Maintaining Collections	i, handling of violations, and enforced above satisfy the requirements of interest and in its revenue of footnote to the organization's finants.  Sof Art, Historical Treasures on Form 990, Part IV, line 16 (ASC 958), not to report in its republic exhibition, education, or respectives.	f section 170(h)(4)(B)(i)  Yes No and expense statement, and ancial statements that describes  s, or Other Similar Assets. 8.  evenue statement and balance sheet works of search in furtherance of public service,
t	Amount of expenses incurred in monitoring, inspecting  \$ Does each conservation easement reported on line 2(cand section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conbalance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme  Organizations Maintaining Collections Complete if the organization answered "Y  If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held fo	i, handling of violations, and enforced above satisfy the requirements of its revenue encountries to the organization's finants.  Sof Art, Historical Treasures (es" on Form 990, Part IV, line 16 (ASC 958), not to report in its republic exhibition, education, or respect a statements that describes the 16 (ASC 958), to report in its revenue.	ing conservation easements during the year  f section 170(h)(4)(B)(i)  Yes No  and expense statement, and ancial statements that describes  f, or Other Similar Assets.  8.  evenue statement and balance sheet works of search in furtherance of public service, is eitems hue statement and balance sheet works of art,
rt	Amount of expenses incurred in monitoring, inspecting  \$ Does each conservation easement reported on line 2(cand section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conbalance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme  Organizations Maintaining Collections: Complete if the organization answered "Y  If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final fithe organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for pu	i, handling of violations, and enforced above satisfy the requirements of its revenue encountries to the organization's finants.  Sof Art, Historical Treasures (es" on Form 990, Part IV, line 16 (ASC 958), not to report in its republic exhibition, education, or respect a statements that describes the 16 (ASC 958), to report in its revenue.	ing conservation easements during the year f section 170(h)(4)(B)(i)  Yes No and expense statement, and ancial statements that describes  For Other Similar Assets.  Revenue statement and balance sheet works of search in furtherance of public service, is eitems in the statement and balance sheet works of art, ch in furtherance of public service, provide the
r <b>t</b>	Amount of expenses incurred in monitoring, inspecting  \$  Does each conservation easement reported on line 2(cand section 170(h)(4)(B)(ii))?  In Part XIII, describe how the organization reports conbalance sheet, and include, if applicable, the text of the theorganization's accounting for conservation easemeth organization's accounting for conservation easemeth organization and accounting for conservation easemeth organization answered "Y art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finatif the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for puriously following amounts relating to these items  Revenue included on Form 990, Part VIII, line 1	i, handling of violations, and enforced above satisfy the requirements of its revenue encountries to the organization's finants.  Sof Art, Historical Treasures (es" on Form 990, Part IV, line 16 (ASC 958), not to report in its republic exhibition, education, or respect a statements that describes the 16 (ASC 958), to report in its revenue.	ing conservation easements during the year  f section 170(h)(4)(B)(i)  Yes No  and expense statement, and ancial statements that describes  f, or Other Similar Assets.  8.  evenue statement and balance sheet works of search in furtherance of public service, is eitems hue statement and balance sheet works of art, ch in furtherance of public service, provide the
(i)	Amount of expenses incurred in monitoring, inspecting  \$ Does each conservation easement reported on line 2(claim and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports combalance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme  III Organizations Maintaining Collections Complete if the organization answered "Y  If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final fithe organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for pur following amounts relating to these items	i, handling of violations, and enforced above satisfy the requirements of inservation easements in its revenue e footnote to the organization's finants  s of Art, Historical Treasures es" on Form 990, Part IV, line 16 (ASC 958), not to report in its report in its republic exhibition, education, or research (ASC 958), to report in its revenues that describes the statements that describes the sential statements that describes the legisle (ASC 958), to report in its revenues that describes the sential statements that describes the legisle (ASC 958), to report in its revenues that describes the lateral statements and control of the sential statements that describes the lateral statements are sentially statements.	ing conservation easements during the year  f section 170(h)(4)(B)(i)  Yes No  and expense statement, and ancial statements that describes  f, or Other Similar Assets.  R.  evenue statement and balance sheet works of search in furtherance of public service, use items  nue statement and balance sheet works of art, ch in furtherance of public service, provide the
(i)	Amount of expenses incurred in monitoring, inspecting  \$  Does each conservation easement reported on line 2(cand section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conbalance sheet, and include, if applicable, the text of the organization's accounting for conservation easemethe organization accounting for conservation easemethe organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final fithe organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for pure following amounts relating to these items  Revenue included on Form 990, Part VIII, line 1  Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets held for pure following amounts relating to these items.	i, handling of violations, and enforced above satisfy the requirements of inservation easements in its revenue e footnote to the organization's finants  s of Art, Historical Treasures es" on Form 990, Part IV, line 16 (ASC 958), not to report in its report in its republic exhibition, education, or research (ASC 958), to report in its revenues that describes the statements that describes the sential statements that describes the legisle (ASC 958), to report in its revenues that describes the sential statements that describes the legisle (ASC 958), to report in its revenues that describes the lateral statements and control of the sential statements that describes the lateral statements are sentially statements.	ing conservation easements during the year  f section 170(h)(4)(B)(i)  Yes No  and expense statement, and ancial statements that describes  f, or Other Similar Assets.  R.  evenue statement and balance sheet works of search in furtherance of public service, use items  nue statement and balance sheet works of art, ch in furtherance of public service, provide the

Par	t III	Organizations Maint	taining Col	lections of A	Art, Histor	ical T	reas	ures, o	r Other	Similar A	Assets (	continued	')
3	_	the organization's acquisit (check all that apply)	ion, accession	n, and other red	cords, check	any of	the f	ollowing t	that are a	sıgnıfıcant	use of it	s collectio	n
a		Public exhibition			d		Loar	n or exch	ange prog	grams			
b		Scholarly research			е		Othe	er					
С		Preservation for future ger	nerations										
4	Provid Part	de a description of the orga XIII	nızatıon's col	lections and ex	plain how th	ney furt	her th	ne organi:	zation's e	xempt purp	oose in		
5		ig the year, did the organiza s to be sold to raise funds r								nılar	□ <b>Y</b> €	es 🗆	No
Pa	rt IV	Escrow and Custodi Complete if the organi X, line 21.			n Form 99	0, Part	IV,	line 9, o	r reporte	ed an amo			O, Part
1a		e organization an agent, tru ded on Form 990, Part X?	stee, custodia	an or other inte	ermediary fo	r contr	ibutio	ns or oth	er assets	not	□ <b>Y</b> €	es 🗆	No
b	If "Y∈	es," explain the arrangemer	nt in Part XIII	and complete	the following	g table					Amount		
c		nning balance		1 -		- `			1c				
d	_	ions during the year							1d				
е	Dıstrı	butions during the year							1e				
f	Endın	ng balance							1f				
<b>2</b> a	Did th	he organization include an a	amount on Fo	rm 990, Part X	, line 21, foi	r escrov	w or c	ustodial a	account lia	ability?		ь П	 No
b	If "Ye	es," explain the arrangemer	nt in Part XIII	Check here if	the explana	tion ha	s beer	n provide	d in Part i	XIII		_	]
Pa	art V	Endowment Funds.	Complete ıf	the organiza	tion answe	ered "Y	'es" c	n Form	990, Pai	rt IV, lıne	10.		
_	_			(a)Current ye	ear (b)	Prior yea	ar	(c)Two y	ears back	(d)Three y	ears back	(e)Four y	ears back
	_	ing of year balance	• •										
		outions											
		estment earnings, gains, a	nd losses										
		or scholarships											
	and pr	expenditures for facilities ograms											
f	Admını	strative expenses											
g	End of	year balance											
2 a													
b		anent endowment ▶											
c	Temp	orarily restricted endowme	nt 🕨										
·		percentages on lines 2a, 2b,		ld equal 100%									
За	Are tl	here endowment funds not nization by		· · ·	anızatıon th	at are h	neld ar	nd admın	istered fo	r the		Ye	s No
	(i) ur	nrelated organizations .									3	a(i)	
b		elated organizations es" on 3a(ii), are the related	 I organization	 ns listed as requ	 ured on Sch	 edule F	٠, ۲۶				_	a(ii) 3b	
4	Descr	ribe in Part XIII the intende	d uses of the	organization's	endowment	funds							
Pa	rt VI	Land, Buildings, and											
	Descri	Complete if the organi option of property	zation answ (a) Cost or oth (investme	ner basis (b	n Form 99 Cost or othe					rm 990, P depreciation		ne 10. (d) Book v	alue
-	l = v -l												
	Land							+					
		gs						+					
		nold improvements											
		nent					06 33	7		27.05			260 272
	Other	ines 1a through 1e <i>(Colum</i>	in (d) must =	aual Form 000	Dart V acl		06,227			37,854	*		268,373
100	ar Add	inies ta unough te (c <i>olum</i>	ıı (u) must el	yuai roim 990,	rail X, COIL	unn (B)	ı, ııne	10(C) ]		<b>&gt;</b>	1		268,373

	<b>Investments—Other Securities.</b> Complete if the o See Form 990, Part X, line 12.	rgamzación ansi	vered les on Form 990, F	are iv, inie iib.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-year	
	al derivatives			
	Tied equity interests	· ·		
A)				
В)				
C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col (B) line 12 )	•		
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form (a) Description of investment	990, Part IV, li	(c) Method of	valuation
(1)			Cost or end-of-year	market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	on (b) must equal Form 990. Part X. col (B) line 13 )			
	Other Assets. Complete if the organization answered 'Yes	s' on Form 990, Pa	rt IV, line 11d See Form 990, l	
Part IX		s' on Form 990, Pa	rt IV, line 11d See Form 990, l	Part X, line 15  (b) Book value
Part IX	Other Assets. Complete if the organization answered 'Yes	s' on Form 990, Pa	rt IV, line 11d See Form 990, l	
11) (2)	Other Assets. Complete if the organization answered 'Yes	on Form 990, Pa	rt IV, line 11d See Form 990, l	
1) (2) (3)	Other Assets. Complete if the organization answered 'Yes	on Form 990, Pa	rt IV, line 11d See Form 990, l	
Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered 'Yes	on Form 990, Pa	rt IV, line 11d See Form 990, l	
Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered 'Yes	on Form 990, Pa	rt IV, line 11d See Form 990, l	
Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered 'Yes	s' on Form 990, Pa	rt IV, line 11d See Form 990, l	
Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered 'Yes	s' on Form 990, Pa	rt IV, line 11d See Form 990,	
1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered 'Yes	s' on Form 990, Pa	rt IV, line 11d See Form 990,	
Part IX	Other Assets. Complete if the organization answered 'Yes  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )			(b) Book value
1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered 'Yes  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answered 'Yes  (a) Description			(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Colu	Other Assets. Complete if the organization answered 'Yes  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability	rered 'Yes' on Fo		(b) Book value
Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) (Fotal. (Columpart X) (1)	Other Assets. Complete if the organization answered 'Yes  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.	rered 'Yes' on Fo		(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) Fotal. (Columbat X L. 1) Federal (	Other Assets. Complete if the organization answered 'Yes  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability	rered 'Yes' on Fo		(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) Fotal. (Columnation	Other Assets. Complete if the organization answered 'Yes  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability	rered 'Yes' on Fo		(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Columnation of the columnation of t	Other Assets. Complete if the organization answered 'Yes  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability	rered 'Yes' on Fo		(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Columnation (Columnati	Other Assets. Complete if the organization answered 'Yes  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability	rered 'Yes' on Fo		(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Columnation (Columnati	Other Assets. Complete if the organization answered 'Yes  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability	rered 'Yes' on Fo		(b) Book value
Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) (Fotal. (Columna	Other Assets. Complete if the organization answered 'Yes  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability	rered 'Yes' on Fo		(b) Book value
Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) (Fotal. (Columna	Other Assets. Complete if the organization answered 'Yes  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability	rered 'Yes' on Fo		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Columbia) (1) Federal (1) (2) (3) (4) (5) (6) (7) (6) (7) (8)	Other Assets. Complete if the organization answered 'Yes  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability	rered 'Yes' on Fo		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Columnation of the columnation of the column	Other Assets. Complete if the organization answered 'Yes  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.  (a) Description of liability	rered 'Yes' on Fo		(b) Book value

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . . . . .

Investment expenses not included on Form 990, Part VIII, line 7b . . .

**Supplemental Information** 

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Page 4

20,332,346

582,500

9.435.743

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017

Part XI

1

b

5

Part XIII

See Additional Data Table

Return Reference

#### 2e e 3 3 20,332,346 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b 582,500 b Add lines **4a** and **4b** . . . . . . . . 582,500 4c c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . 5 20,914,846

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

5 Part XII 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25

8,853,243 Donated services and use of facilities . . . 2a 2b 2c c

2d Other (Describe in Part XIII ) . . . . . . d

Add lines 2a through 2d . . . . . . 2e 3 8,853,243 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

4a

4b

Explanation

582,500

4c

5

Page <b>5</b>		Schedule D (Form 990) 2017  Part XIII Supplemental Infor		
	ormation (continued)			
	Explanation	Return Reference		

Schedule D (Form 990) 2017

## **Additional Data**

Software ID: Software Version:

> **EIN:** 37-1833985 Name: WATER FOUNDATION

Explanation

Return Reference

ADJUSTMENTS

**Supplemental Information** 

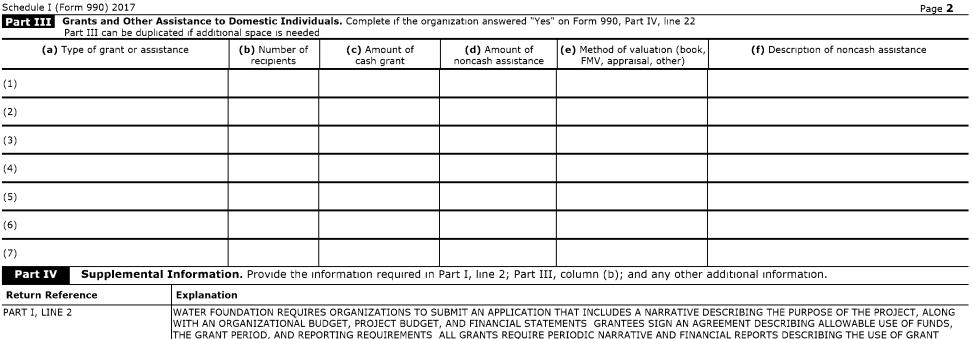
PART XI, LINE 4B - OTHER

GRANTS (SCHEDULE I) RECLASSIFIED TO EXPENSE 582,500

upplemental Information					
Return Reference	Explanation				
PART XII, LINE 4B - OTHER ADJUSTMENTS	GRANTS (SCHEDULE I) RECLASSIFIED TO EXPENSE 582,500				

Sι

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493317067298 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer identification number** WATER FOUNDATION 37-1833985 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (c) IRC section (a) Name and address of (b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) (book, FMV, appraisal, noncash assistance organization grant cash or assistance or government assistance other) (1) See Additional Data (3) (5) (6)(7) (8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2017



FUNDS INCLUDING ACTIVITIES AND OUTCOMES ADDITIONALLY, STAFF MAINTAINS CONTACT WITH GRANTEES THROUGHOUT THE GRANT PERIOD

### **Additional Data**

AMERICAN RIVERS

1400

**CERES** 

FLOOR

1101 14TH STREET NW SUITE

WASHINGTON, DC 20005

99 CHAUNCY STREET 6TH

BOSTON, MA 02111

Software ID: **Software Version:** 

23-7305963

22-3053747

**EIN:** 37-1833985

Name: WATER FOUNDATION

483,000

50,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of	(D) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	<b>(T)</b> Method of Val
organization		ıf applıcable	grant	cash	(book, FMV, appr
or government				assistance	other)

501 (C)(3)

501 (C)(3)

aluation praisal,

(h) Purpose of grant or assistance

WATER ACCESS AND

WATER ACCESS AND

CONSERVATION

CONSERVATION

(q) Description of non-cash assistance

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance COMMUNITY WATER CENTER 80-0267674 501 (C)(3) 339,200 WATER ACCESS AND /ATION

900 W OAK AVE VISALIA, CA 93291					CONSERVATION
ENVIRONMENTAL DEFENSE FUND	11-6107128	501 (C)(3)	429,167		WATER ACCESS AND CONSERVATION

257 PARK AVE SOUTH

NEW YORK, NY 10010

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 501 (C)(3) 75.000 WATER ACCESS AND PACIFIC INSTITUTE FOR 94-3050434 CONSERVATION CTUDIEC IN DEVELOPME

654 13TH STREET OAKLAND, CA 94612						CONSERVATION
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA PO BOX 989062	94-6036494	501 (C)(3)	75,000		I	WATER ACCESS AND CONSERVATION

WEST SACRAMENTO, CA

95798

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 94-3302335 501 (C)(3) 90.000 RIVER PARTNERS WATER ACCESS AND 580 VALLOMBROSA AVE CONSERVATION

580 VALLOMBROSA AVE
CHICO, CA 95926

STOCKHOLM ENVIRONMENT INSTITUTE
400 F ST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DAVIS, CA 95616

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant ıf applıcable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance SUSTAINABLE CONSERVATION 94-3232437 501 (C)(3) 371,350 WATER ACCESS AND VATION.

98 BATTERY STREET SUITE 302 SAN FRANCISCO, CA 94111					CONSERVATION
AUDUBON CALIFORNIA 220 MONTGOMERY ST STE	13-1624102	501 (C)(3)	218,000		WATER ACCESS AND CONSERVATION

SAN FRANCISCO, CA 94104

1000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant ıf applıcable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance BAYORG 90-0401015 501 (C)(3) 113,500 WATER ACCESS AND

THE EMBARCADARO AT BEACH STREET SAN FRANCISCO, CA 94133					CONSERVATION
CALIFORNIA COASTKEEPER ALLIANCE	95-4834043	501 (C)(3)	190,000		WATER ACCESS AND CONSERVATION

156 SECOND STREET SAN FRANCISCO, CA 94105

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 94-0357610 501 (C)(5) 50.000 CALIFORNIA FARM BUREAU WATER ACCESS AND FEDERATION CONSERVATION

2300 RIVER PLAZA DRIVE SACRAMENTO, CA 95833

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SAN FRANCISCO, CA 94104

23-7097680 501 (C)(3) 85.000 CALIFORNIA TROUT WATER ACCESS AND 360 PINE STREET 4TH FLOOR

CONSERVATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 52-1043444 501 (C)(3) 90.000 WATER ACCESS AND CLEAN WATER FUND 23855 DENTON SUITE B CONSERVATION

CLINTON TOWNSHIP, MI
48036

COMMUNITY CONSERVATION 91-1907425 501 (C)(3) 30,000

WATER ACCESS AND
CONSERVATION
CONSERVATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2554 LINCOLN BLVD STE 223 LOS ANGELES, CA 90291

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 95-4302067 501 (C)(3) 50.000 COMMUNITY PARTNERS WATER ACCESS AND 1000 N ALAMEDA STREET STE CONSERVATION

240 LOS ANGELES, CA 90012 501 (C)(3) 50,000 WATER ACCESS AND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DEFENDERS OF WILDLIFE 53-0183181 1130 17TH STREET NW

WASHINGTON, DC 20036

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 27-4187163 501 (C)(3) 25.000 GOLDEN GATE SALMON WATER ACCESS AND ASSOCIATION CONSERVATION

PO BOX 29498 SAN FRANCISCO, CA 94129 95-4031055 501 (C)(3) 100,000 WATER ACCESS AND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

HEAL THE BAY 1444 9TH STREET

SANTA MONICA, CA 90401

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

 KLAMATH RIVERKEEPER PO BOX 751 SOMES BAR, CA 95568
 06-1824792
 501 (C)(3)
 50,000
 WATER ACCESS AND CONSERVATION

 LIBERTY HILL FOUNDATION
 51-0181181
 501 (C)(3)
 50,000
 WATER ACCESS AND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

6420 WILSHIRE BLVD STE 700 LOS ANGELES, CA 90048

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 26-0295348 501 (C)(6) 65.000 LOS ANGELES COUNTY WATER ACCESS AND BUSINESS FEDERATION CONSERVATION

| SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | SOURCE | S

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DRIVE

RESTON, VA 20190

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance NATURAL RESOURCES 13-2654926 501 (C)(3) 304.500 WATER ACCESS AND DEFENSE COUNCIL INC CONSERVATION

WATER ACCESS AND

CONSERVATION

70,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501 (C)(3)

40 WEST 20TH STREET 11TH FLOOR NEW YORK, NY 10011

95-1667177

OCCIDENTAL COLLEGE

1600 CAMPUS ROAD M-20

LOS ANGELES, CA 90041

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 95-3956136 501 (C)(3) 20.000 PHYSICIANS FOR SOCIAL WATER ACCESS AND RESPONSIBILITY-LOS CONSERVATION ANGELES.

617 S OLIVE LOS ANGELES, CA 90014 130,000 PLAZA COMMUNITY CENTER 95-1691302 501 (C)(3) WATER ACCESS AND INC DBA PLAZA COMMUNITY CONSERVATION SERVICES AS FISCAL SPONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

4018 CITY TERRACE DRIVE LOS ANGELES, CA 90063

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 94-3207299 501 (C)(3) 60.000 WATER ACCESS AND PUBLIC POLICY INSTITUTE OF CALIFORNIA CONSERVATION 500 WASHINGTON STREET

STE 600 SAN FRANCISCO, CA 94111						
REGENTS OF THE UNIVERSITY OF CALIFORNIA 2195 HEARST AVENUE ROOM	94-6002123	501 (C)(3)	50,000		I	WATER ACCESS AND CONSERVATION

130F

BERKELEY, CA 94720

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance RESOURCE MEDIA 82-0564961 501 (C)(3) 37,500 WATER ACCESS AND /ATION

9450 SW GEMINI DRIVE 59115 BEAVERTON, OR 97008					CONSERVATION
THE ENVIRONMENTAL JUSTICE	20-2539559	501 (C)(3)	50,000		WATER ACCESS AND

PO BOX 188911 SACRAMENTO, CA 95814

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance THE FRESHWATER TRUST 93-0843521 501 (C)(3) 50.000 WATER ACCESS AND /ATION

700 SW TAYLOR ST STE 200 PORTLAND, OR 97205		, , , ,				CONSERVATION
THE NATIONAL JUDICIAL COLLEGE JUDICIAL COLLEGE BUILDING MAIL STOP 358	94-2427596	501 (C)(3)	30,000		1	WATER ACCESS AND CONSERVATION

RENO, NV 89557

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 53-0242652 501 (C)(3) 25.000 IWATER ACCESS AND THE NATURE CONSERVANCY CONSERVATION

555 CAPITOL MALL SUITE 1290 SACRAMENTO, CA 95814

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

STUDIO CITY, CA 91604

95-4858263 501 (C)(3) 15.000 THE RIVER PROJECT WATER ACCESS AND 3912 LAUREL CANYON 208 CONSERVATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance THE SIERRA CLUB 94-6069890 501 (C)(3) 50.000 IWATER ACCESS AND

FOUNDATION 2101 WEBSTER STREET SUITE 1250 OAKLAND, CA 94612		, , , ,			CONSERVATION
TIDES CENTER	94-3213100	501 (C)(3)	80,000		WATER ACCESS AND

CONSERVATION

SAN FRANCISCO, CA 94129

1012 TORNEY AVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance TREERCARIE INC 22 724 4020 EQ4 (C)(2) 150 000 LACATED CCESS AND

WATER ACCESS AND

12601 MULHOLLAND DRIVE BEVERLY HILLS, CA 90210	23-/314838	501 (C)(3)	150,000		CONSERVATION

170,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501 (C)(3)

TROUT UNLIMITED

4221 HOLLIS STREET EMERYVILLE, CA 94608 38-1612715

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 91-2166435 501 (C)(3) 25.000 TRUST FOR CONSERVATION WATER ACCESS AND TRINION/ATTONI A ETCCAL CONCEDIATION

SPONSOR FOR MAVEN'S NOTEBOOK 405 14TH STREET STE 164 OAKLAND, CA 94612					CONSERVATION
TUOLUMNE RIVER TRUST	94-2834151	501 (C)(3)	100,000		WATER ACCESS AND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

TUOLUMNE RIVER TRUST 829 13TH ST

MODESTO, CA 95354

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance UNION OF CONCERNED 04-2535767 501 (C)(3) 10,000 WATER ACCESS AND

STE 300

WASHINGTON, DC 20036

SCIENTISTS 2 BRATTLE SQUARE 6TH FLOOR CAMBRIDGE, MA 02138					CONSERVATION
WINDWARD FUND 1201 CONNECTICUT AVE NW	47-3522162	501 (C)(3)	100,000		WATER ACCESS AND CONSERVATION

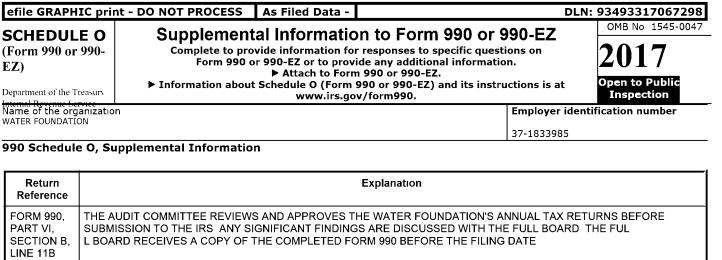
efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9331	7067	298
Sch	nedule J	Co	mpensati	ion Information	OM	IB No	1545-0	0047
(For	m 990)	For certain Office	rs, Directors, T	rustees, Key Employees, and Hig	hest			
		► Complete if the org		ated Employees vered "Yes" on Form 990, Part IV	, line 23.	20	17	7
_		-	▶ Attach	to Form 990.			to Pul	
	tment of the Treasury al Revenue Service	► Information ad		(Form 990) and its instructions gov/form990.	is at		ectio	
	me of the organiza TER FOUNDATION	ation			Employer identificat	ion nu	ımber	
WA	TER FOUNDATION				37-1833985			
Pa	rt I Questi	ons Regarding Compensat	ion					
							Yes	No
1a				the following to or for a person liste y relevant information regarding the				
		or charter travel	님	Housing allowance or residence for	•			
	_	companions	님	Payments for business use of perso				
		nification and gross-up payments		Health or social club dues or initiative Personal services (e.g., maid, chauf				
	LI Discretion	ary spending account	Ш	Personal services (e.g., maid, chadi	neur, cher)			
b		xes in line 1a are checked, did th ill of the expenses described abo		ollow a written policy regarding payn iplete Part III to explain	nent or reimbursement	1b		
2				or allowing expenses incurred by all r, regarding the items checked in line	. 1.2	2		
	directors, truste	es, officers, including the CEO/E.	xecutive Director	r, regarding the items checked in line	e lar			
3				ed to establish the compensation of the	he			
				not check any boxes for methods CEO/Executive Director, but explain i	ın Part III			
	Componer	ation committee		Weston ampleyment contract				
	· ·	ation committee ent compensation consultant	✓	Written employment contract Compensation survey or study				
		of other organizations	<b>☑</b>	Approval by the board or compensa	ition committee			
4		-	90, Part VII, Se	ction A, line 1a, with respect to the f				
	related organiza	tion						
а	Receive a sever	ance payment or change-of-cont	rol payment?			4a		No
b	•	r receive payment from, a supple	•	· ·		4b		No
С	•	r receive payment from, an equit		nsation arrangement? plicable amounts for each item in Par	+ 111	4c		No
	If les to any t	or lines 4a-c, list the persons and	provide the app	bilicable almounts for each item in Far				
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5		ed on Form 990, Part VII, Section ontingent on the revenues of		the organization pay or accrue any				
а	The organization	٦٦				5a		No
b	Any related orga					5b		No
	•	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Sectior ontingent on the net earnings of	n A, line 1a, did t	the organization pay or accrue any				
а	The organization	٦٦				<b>6</b> a		No
b	Any related orga					6b		No
	•	6a or 6b, describe in Part III						1
7		ed on Form 990, Part VII, Sectior escribed in lines 5 and 6? If "Yes		the organization provide any nonfixe rt III	d	7		No
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	8		No
9	If "Yes" on line 5 53 4958-6(c)?	8, did the organization also follow	v the rebuttable	presumption procedure described in	Regulations section	9		No
For I	Danamuark Badı	iction Act Notice, see the Inst	ructions for Ec	orm 990 Cat No 5	50053T <b>Schedule 1</b>		, 990)	2017

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

			y Employees, and Hig					
instructions, on row (ii) [	Do no	ot list any individuals that	rted on Schedule J, report t are not listed on Form 99 dividual must equal the to	90, Part VII				t individual
(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MISC	C compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 WADE CROWFOOT CEO	(i)	241,316	0	0	13,250	17,095	271,661	0
	(ii)	0	0	0	0	0	0	0
2 LIZETTE LECLERC DIRECTOR OF OPS AND	(i)	158,125	0	0	8,250	5,815	172,190	0
FINANCE	(ii)	0	0	0	0	0	0	0
3 ANDREW FAHLUND SENIOR PROGRAM OFFICER	(i)	144,113	0	0	8,000	21,227	173,340	0
	(ii)	0	0	0	0	0	0	0
			+					

Schedule J (Form 990) 2017 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation

Schedule 1 (Form 990) 2017



	<del> </del>
Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	WATER FOUNDATION'S (WF)CONFLICT OF INTEREST POLICY PROCEDURES 1 ANNUAL DISTRIBUTION OF THE POLICY AND DISCLOSURES IS FURNISHED ANNUALLY TO ALL INCUMBENT AND INCOMING DIRECTORS AND OFFICERS EACH DIRECTOR AND OFFICER SHALL ANNUALLY SIGN A STATEMENT THAT AFFIRMS THAT HE OR SHE HAS RECEIVED A COPY OF THE POLICY, HAS READ AND UNDERSTANDS THE POLICY, AND HAS AG REED TO COMPLY WITH THIS POLICY EACH YEAR EACH DIRECTOR AND OFFICER SHALL FILE A STATEMEN T WITH THE BOARD OF DIRECTORS THAT LISTS (1) ANY OUTSIDE EMPLOYMENT OR CONSULTING WORK TH AT COULD CONSTITUTE A CONFLICT, AND (2) ANY BOARD MEMBERSHIP OR AFFILIATION WITH OTHER ORG ANIZATIONS THAT COULD CONSTITUTE A CONFLICT EACH DIRECTOR AND OFFICER MUST ALSO LIST HIS OR HER INVESTMENTS IN ANY CORPORATION, PARTNERSHIP, TRUST OR FUND IN WHICH HE OR SHE, TOGE THER WITH MEMBERS OF HIS OR HER FAMILY, HAS DIRECTLY OR INDIRECTLY A GREATER THAN 35% OWNE RSHIP INTEREST, REGARDLESS OF WHETHER SUCH INVESTMENTS COULD CONSTITUE A CONFLICT 2 DISC LOSURE OF ALL CONFLICTS AND POTENTIAL CONFLICT INCLUDING ALL MATERIAL FACTS CONCERNING ANY SITUATION THAT MIGHT BE VIEWED AS A CONFLICT SHALL BE DISCLOSED TO THE BOARD OF DIRECTORS BY THE DIRECTOR OR OFFICER CONCERNED 3 PROCEDURES NECESSARY TO APPROVE ANY CONFLICT NO DIRECTOR OF OFFICER MAY BE PRESENT FOR A VOTE BY THE BOARD OF DIRECTORS ON ANY DECISION O R ACTION BY WATER FOUNDATION FOR WHICH THE BOARD OF DIRECTORS ON ANY DECISION O RACTION BY WATER FOUNDATION FOR WHICH THE BOARD OF DIRECTORS HAS DETERMINED THAT THE DIRECTOR OR OFFICER HAS A FINANCIAL OR NON-FINANCIAL CONFLICT OF INTEREST THE BOARD OF DIRECTORS HAS DETERMINED THAT THE BOARD OF DIRECTORS HAS DETERMINED THAT THE BOARD OF DIRECTORS HAS DETERMINED THAT THE BOARD OF DIRECTORS HAS SPECIFICALLY AND IN GOOD FAITH DETERMINED THAT ADDIRECTOR OR OFFICER OF WE HAS A CONFLICT INVOLVING A MATERIAL FINANCIAL INTEREST THE BOARD OF DIRECTORS HAS SPECIFICALLY AND IN GOOD FAITH DETERMINED AFTER REASONABLE INVESTIGATION THAT (A) THE BOARD OF DIRECTORS HAS DETERMINED AFTER REASONABLE INVESTIGAT

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE SALARY OR OTHER COMPENSATION OF THE CEO [AND CHIEF FINANCIAL OFFICER] OF THE CORPORATI ON AND THE MANNER AND TIME OF THE PAYMENT THEREOF SHALL BE FIXED AND DETERMINED BY THE BOA RD OF DIRECTORS THE BOARD OF DIRECTORS SHALL REVIEW THE COMPENSATION PACKAGES, INCLUDING ALL BENEFITS, OF THE CEO [AND CHIEF FINANCIAL OFFICER] OF THE CORPORATION, AND SHALL APPRO VE SUCH COMPENSATION ONLY AFTER DETERMINING THAT THE COMPENSATION IS JUST AND REASONABLE THIS REVIEW AND APPROVAL SHALL OCCUR WHEN EACH SUCH OFFICER IS HIRED, WHEN THE TERM OF EMP LOYMENT OF SUCH OFFICER IS RENEWED OR EXTENDED, AND WHEN THE COMPENSATION OF SUCH OFFICE I S MODIFIED, UNLESS THE MODIFICATION APPLIES TO SUBSTANTIALLY ALL OF THE EMPLOYEES OF THIS CORPORATION DIRECTORS, OFFICERS, AND MEMBERS OF COMMITTEES SHALL NOT BE ENTITLED TO COMPE NSATION FOR THEIR SERVICES AS SUCH, ALTHOUGH THE BOARD OF DIRECTORS MAY AUTHORIZE, BY RESO LUTION, THE ADVANCE OR REIMBURSEMENT TO A DIRECTOR OF REASONABLE AND ACTUAL EXPENSES INCUR RED AS A DIRECTOR, SUCH AS FOR ATTENDING MEETINGS OF THE BOARD AND BOARD COMMITTEES

Datum

Reference	Explanation
FORM 990, PART VI.	ANY AUDITED FINANCIAL STATEMENTS OBTAINED BY THIS CORPORATION SHALL BE MADE AVAILABLE FOR INSPECTION BY THE ATTORNEY GENERAL AND THE GENERAL PUBLIC WITHIN NINE MONTHS AFTER THE CLO
SECTION C,	SE OF THE FISCAL YEAR TO WHICH THE STATEMENTS RELATE, AND SHALL REMAIN AVAILABLE FOR THREE
LINE 19	YEARS (1) BY MAKING THEM AVAILABLE AT THIS CORPORATION'S PRINCIPAL, REGIONAL, AND DISTRIC TOFFICES DURING REGULAR BUSINESS HOURS AND (2) EITHER BY MAILING A COPY TO ANY PERSON WHO
	SO REQUESTS IN PERSON OR IN WRITING OR BY POSTING THEM ON THIS CORPORATION'S WEBSITE

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Return Reference	Explanation
FORM 990, PART IX, LINE 11G	HR PEO SERVICES AND TECH PROGRAM SERVICE EXPENSES 21,343 MANAGEMENT AND GENERAL EXPENSES 14,657 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 36,000 PROFESSIONAL SERVICES - OTHER PRO GRAM SERVICE EXPENSES 3,139 MANAGEMENT AND GENERAL EXPENSES 1,659 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 4,798 RECRUITMENT PROGRAM SERVICE EXPENSES 50,703 MANAGEMENT AND GENER AL EXPENSES 25,155 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 75,858 WEBSITE UPDATE AND MAIN TENANCE PROGRAM SERVICE EXPENSES 604 MANAGEMENT AND GENERAL EXPENSES 294 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 898 CONSULTING PROGRAM SERVICE EXPENSES 1,840,310 MANAGEMENT A ND GENERAL EXPENSES 26,340 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,866,650 TRANSPORTATI ON SERVICES PROGRAM SERVICE EXPENSES 32,778 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISI NG EXPENSES 0 TOTAL EXPENSES 32,778