Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047 2019

▶ Do not enter social security numbers on this form, as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information. \

Open to Public Inspection

	A F	or the	2019 calenda	ır year, or tax year beginning , 2	019, and ending		, 20
	Вс	heck if ap	plicable	D Employer identification number			
		Address c	hange	2	7-1243253		
	$\overline{}$	łame cha	-	E Telephone n	umber		
	_	nitial retur		247 W FRESHWATER WAY	500	(41	4) 988-8756
	=	inai retun Imended	n/terminated return	City or town, state or province, country, and ZIP or foreign postal code	(i)	F Group Exe	
	=			MILWAUKEE, WI 53204-4118		Number 1	•
	G A	ccount		☐ Cash	н	Check ▶ ☐	f the organization is not
	I W	/ebsite	:► https:/	//thewatercouncil.com/programs/alliance-for-water-stewardship/			ach Schedule B
	J Ta	ax-exen	npt status (che	ck only one) — 🗸 501(c)(3) 🔲 501(c) ( ) ◀ (insert no ) 🔲 4947(a	)(1) or 527	(Form 990, 990	0-EZ, or 990-PF)
				✓ Corporation ☐ Trust ☐ Association ☐ Ott			
	LA	dd lines	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,00	0 or more, or if tota	assets	
	(Par	t II, coli	umn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ	•	<b>▶</b> \$	0
	P	art I		e, Expenses, and Changes in Net Assets or Fund Ba			for Part I)
			Check if	the organization used Schedule O to respond to any ques-	tion in this Part I		<u>.</u> 🔲
		1		ns, gifts, grants, and similar amounts received		1	
		2		ervice revenue including government fees and contracts .		. 2	
		3	Membershi	p dues and assessments		. 3	
		4	Investment	ıncome		4	
121		5a	Gross amo	unt from sale of assets other than inventory	5a		
202		b		or other basis and sales expenses	5b		
4		С		ss) from sale of assets other than inventory (subtract line 5b from	om line 5a) .	<b>5c</b>	
0		6		d fundraising events <sup>.</sup>			
SCANNED JUN	ene	а		ome from gaming (attach Schedule G if greater than	6a		
	Revenue	b	Gross inco	me from fundraising events (not including \$	of contribution	ns	
出	Ŗ			aising events reported on line 1) (attach Schedule G if the			
茎			sum of suc	h gross income and contributions exceeds \$15,000)	6b	ŀ	
Z		С		t expenses from gaming and fundraising events $\cdot$ . $$ . $$ . $$	6c		
ठ		d		e or (loss) from gaming and fundraising events (add lines 6a	a and 6b and sul	btract <b>1998</b>	
S			line 6c) .			· · 6d	
		7a		s of inventory, less returns and allowances	7a		
		b		of goods sold	7b		
		С	•	it or (loss) from sales of inventory (subtract line 7b from line 7a	a)	7c	
		8		nue (describe in Schedule O)		. 8	
	_	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ 9	0
		10		sımılar amounts paid (list in Schedule O)	TOTOTAV:	10	
		11		aid to or for members			
	ě	12		ther compensation, and employee benefits		12	
	ens	13		al fees and other payments to independent contractors	1.8 8 0 8UA .		
	Expenses	14		y, rent, utilities, and maintenance		. 14	
	Ш	15		ublications, postage, and shipping	7	15	
		16		rises (describe in Schedule O)		16	
		17	Total expe	enses. Add lines 10 through 16			0
	ţ	18		(deficit) for the year (subtract line 17 from line 9)		18	0
	SSe	19	ivet assets	or fund balances at beginning of year (from line 27, column	n (A)) (must agree		
	Net Assets			r figure reported on prior year's return)		19	47,941
	Š	20		ges in net assets or fund balances (explain in Schedule O) .		. 20	-47,941
	_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	)	. ▶   21	0

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2019)



Par	t II Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this I	Part II	<u> </u>	<i>.</i> $\square$
			L	(A) Beginning of year	<u> </u>	B) End of year
22	Cash, savings, and investments			47,941		0
23	Land and buildings				23	
24				47,941	24	IV .
25 26	Total liabilities (describe in Schedule O)				26	<u> </u>
27	Net assets or fund balances (line 27 of column			47,941		0
Pan				art III)		<u> </u>
	Check if the organization used Schedule					Expenses
What	is the organization's primary exempt purpose?	SEE SCHEDULE O				ired for section )(3) and 501(c)(4)
as m perso	ribe the organization's program service accompli- leasured by expenses. In a clear and concise nons benefited, and other relevant information for ex-	nanner, describe the ach program title.	e services provided	, the number of		izations, optional for
20	SEE SCHEDULE O					
	(Grants \$ ) If this amount	includes foreign gra	ants, check here	▶ 🗀	28a	
29	Taranto V					
	(Grants \$ ) If this amount	includes foreign gra	ants, check here .	▶ 🗆	29a	
30						
	(Grants \$ ) If this amount	t includes foreign ar	ants, check here .	l	30a	
31	Other program services (describe in Schedule O)				30a	
٠.			ants, check here .	▶ □	31a	
32	Total program service expenses (add lines 28a				32	
Par	List of Officers, Directors, Trustees, and Ke	y Employees (list eac			struc	tions for Part IV)
Par	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule		hone even if not comp ny question in this	oensated – see the in	struc	tions for Part IV)
Par			hone even if not com	pensated – see the in Part IV	ee (e) l	🗆
	Check if the organization used Schedule	(b) Average hours per week devoted to position	ny question in this  (c) Reportable compensation (Forms W-2/1099-MISC)	pensated – see the in Part IV	ee (e) l	
ADRI	Check if the organization used Schedule  (a) Name and title	(b) Average hours per week devoted to position	ny question in this  (c) Reportable compensation (Forms W-2/1099-MISC)	pensated – see the in Part IV	ee (e) l	
ADRI EXEC	Check if the organization used Schedule (a) Name and title AN SYM	(b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated – see the in Part IV	ee (e) l	
ADRI EXEC MICH CHAI	Check if the organization used Schedule  (a) Name and title  AN SYM  CUTIVE DIRECTOR (until 12/16/2019)  IAEL SPENCER  R (until 12/16/2019)	(b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated – see the in Part IV	ee (e) l	
ADRI EXEC MICH CHAI	Check if the organization used Schedule  (a) Name and title  AN SYM  CUTIVE DIRECTOR (until 12/16/2019)  IAEL SPENCER  (R (until 12/16/2019)  EXIS MORGAN	(b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated – see the in Part IV	0 (e) (e) (o)	Estimated amount of their compensation
ADRI EXEC MICH CHAI ALEE DIRE	Check if the organization used Schedule  (a) Name and title  AN SYM CUTIVE DIRECTOR (until 12/16/2019) IAEL SPENCER R (until 12/16/2019) EXIS MORGAN CTOR (until 12/16/2019)	(b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated – see the in Part IV	0 (e) (e) (o)	Estimated amount of ther compensation
ADRI EXEC MICH CHAI ALEE DIRE EDW	Check if the organization used Schedule  (a) Name and title  AN SYM CUTIVE DIRECTOR (until 12/16/2019) IAEL SPENCER R (until 12/16/2019) EXIS MORGAN CTOR (until 12/16/2019) IN PINERO	(b) Average hours per week devoted to position  1  1	h one even if not comply question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0	pensated – see the in Part IV  (d) Health benefits, contributions to employe benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of their compensation
ADRI EXEC MICH CHAI ALEE DIRE EDW	Check if the organization used Schedule  (a) Name and title  AN SYM CUTIVE DIRECTOR (until 12/16/2019) IAEL SPENCER R (until 12/16/2019) EXIS MORGAN CTOR (until 12/16/2019) IN PINERO CTOR (until 12/16/2019)	(b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated – see the in Part IV  (d) Health benefits, contributions to employe benefit plans, and deferred compensation	0 (e) (e) (o)	Estimated amount of their compensation
ADRI EXEC MICH CHAI ALEE DIRE EDW DIRE MAT	Check if the organization used Schedule  (a) Name and title  AN SYM  CUTIVE DIRECTOR (until 12/16/2019)  IAEL SPENCER  R (until 12/16/2019)  EXIS MORGAN  CTOR (until 12/16/2019)  IN PINERO  CTOR (until 12/16/2019)  T HOWARD	(b) Average hours per week devoted to position  1  1  1	ri one even if not comply question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated – see the in Part IV  (d) Health benefits, contributions to employe benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of their compensation
ADRI EXEC MICH CHAI ALEE DIRE EDW DIRE MAT	Check if the organization used Schedule  (a) Name and title  AN SYM  CUTIVE DIRECTOR (until 12/16/2019)  IAEL SPENCER IR (until 12/16/2019)  EXIS MORGAN  CTOR (until 12/16/2019)  IN PINERO  CTOR (until 12/16/2019)  I HOWARD  CTOR/PRESIDENT (as of 12/16/2019)	(b) Average hours per week devoted to position  1  1	h one even if not comply question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0	pensated – see the in Part IV  (d) Health benefits, contributions to employe benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of their compensation
ADRI EXEC MICH CHAI ALEE DIRE EDW DIRE MAT DIRE DEAI	Check if the organization used Schedule  (a) Name and title  AN SYM  CUTIVE DIRECTOR (until 12/16/2019)  IAEL SPENCER IR (until 12/16/2019)  EXIS MORGAN  CTOR (until 12/16/2019)  IN PINERO  CTOR (until 12/16/2019)  T HOWARD  CTOR/PRESIDENT (as of 12/16/2019)	(b) Average hours per week devoted to position  1  1  1	ri one even if not comply question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated – see the in Part IV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of their compensation
ADRI EXEC MICH CHAI ALEE DIRE EDW DIRE MAT DIRE DEAI DIRE	Check if the organization used Schedule  (a) Name and title  AN SYM  CUTIVE DIRECTOR (until 12/16/2019)  IAEL SPENCER IR (until 12/16/2019)  EXIS MORGAN  CTOR (until 12/16/2019)  IN PINERO  CTOR (until 12/16/2019)  I HOWARD  CTOR/PRESIDENT (as of 12/16/2019)	(b) Average hours per week devoted to position  1  1  1  1	h one even if not comply question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0	pensated – see the in Part IV	000000000000000000000000000000000000000	Estimated amount of their compensation
ADRI EXEC MICH CHAI ALEE DIRE EDW DIRE MAT DIRE DEAI DIRE AMY	Check if the organization used Schedule  (a) Name and title  AN SYM CUTIVE DIRECTOR (until 12/16/2019) IAEL SPENCER R (until 12/16/2019) EXIS MORGAN CTOR (until 12/16/2019) IN PINERO CTOR (until 12/16/2019) I HOWARD CTOR/PRESIDENT (as of 12/16/2019) N AMHAUS CTOR/SECRETARY (as of 12/16/2019)	(b) Average hours per week devoted to position  1  1  1  1	h one even if not comply question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0  0	pensated – see the in Part IV .  (d) Health benefits, contributions to employe benefit plans, and deferred compensation	000000000000000000000000000000000000000	Estimated amount of their compensation
ADRI EXEC MICH CHAI ALEE DIRE EDW DIRE MAT DIRE DEAI DIRE AMY	Check if the organization used Schedule  (a) Name and title  AN SYM CUTIVE DIRECTOR (until 12/16/2019) IAEL SPENCER R (until 12/16/2019) EXIS MORGAN CTOR (until 12/16/2019) IN PINERO CTOR (until 12/16/2019) I HOWARD CTOR/PRESIDENT (as of 12/16/2019) N AMHAUS CTOR/SECRETARY (as of 12/16/2019) JENSEN	(b) Average hours per week devoted to position  1  1  1  1  1	ri one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated – see the in Part IV .  (d) Health benefits, contributions to employe benefit plans, and deferred compensation	0 0 0 0 0	Estimated amount of their compensation
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ADRI EXEC MICH CHAI ALEE DIRE EDW DIRE MAT DIRE DEAI DIRE AMY	Check if the organization used Schedule  (a) Name and title  AN SYM CUTIVE DIRECTOR (until 12/16/2019) IAEL SPENCER R (until 12/16/2019) EXIS MORGAN CTOR (until 12/16/2019) IN PINERO CTOR (until 12/16/2019) I HOWARD CTOR/PRESIDENT (as of 12/16/2019) N AMHAUS CTOR/SECRETARY (as of 12/16/2019) JENSEN	(b) Average hours per week devoted to position  1  1  1  1  1	ri one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated – see the in Part IV .  (d) Health benefits, contributions to employe benefit plans, and deferred compensation	0 0 0 0 0	Estimated amount of their compensation
ADRI EXEC MICH CHAI ALEE DIRE EDW DIRE MAT DIRE DEAI DIRE AMY	Check if the organization used Schedule  (a) Name and title  AN SYM CUTIVE DIRECTOR (until 12/16/2019) IAEL SPENCER R (until 12/16/2019) EXIS MORGAN CTOR (until 12/16/2019) IN PINERO CTOR (until 12/16/2019) I HOWARD CTOR/PRESIDENT (as of 12/16/2019) N AMHAUS CTOR/SECRETARY (as of 12/16/2019) JENSEN	(b) Average hours per week devoted to position  1  1  1  1  1	ri one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated – see the in Part IV .  (d) Health benefits, contributions to employe benefit plans, and deferred compensation	0 0 0 0 0	Estimated amount of their compensation



Part	·			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
00			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		<b>✓</b>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O See instructions	34	<b>✓</b>	
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		<b>√</b>
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		<b>✓</b>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		<b>✓</b>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were			<u> </u>
_	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		<u> </u>
ь 39	If "Yes," complete Schedule L, Part II, and enter the total amount involved	-		
а	Initiation fees and capital contributions included on line 9			.
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			1
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	1		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ► NONE		l l	
42a	The organization's books are in care of ▶ AMY JENSEN  Telephone no ▶ (	414) 98	38-875	6
_	Located at ► 247 W FRESHWATER WAY, SUITE 500, MILWAUKEE, WI ZIP + 4 ►	53204		
b	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)?		Yes	No
	If "Yes," enter the name of the foreign country	42b		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		$\overline{\checkmark}$
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
44	Did the appropriate materials and day of the first transfer of the second secon		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		<b>✓</b>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		<u> </u>
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	L		
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓_
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45h		

Form 99	0-EZ (2019)			<del> </del>			F	age 4
46	Did the organization engage, directly or it to candidates for public office? If "Yes," of			n behalf of c	or in opposition	on 46	Yes	No
Part \	•	s Only is must answer que	stions 47-49b and		omplete the	1	or lin	es
47	Did the organization engage in lobbying	activities or have a			during the ta	ах	Yes	No
48 49a b	year? If "Yes," complete Schedule C, Par Is the organization a school as described in Did the organization make any transfers to If "Yes," was the related organization a si	n section 170(b)(1)(A)(ii o an exempt non-cha	rıtable related organ			47 48 49a 49b		√ √
50	Complete this table for the organization's employees) who each received more than	five highest compen-	sated employees (ot			s, truste		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	contributions benefit plans	h benefits s to employee , and deferred ensation	(e) Estimati other cor		
NONE								
f 51	Total number of other employees paid of Complete this table for the organization \$100,000 of compensation from the org	n's five highest comp		nt contractor	s who each	received	l more	e than
	(a) Name and business address of each indepen	dent contractor	(b) Type of se	ervice	(c) (	Compensat	ion	
YONE			-					
		·····		····				
	Total number of other independent conti	•	•	<b>&gt;</b>				
52	Did the organization complete Sched completed Schedule A					► ✓ Ye		No
	penalties of perjuly, I declare that I have examined this priect and complete Declaration of preparer (other than					ovledge an	d belief	i, it is
Sıgn Here	Signature of officer  AMY JI: NSEN, TILVASURER  Type or print name and title	Enslu	<u></u>	Di	1 / 2 3 ate	120	/ <b>イ</b> (	<u>ر</u>
Paid Prep	Print/Type preparer's name	Preparer's signature		Date	Check Self-employ	ıf ed		
	Only Firm's name Frim's address Frim				rm's EIN ▶			
May t	he IRS discuss this return with the prepare	er shown above? See	instructions	P	. •	► □ Ye	s 🗌	No

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

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

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

• Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

	ANCE FOR WATER STEWARDSHIP					27-12		
Pai	Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instructio	ns.	
he d	organization is not a private founda	ation because it is	s <sup>,</sup> (For lines 1 through	12, chec	k only on	ie box.)		
1	☐ A church, convention of church	hes, or association	on of churches descri	bed in <b>se</b>	ction 17	0(b)(1)(A)(i).	. 1	
2	A school described in section	170(b)(1)(A)(ii).	Attach Schedule E (F	orm 990	or 990-E2	Z).) (	~~	
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	☐ A medical research organization						iii). Enter the	
•	hospital's name, city, and state		,				,	
_	· · · · · · ·		anlings or concepts			d h., a aa.,a.aa.aa	al unit describe	
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	roperate	d by a government	ai unit describe	ווו ג
6	A federal, state, or local govern		mental unit described	ın sectio	n 170(b)	(1)(A)(v).		
7	An organization that normally						the general nu	blic
	described in section 170(b)(1)			port 11 on 1	a gover	minorital and or mon	o gonorai pa	٥٠
•	_							
8	A community trust described i			•				
9	☐ An agricultural research organ							je
	or university or a non-land-gra university	int college of agr	iculture (see instruction	ons). Ente	r the nam	ne, city, and state of	the college or	
40	☐ An organization that normally i	70000V00 7117m02	~ than 331/50/ At its 6:	innord fro	m contril	hutione momborchi	foor and gross	
10	receipts from activities related	to its exempt ful	nctions—subject to c	apport irc	entions	and (2) no more tha	n 331/3% of its	5
	support from gross investmen	t income and uni	related business taxal	ole incom	ie (less se	ection 511 tax) from	businesses	
	acquired by the organization a	ıfter June 30, 197	75. See <b>section 509(</b> a	)(2). (Cor	nplete Pa	art III )		
11	☐ An organization organized and	d operated exclus	sively to test for public	safety.	See <b>sect</b> i	ion 509(a)(4).		
12	☐ An organization organized and	operated exclus	ively for the benefit of	f, to perfo	orm the fu	unctions of, or to car	ry out the purpo	ses
	of one or more publicly support							
	Check the box in lines 12a thro							
а		-	• • • • • • • • • • • • • • • • • • • •	-	-	·		-
	the supported organization							ıy
	supporting organization. Y					ne directors or trust	ees or the	
_	_ `` -	<del>-</del>						
b	_ ,,							
	control or management of	• • • •	_		persons	that control or man	age the supporte	эd
	organization(s). You must	complete Part I	V, Sections A and C.	•				
c	: Type III functionally integ	<mark>rated.</mark> A suppor	tıng organızatıon oper	ated in c	onnection	n with, and functiona	ally integrated w	ıth,
	its supported organization	(s) (see instructio	ns) You must comp	lete Part	IV, Secti	ons A, D, and E.		
c	Type III non-functionally	integrated. A su	pporting organization	operated	d in conne	ection with its suppo	orted organizatio	n(s)
•	that is not functionally inte	_					•	
	requirement (see instruction	-		-		*	a an anominone	-
_		•	•		-			
e							e II, Type III	
	functionally integrated, or			oporting (	organizat	ion.		—
f	D 1 0 0 0 0							
9	·	, · · · · · · · ·		I		I		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10		rganization ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (se	
			above (see instructions))		ment?	instructions)	instructions)	G.
			, , , , , , , , , , , , , , , , , , , ,			, ·	,	
				Yes	No			
A)								
B)								
							,	
C)								
				<b></b>	ļ			
D)				]				
				ļ				
E)								
Ta46	d .					ii .	i	

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	on A. Public Support	······································					
	dar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	215,123	183,618	. 0	36,192	0	434,933
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	215,123	183,618	0	36,192	0	434,933
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						250 504
6	Public support. Subtract line 5 from line 4						358,584 76,349
	on B. Total Support						70,545
	dar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	215,123	183,618	0	36,192	0	434,933
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and 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 (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						434,933
12	Gross receipts from related activities, etc					12	68,466
13	First five years. If the Form 990 is for the organization, check this box and stop her	re			, or fifth tax ye	ear as a section	on 501(c)(3) ▶ □
	on C. Computation of Public Suppor						
14	Public support percentage for 2019 (line 6			1, column (f))		14	17 55 %
15	Public support percentage from 2018 Sch 33 <sup>1</sup> /3% support test—2019. If the organi					15	14 92 %
IVa	box and <b>stop here.</b> The organization qual						
b	331/3% support test—2018. If the organization this box and stop here. The organization	zation did not	check a box o	n line 13 or 16	Sa, and line 15	ıs 331/3% or m	ore, check
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization me Part VI how the organization meets the "organization".	ets the "facts facts-and-circ	-and-circumsta umstances" te	ances" test, cl	heck this box a zation qualifies	and stop here	d line 14 is Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ition meets the	e "facts-and-dis-and-circums	circumstances stances" test	" test, check the the transfer the transfer to	this box and on qualifies as	stop here. s a publicly
18	<b>Private foundation.</b> If the organization di instructions	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

	e A (FORM 990 or 990-EZ) 2019						Page 3
Part							/
	(Complete only if you checked the						ider Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part	II.) /	
	on A. Public Support		F				
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> ,2019	(f) Total
1	Gifts, grants, contributions, and membership fees			]		/	
2	received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			,	/		
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	<b>Total.</b> 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						
8	Add lines 7a and 7b		/				
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,	/				1	
	payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b / .						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly/carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he			id, third, fourth	i, or fifth tax y	ear as a section	n 501(c)(3) . ▶ □
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2019 (line			13, column (f))		15	%
16	Public support percentage from 2018 Sc				•	16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2019			by line 13, colu	ımn (f))	17	%
18	Investment income percentage from 201	•	* * * *	•		18	%
19a	331/3% support tests - 2019. If the organ						
	17 is not more than 331/3%, check this box						_
b	331/3% support tests—2018. If the organic						
	line 18 is not more than 331/3%, check this	-	<del>-</del>			• • •	_
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 🔲

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of 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 Orga	anizations
--------------------------------	------------

			Yes	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		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <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 in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <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.	40 4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control? 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> .	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	_	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	40-		
b		10a 10b		

				<u> </u>
Part I	Supporting Organizations (continued)		1	
44	The the second or second of second of the falls of the falls		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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 <b>Part VI.</b>	11c		
	on B. Type I Supporting Organizations			
	<i></i>		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 Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported.	ľ		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1_		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			,
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
C4:		2		
Section	on C. Type II Supporting Organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	•
	Management of the comment of the decidence of the comment of the c		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	ŀ		
	or management of the supporting organization was vested in the same persons that controlled or managed	ŀ		
	the supported organization(s)	1		
Section	on D. All Type III Supporting Organizations	<u>'</u>		
00011	The state of the s		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
·	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	Ì		
	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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.			
04		3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	S).
a b	☐ 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.			
C	The organization is the parent of each of its supported organizations. Complete line's below.  The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (	coo in	etruet	one)
2	Activities Test. Answer (a) and (b) below.	366 111	Yes	
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</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard	3b		
	TOTALS SUCCEDED OF CHARLES OF THE TENT THE SUBSCIENCE OF FAIL VETUE FOR DIAVED DV THE OF CARDITATION IN THIS FEMALE.	- 30		ı

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

Part	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	
Secti	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6			· · · · · · · · · · · · · · · · · · ·
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ) See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015	1		
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from	ļ		
	Section D, line 7:	1		
<u>a</u>	Applied to underdistributions of prior years		<u> </u>	
b	Applied to 2019 distributable amount			
	Remainder Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions			
7	Excess distributions carryover to 2020. Add lines 3 <sub>j</sub> and 4c			
8	Breakdown of line 7.		<del></del>	
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017	i		
d	Excess from 2018			
е	Excess from 2019			

Pа	rt	VΙ	ŀ

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.)

PART II, SECTION C, LINE 17A, FACTOS AND CIRCUMSTANCES TEST
THE ORGANIZATION'S PURPOSE IS TO PROMOTE RESPONSIBLE USE AND STEWARDSHIP OF WATER RESOURCES, THROUGH
(i) SUPPORTING THE ADOPTION OF WATER STEWARDSHIP PRACTICES INTERNATIONALLY, AND (II) SUPPORTING THE CAPACITY
OF THE ALLIANCE FOR WATER STEWARDSHIP AND OTHER ORGANIZATIONS ENGAGED IN PROMOTING WATER STEWARDSHIP
THE ORGANIZATION'S CUMULATIVE PUBLIC SUPPORT PERCENTAGE THROUGH DECEMBER 31, 2019 IS 17 55%, WHICH IS ABOVE
THE MINIMUM AT WHICH FACTS AND CIRCUMSTANCES WILL BE CONSIDERED BY THE SERVICE IN DETERMINING THE ORGANIZATION'S
ONGOING QUALIFICATION AS A PUBLICLY SUPPORTED CHARITY. THE FACTS AND CIRCUMSTANCES RELATING TO THE
ORGANIZATION'S STRUCTURE AND OPERATIONS PRESENT AN EXCEPTIONALLY STRONG CASE IN SUPPORT OF ITS ONGOING
CLASSIFICATION AS A PUBLIC CHARITY AND NOT AS A PRIVATE ORGANIZATION AND INCLUDE THE FOLLOWING
- THE ORGANIZATION IS NOT CONTROLLED BY ITS CONTRIBUTORS AND HAS NO ENDOWMENT FUND, CHARACTERISTICS WHICH DISTINGUISH IT FROM VIRTUALLY ALL PRIVATE ORGANIZATIONS
- IN 2018, THE ORGANIZATION UNDERWENT A CHANGE IN GOVERNANCE WHICH RESULTED IN A CHANGE IN BOARD STRUCTURE
FURTHER CHANGES WERE MADE AT THE END OF 2019 TO TRANSFER CONTROL OF THE ORGANIZATION TO NEW BOARD MEMBERS
REPRESENTING THE WATER COUNCIL, INC. WHICH HAS SERVED AS ALLIANCE FOR WATER STEWARDSHIP'S NORTH AMERICAN
REGIONAL PARTNER SINCE 2015 DURING THIS PERIOD, ACTIVITIES OF THE ORGANIZATION HAVE BEEN LARGELY SUSPENDED
BEYOND PROVIDING SUPPORT FOR THE ALLIANCE FOR WATER STEWARDSHIP IT IS EXPECTED THAT IT WILL TAKE ADDITIONAL
TIME TO ATTRACT FUNDING COMMITMENTS NECESSARY TO RESUME ACTIVITIES AND MEET THE PUBLIC SUPPORT THRESHOLD
- THE ORGANIZATION'S ACTIVITIES BROADLY BENEFIT THE GENERAL PUBLIC AS WELL AS OTHER CHARITABLE ORGANIZATIONS
THAT ARE ATTEMPTING TO PROMOTE THE RESPONSIBLE USE OF FRESHWATER
IN SUMMARY, THE ORGANIZATION HAS THE CHARACTERISTICS OF A "PUBLICLY SUPPORTED" ORGANIZATION, BASED ON THE FACTS
AND CIRCUMSTANCES TEST DESCRIBED IN SECTION 1 170A-9(E)(3) OF THE TREASURY REGULATIONS SPECIFICALLY, A SMALL

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.)
NUMBER OF DONORS DO NOT CONTROL THE ORGANIZATION RECENT CHANGES IN GOVERNANCE HAVE MEANT THAT THE
ORGANIZATION'S ACTIVITIES HAVE BEEN LARGELY SUSPENDED THE ORGANIZATION IS CONTINUING TO SEEK NEW SOURCES OF
SUPPORT FROM THE GENERAL PUBLIC AS WELL AS OTHER ORGANIZATIONS ACCORDINGLY, THE ORGANIZATION QUALIFIES AS A
"PUBLICLY SUPPORTED" ORGANIZATION DESCRIBED IN SECTION 170(B)(1)(A)(VI)

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

#### Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

ALLIANCE FOR WATER STEWARDSHIP NORTH AMERICA INC 27-1243253 FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE ADVANCEMENT OF COMMUNITY DEVELOPMENT AND THE ADVANCEMENT OF ENVIRONMENTAL PROTECTION OR IMPROVEMENT BY PROMOTING THE RESPONSIBLE AND EQUITABLE STEWARDSHIP OF FRESHWATER THE ORGANIZATION'S OBJECTIVES ARE TO PROMOTE THE USE OF WATER THIS IS SOCIALLY EQUITABLE, ENVIRONMENTALLY SUSTAINABLE AND ECONOMICALLY BENEFICIAL, INCLUDING WATER USE THAT IS (A) SOCIALLY EQUITABLE IN THAT IT RECOGNIZES AND IMPLEMENTS THE HUMAN RIGHT TO WATER AND SANITATION AND HELPS TO ENSURE HUMAN WELLBEING AND EQUITY, (B) ENVIRONMENTALLY SUSTAINABLE IN THAT IT MAINTAINS OR IMPROVES BIODIVERSITY, ECOLOGICAL AND HYDROLOGICAL PROCESSES AT THE CATCHMENT LEVEL, AND (C) ECONOMICALLY BENEFICIAL IN THAT IT CONTRIBUTES TO LONG-TERM SUSTAINABLE ECONOMIC GROWTH AND DEVELOPMENT AND POVERTY ALLEVIATION FOR WATER USERS, LOCAL COMMUNITIES AND SOCIETY AT LARGE FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS GOAL 1. THE AWS SYSTEM IS ROBUST AND CREDIBLE IT ENABLES, RECOGNIZES AND REWARDS GOOD WATER STEWARDSHIP AS THE NORTH AMERICAN ARM OF THE ALLIANCE FOR WATER STEWARDSHIP, THE ORGANIZATION SUPPORTED AND PROMOTED THE RELEASE OF THE REVISED AWS INTERNATIONAL WATER STEWARDSHIP STANDARD (AWS STANDARD) THE ORGANIZATION ALSO PROVIDED NUMEROUS TRAINING SESSIONS TO TRAIN MORE INDIVIDUALS TO THE AWS STANDARD GOAL 2 WATER STEWARDSHIP IS A GLOBALLY RECOGNIZED BRAND THAT DRIVES PARTICIPATION THE ORGANIZATION SUPPORTED AWS INTERNATIONAL'S EFFORTS TO INCREASE MEMBERSHIP AND TO ENCOURAGE ADDITIONAL COMPANITES TO CERTIFY THEIR SITES TO THE AWS STANDARD GOAL 3 AWS HAS THE FINANCIAL CAPACITY AND PEOPLE CAPABILITY TO DELIVER GOALS 1 & 2 AND BUILD GLOBAL PARTICIPATION IN THE AWS WATER STEWARDSHIP SYSTEM. THE ORGANIZATION, THROUGH THE SUPPORT OF THE WATER COUNCIL, INC. DEDICATES TWO FULL-TIME STAFF AND A PART-TIME INTERN TO SUPPORT THE NORTH AMERICAN ACTIVITIES OF THE ALLIANCE FOR WATER STEWARDSHIP

THE GOALS DESCRIBED ABOVE ARE THE OVERALL GOALS OF AWS INTERNATIONAL AS NOTED IN SCHEDULE A, PART VI, THE

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Page	•

Name of the organization	Employer identification number
ORGANIZATION'S BOARD WAS RESTRUCTURED IN 2018 AND FURTHER CHANGED DURING 2019 AS A	RESULT, THE ORGANIZATION'S
ACTIVITIES, PARTICULARLY FROM A FUNDRAISING/DEVELOPMENT STANDPOINT HAVE BEEN LARGEL	Y SUSPENDED MUCH OF THE
NORTH AMERICAN ACTIVITY FOR AWS HAS BEEN MANAGED BY, AND WILL CONTINUE TO BE MANAGE	D BY, THE WATER COUNCIL INC
AS ITS PARTNER 501(c)(3) ORGANIZATION UNTIL PLANS ARE DEVELOPMENT UNDER THE NEW BOARD	MANAGEMENT
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS	
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO	D PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT THE ORGANIZATIO, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY	Y OR INDIRECTLY, ON A
PERSONAL BENEFIT CONTRACT	
FORM 990-EZ, PART I, LINE 20, OTHER CHANGES IN NET ASSETS OR FUND BALANCES	
AWS INTERNATIONAL CLOSED A U.S. BANK ACCOUNT AND TRANSFERED THE FUNDS IN THE AMOUNT	T OF \$47,941 THIS TRANSFER
BROUGHT THE ORGANIZATION'S ASSETS DOWN TO \$0 AND WAS DIRECTLY RELATED TO THE RESTRU	JCTURING OF THE
ORGANIZATION'S BOARD AS WELL AS THE SUSPENSION OF THE MAJORITY OF THE ORGANIZATIONS	ACTIVITIES
NOTE THE ORGANIZATION'S NAME HAS BEEN CHANGED FROM ALLIANCE FOR WATER STEWARDSHIP	INC TO ALLIANCE FOR WATER
STEWARDSHIP NORTH AMERICA INC THE AMENDMENT TO THE ARTICLES OF INCORPORATION DOCU	JMENTING THE CHANGE WAS
PREVIOUSLY SUBMITTED TO THE IRS BY MAIL, BUT IS ALSO ATTACHED ON THE NEXT PAGE	