Department of the Treasury

### Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2016 Open to Public

Inspection u Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2016 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if applicable: Address change WATER&SANITATION ROTARIAN ACTION GR Doing business as WASRAG 20-8656760 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone numbe 416-596-3607 Initial return 121 KING STREET WEST, ROOM/STE 1910 Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated TORONTO, ONTARIO, CANADA CA M5H 3T9 91,238 G Gross receipts\$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending WILLIAM BOYD 121 KING STREET WEST, ROOM/STE 1910 H(b) Are all subordinates included? TORONTO CA M5H 3T9 If "No," attach a list. (see instructions) 4 ) **t** (insert no.) X 501(c) 4947(a)(1) or 501(c)(3) Tax-exempt status: WWW.WASRAG.ORG Website: U H(c) Group exemption number  ${f u}$ Year of formation: 2007 Form of organization: X Corporation Trust Other  ${f u}$ Association M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: ... AN INTERNATIONAL ASSOCIATION OF ROTARIANS FOCUSED ON IMPROVING LIVES WORLD Governance WIDE BY INCREASING ACCESS TO CLEAN WATER THROUGH HYGIENE EDUCATION AND BY PROVIDING PROJECT COORDINATION AND TECHNICAL SUPPORT. 2 Check this box u if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Activities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 9 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 0 5 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 Current Year 8 Contributions and grants (Part VIII, line 1h) 148,214 15,625 Revenue 9 Program service revenue (Part VIII, line 2g) 74.414 75,613 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 238 222,628 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ,300 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 499 246  $\mathbf{b}$  Total fundraising expenses (Part IX, column (D), line 25)  $\mathbf{u}_{\, \dots }$ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ...... 123,904 97,063 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 112,309 152,703 69,925 -21.07119 Revenue less expenses. Subtract line 18 from line 12 5 Beginning of Current Year 195,454 168 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 156 168 22 Net assets or fund balances. Subtract line 21 from line 20 298 168, Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sian Signature of officer Here WILLIAM BOYD CHAIR Type or print name and title Print/Type preparer's name Preparer's signature Check Paid GEORGE M. GARDNER, JR. self-employed P00104965 Preparer 38-1<u>968022</u> DE BOER, BAUMANN & COMPANY Firm's EIN } Firm's name **Use Only** 110 N. THIRD STREET 616-846-3350 GRAND HAVEN, MΙ 49417

May the IRS discuss this return with the preparer shown above? (see instructions)

### Form 990 (2016) WATER&SANITATION ROTARIAN ACTION GR 20-8656760

#### **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ complete Schedule A Χ Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 Χ 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C. Χ 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Χ 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." Χ complete Schedule D, Part III 8 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Χ 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Χ 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Χ 11a **b** Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Χ 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Χ 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 Χ 11f Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ Schedule D, Parts XI and XII 12a **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Χ for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Χ 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Χ 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Χ Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ If "Yes," complete Schedule G, Part III.

### Form 990 (2016) WATER&SANITATION ROTARIAN ACTION GR 20-8656760

Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Χ b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Χ 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Χ 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated Χ employees? If "Yes." complete Schedule J 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a Χ Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Χ transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I ..... Χ Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II Χ 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Χ entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): Χ A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Χ 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Χ Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." 32 Χ complete Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Χ 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, Χ or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Χ

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

19? Note. All Form 990 filers are required to complete Schedule O.

Pa	Int V Statements Regarding Other IRS Filings and Tax Compliance	+ \ /					П
	Check if Schedule O contains a response or note to any line in this Par	ιν			· · · · · ·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	4			103	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0				
C	Did the organization comply with backup withholding rules for reportable payments to vendors and						
	reportable gaming (gambling) winnings to prize winners?				1c	Х	
2a		 					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re	eturns?			2b		i
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedu				3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or oth						
	over, a financial account in a foreign country (such as a bank account, securities account, or other	r financial					
	account)?			L <i>•</i>	4a	Х	<u> </u>
b	If "Yes," enter the name of the foreign country: u CANADA						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia	ial Accour	nts				
	(FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year				5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	saction?			5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			L <u>'</u>	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	d the					
	organization solicit any contributions that were not tax deductible as charitable contributions?			🚅	6a	X	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contrib	utions or					
	gifts were not tax deductible?				6b		X
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 f	or goods			_		
	and services provided to the payor?				7a		<b>—</b>
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				70		
d	required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year				7c		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benef		•	,	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit or				7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file				7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organ				7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain						
	sponsoring organization have excess business holdings at any time during the year?	,			8		
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?			!	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources						
	against amounts due or received from them.)	11b					l
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 990 i	1	1	1	I2a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	. 12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>			
а					I3a		
L	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which	1406	I				
•	the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand						
с 14а	Enter the amount of reserves on hand		1	<del></del>	I4a		Х
, ta	If "Vee " here it filed a Form 720 to report these normants? If "No " provide an explanation in Saha			·····   <del>  '</del>	.u	-+	

Part VI
Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		Х
6	Did the organization have members or stockholders?			6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a	Χ	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing hady?			8a	Х	
b	For a constitute with purposity to get an habit of the accounting head O			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Intel					
				,	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing			11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13		Х
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		Х
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
-	with a taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 000 is required to be filed as NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 50					
	available for public inspection. Indicate how you made these available. Check all that apply.	. / (*)	. • • •			
	X Own website Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interesting the state of the	est pol	icy, and			
	financial statements available to the public during the tax year.		· ·			
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	rds: u				
	ICHAEL COLASURDO 130 FOXWOOD RD					
	NT 0970	1 _ 5	767 722	02	2 _ 0	<b>57</b> /

# 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 year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for	bo	x, unle	ess person is both an from the a director/trustee) the		Reportable compensation from	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the		
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	<b>,</b>	organization and related organizations
(1) WILLIAM BOYD	2.00									
CHAIR	0.00	X		X				0	0	0
(2) MICHAEL WEBB										
. ,	4.00									
VICE CHAIR	0.00	X		Х				0	0	0
(3) PETER KYLE										
DIRECTOR	1.00	X						0	0	0
(4) RAVI LANGER										
DIRECTOR	1.00	X						0	0	0
(5) MICHAEL BARRING										
DIRECTOR	1.00	X						0	0	0
(6) CHRIS MATALYA										
DIRECTOR	1.00	X						0	0	0
(7) BHARAT PANDYA										
	1.00									
DIRECTOR	0.00	X						0	0	0
(8) MARK BALLA	1 00									
DIRECTOR	1.00	X						0	0	0
(9) VALERIE JOHNSON	0.00	125						- U	0	<u> </u>
(-,	1.00									
DIRECTOR	0.00	Х						0	0	0
(10)										
(11)										

02310300 03/13/2017							
Form 990 (2016)	WATER&SANITATION	ROTARIAN	ACTION	GR	2.0-	865676	0

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	Employees (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for	bo	x, unl	Pos check ess pe	rson i	than c s both or/trust	an	(D)  Reportable compensation from the organization	(E)  Reportable  compensation from  related  organizations  (W-2/1099-MISC)	c	(F) Estimat amount other ompensa	of ation	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W21033-MIGG)		organiza and rela	tion ted	
1b c d	Total from continuation sheet Total (add lines 1b and 1c)	ets to Part VII, S	Secti	ion <i>i</i>	<b>4</b>			u u u						
2	Total number of individuals (in reportable compensation from				thos	e list	ted a	bov	e) who received more than	\$100,000 of				
3	Did the organization list any for	ormer officer, dire	ecto	r, or	trust	ee. I	kev e	emp	loyee, or highest compensa	ated	Г		Yes	No
4	employee on line 1a? If "Yes," For any individual listed on line organization and related organ	<i>complete Sched</i> at the sum	<i>dule</i> of r	<i>J for</i>	<i>suc</i> table	h ind com	dividu npens	<i>ial</i> satio	on and other compensation	from the		3		X
5	Did any person listed on line		crue	com	pens	atior	n fror	n ar	ny unrelated organization or			4		X
Sect	for services rendered to the o ion B. Independent Contractor		'es,"	con	plete	e Sci	hedu	le J	tor such person			5		X
1	Complete this table for your fir compensation from the organization										ear.			
		(A) business address								(B) tion of services		Cor	(C) npensati	on
2	Total number of independent of received more than \$100,000								se listed above) who	0				

Pa	rt V				tains a	response o	r note to any line ir	n this Part VIII		П
					<u></u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
nts Its	1a	Federated campaigns		1a						
Program Service Revenue Contributions, Gifts, Grants Program Service Revenue	b	Membership dues		1b		11,125				
Ą,	С	Fundraising events		1c						
ifts ar	d	Related organizations	· · · · ·	1d						
£, Β∺	е.	Government grants (contributions)		1e						
Sis	f	All other contributions, gifts, grants	· · · · ·							
Per je		and similar amounts not included		1f		4,500				
흕		Noncash contributions included in	L L lines 1e 1		\$	1,300				
등	g	Total. Add lines 1a–1f					15,625			
<u>ө</u>	- 11	Total. Add lines ra-II	<u></u>		<u> </u>		13,023			
enn	20					900099	74 024	74,034		
Seve	2a	*	MMT'T'				74,034 1,579			
e E	b	MISCELLANEOUS				900099	1,5/9	1,579		
ΪŽ	C					$\vdash$				
S	d					<b>—</b>				
ram	е					$\vdash$				
rog	f	All other program service				$\vdash$				
<u> </u>	g	Total. Add lines 2a-2f					75,613	T		
	3	Investment income (incl	•	divider	ids, intere	est,				
		and other similar amour								
	4	Income from investment	t of tax-	exem	pt bond p	oroceeds ${f u}$				
	5	Royalties		<u></u>		u				
		(i)	) Real		(ii) I	Personal				
	6a	Gross rents								
	b	Less: rental exps.								
	С	Rental inc. or (loss)								
	d	Net rental income or (los	ss)			u				
	7a	Gross amount from (i) S	Securities		(ii)	Other				
		sales of assets other than inventory								
	b	Less: cost or other								
		basis & sales exps.								
	С	Gain or (loss)								
		Net gain or (loss)				11				
		Gross income from fundrais								
Revenue	-	(not including ¢								
ķ		of contributions reported on								
R		See Part IV, line 18								
Other	h	Less: direct expenses		ь р		-				
₹		Net income or (loss) from			ovente	.,				
		Gross income from gaming			events .	u				
	Эа	0 0								
		See Part IV, line 19		a						
		Less: direct expenses			es de la la					
		Net income or (loss) from	-	ing ac	tivities	u				
	10a	Gross sales of inventory								
		returns and allowances				-				
		Less: cost of goods sold								
	С	Net income or (loss) from		of in	ventory					
		Miscellaneous R	Revenue			Busn. Code				
	11a	·								
	b									
	С									
	d	All other revenue								
	е	Total. Add lines 11a-11	ld			u				
	12	Total revenue. See ins					91,238	75,613	0	0

Form 990 (2016) WATER&SANITATION ROTARIAN ACTION GR 20-8656760

# Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations

360	Check if Schedule O contains a respons			ilete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations			J	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	````				
b					
С	Accounting	1,790		1,790	
d	Labbuina				
e	Professional fundraising services. See Part IV, line 17	15,246			15,246
f	Investment management fees				
q					
9	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	1,207		1,207	
14	Information technology	6,367	6,367	1/207	
15	Royalties	0,301	0,30,		
16					
17	Occupancy	3,081	3,081		
18	Travel Payments of travel or entertainment expenses	3,001	3,001		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	44,738	44,738		
20		11,750	11,730		
21					
22	Payments to affiliates  Depreciation, depletion, and amortization				
23	La salans a	744		744	
24	Other expenses. Itemize expenses not covered	7 1 1		, , , ,	
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	DDOGEOD & CAMPLE HAGH FUR	22,804	22,804		
a b	WALLACE GENETIC FND EXP	11,300	11,300		
C	MEXICO WATER PROJECT	1,894	1,894		
d	HONOPARTIMS	1,500	1,500		
e	All other systems	1,638	1,300	1,638	
25	Total functional expenses. Add lines 1 through 24e	112,309	91,684	5,379	15,246
26	Joint costs. Complete this line only if the	112,307	)	3,317	13,210
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here <b>u</b> if following SOP 98-2 (ASC 958-720)				

	art 🗡	Balance Sneet				
		Check if Schedule O contains a response or note to	o any line in this Part X		<u></u>	
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest bearing		185,454	1	158,395
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	A a a a constant a para di calaba a para			4	
	5	Loans and other receivables from current and former offi				
		trustees, key employees, and highest compensated emp	loyees.			
		Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified personal control of the contr				
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary e	employees' beneficiary			
Ŋ		organizations (see instructions). Complete Part II of Sche	edule L		6	
Assets	7	Notes and loans receivable, net			7	
Ä	8	la cantada da Canada an casa			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or				
		other basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities	·		11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other coasts Coa Dout IV line 44		10,000	15	10,000
	16	Total assets. Add lines 1 through 15 (must equal line 34)		195,454	16	168,395
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of	Schedule D		21	
Ś	22	Loans and other payables to current and former officers,				
litie		trustees, key employees, highest compensated employee	es, and			
Liabilities		disqualified persons. Complete Part II of Schedule L $\dots$	L		22	
	23	Secured mortgages and notes payable to unrelated third	parties		23	
	24	Unsecured notes and loans payable to unrelated third pa	ırties	6,156	24	168
	25	Other liabilities (including federal income tax, payables to	related third			
		parties, and other liabilities not included on lines 17-24).	Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		6,156	26	168
		Organizations that follow SFAS 117 (ASC 958), check	here u X and			
ces		complete lines 27 through 29, and lines 33 and 34.		=		
lan	27			146,593	27	121,517
å	28			42,705	28	46,710
or Fund Balances	29				29	
Ē		Organizations that do not follow SFAS 117 (ASC 958)	, check here u 🔲 and			
S		complete lines 30 through 34.				
Assets	30				30	
	31	Paid-in or capital surplus, or land, building, or equipment			31	
Net	32	Retained earnings, endowment, accumulated income, or	other funds	100 000	32	160 000
	33			189,298	33	168,227
	34	Total liabilities and net assets/fund balances		195.4541	34	168.395

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1		91,:	
2		2		12,3	
3	Revenue less expenses. Subtract line 2 from line 1	3		21,0	
4		4	18	39, <i>:</i>	298
5	Net unrealized gains (losses) on investments	5			
6		6			
7	Investment expenses	7			
8		В			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
		0	16	58,2	<u> 227</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Щ
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	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 Audit Act and OMB Circular A-133?		3a		X
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.		3b		

Form **990** (2016)

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

### Political Campaign and Lobbying Activities

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

**2016** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service u Complete if the organization is described below. u Attach to Form 990 or Form 990-EZ. u Information about Schedule C (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

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

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

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

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

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

• 5	section 501(c)(4), (5), or (6) organizations: Complete Part III.				
	e of organization			Employer ident	ification number
	WATER&SANITATION ROT	'ARIAN ACTION G	R	20-86567	60
Par	t I-A Complete if the organization is exem	pt under section 501(c)	or is a section	on 527 organizatio	on.
1	Provide a description of the organization's direct and indire	ct political campaign activities	in Part IV. (see in	structions for	
	definition of "political campaign activities")				
2	Political campaign activity expenditures (see instructions) .			u\$	
3	Volunteer hours for political campaign activities (see instru	ctions)			
Par	t I-B Complete if the organization is exem		, , <i>,</i>		
1	Enter the amount of any excise tax incurred by the organiz	ation under section 4955		u\$	
2	Enter the amount of any excise tax incurred by organization	n managers under section 495	5	u\$	<u></u>
3	If the organization incurred a section 4955 tax, did it file Fo	rm 4720 for this year?			Yes No
	Was a correction made?				Yes No
	If "Yes," describe in Part IV.			504( )(0)	
Pai	t I-C Complete if the organization is exem			ion 501(c)(3).	
1	Enter the amount directly expended by the filing organization	•			
	activities			u\$	
2	Enter the amount of the filing organization's funds contribute	· ·			
_	527 exempt function activities			u\$	
3	Total exempt function expenditures. Add lines 1 and 2. Ent			•	
	line 17b			u\$	
4	Did the filing organization file Form 1120-POL for this year				Yes No
5	Enter the names, addresses and employer identification nu	` '			
	organization made payments. For each organization listed,				
	the amount of political contributions received that were pro			=	
	as a separate segregated fund or a political action committee				(a) A
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	<ul><li>(e) Amount of political contributions received and</li></ul>
				funds. If none, enter -0	promptly and directly
					delivered to a separate
					political organization. If none, enter -0
(1)					
(.,					
(2)					
(-)					
(3)					
` '					
(4)					
_					
(5)					
(6)					

	116900 09/15/2017						
	hedule C (Form	990 or 990-EZ) 2016 WATER					
Г	ail II-A	Complete if the organi section 501(h)).	zation is exemp	under Section	501(c)(s) and	i illeu Foilli 5766 (e	lection under
A	Check u		on belongs to an	affiliated group (a	and list in Par	t IV each affiliated gr	oup member's
		name, address, EIN,	•	<b>.</b>		•	•
В	Check u	if the filing organizati	on checked box	A and "limited cor	ntrol" provisio	ns apply.	
		Limits on Lo	bying Expendi	tures		(a) Filing	(b) Affiliated
		(The term "expenditures"				organization's totals	group totals
1		ying expenditures to influence p					
		ying expenditures to influence a					
		ying expenditures (add lines 1a	and 1b)				
		mpt purpose expenditures					
		npt purpose expenditures (add li					1
		nontaxable amount. Enter the ar	nount from the follow	ving table in both			1
	columns.		The label of a con-		——————————————————————————————————————		
		unt on line 1e, column (a) or (b) is		entaxable amount is:	<del></del>		
	Not over \$500	000,000 000 but not over \$1,000,000	20% of the amou	% of the excess over \$5	00,000		
		0,000 but not over \$1,000,000		% of the excess over \$1			
		0,000 but not over \$17,000,000		6 of the excess over \$1,5			
	Over \$17,0		\$1,000,000.	of the excess over \$1,5	500,000.		
	•	s nontaxable amount (enter 25%	( ); ( )		- 1		
	_	ne 1g from line 1a. If zero or les					
		ne 1f from line 1c. If zero or less			1		
		an amount other than zero on e					
		section 4911 tax for this year? .					Yes No
	, ,	·		ing Period Under			
	(So	me organizations that mad	_		• •		ımns below.
	(55)	_	-	instructions for lin	-		
		Lo	bbying Expendit	ures During 4-Yea	r Averaging F	eriod	
	Calend	ar year (or fiscal year	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	( <b>d)</b> 2016	<b>(e)</b> Total
		beginning in)	(a) 2010	(8) 2014	(6) 2010	(4) 2010	(6) Total
	2a Lobbying	nontaxable amount					
	<b>h</b> Lobbying	ceiling amount					
	, 0	line 2a, column(e))					
	,	ying expenditures					
	<b>d</b> Grassroots	s nontaxable amount					

Schedule C (Form 990 or 990-EZ) 2016

e Grassroots ceiling amount (150% of line 2d, column (e)) f Grassroots lobbying expenditures Schedule C (Form 990 or 990-EZ) 2016 WATER&SANITATION ROTARIAN ACTION GR 20-8656760

	(election under section 501(h)).	(a	a)		(b)	<del></del>	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	Vaa	N.				
aesc	cription of the lobbying activity.	Yes	No		Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:						
	Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
	Media advertisements?						
d	Mailings to members, legislators, or the public?						
е	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
	Other activities?						
j	j Total. Add lines 1c through 1i						
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b	If "Yes," enter the amount of any tax incurred under section 4912						
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
	I If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Pai	rt III-A Complete if the organization is exempt under section 501(c)(4), section 50	01(c)(5),	or s	ection			
	501(c)(6).						
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1	X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	X	↓
3_	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior years.				3		X
Pai	rt III-B Complete if the organization is exempt under section 501(c)(4), section 50						
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No	," OR (b	) Par	t III-A,	line	3, IS	
	answered "Yes."		1				
1	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of						
2	political expenses for which the section 527(f) tax was paid).						
			20				
a h	Correct year		2a 2b				
D	Carryover from last year						
2	Total  Aggregate amount reported in costion 6023(a)(1)(A) notions of pendeductible costion 163(a) dues		2c 3				
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		<u> </u> •				
4	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				
<u>5</u>	Taxable amount of lobbying and political expenditures (see instructions)		5				
	rt IV Supplemental Information  ride 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); F	Dowt II A liv	1				
		an II-A, III	IES I d	ariu			
2 (56	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.						

Schedule C (Form	n 990 or 990-EZ) 2016	WATER&SANITATION	ROTARIAN	ACTION	GR	20-8656760	Page <b>4</b>
Part IV	Supplemental	Information (continued)					

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

u 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.

u Attach to Form 990. u Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. 2016
Open to Public Inspection

Name of the organization Employer identification number WATER&SANITATION ROTARIAN ACTION GR 20-8656760 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year ..... Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year \_\_\_\_\_ | 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register \_\_\_\_\_\_\_ Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located  ${f u}$ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 u \$ (ii) Assets included in Form 990, Part X u \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X .....

29168	900 09/15/2017 11:24 AW									
Sche	dule D (Form 990) 2016 WATER&SAN	TTATTON RO	TARTAN ACT	TON GR	20-86567	60			Ps	age <b>2</b>
	ort III Organizations Maintaining						sets (	continu		ige <u>=</u>
3	Using the organization's acquisition, accessic collection items (check all that apply):						,			
а	Public exhibition	d $\square$ L	oan or exchange pro	narame						
b	Scholarly research	_	Other	•						
C	Preservation for future generations	· Ш 、	Julio1							
4	Provide a description of the organization's co	llections and explain	how they further the	organization'	s exempt purpose	in Part				
7	XIII.	mediono ana explain	now they farther the	organization	o exempt purpose	iii i ait				
5	During the year, did the organization solicit of	r receive donations o	f art historical treasu	ires or other	similar					
-	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Pa	ert IV Escrow and Custodial Are		<u> </u>							
	Complete if the organization 990, Part X, line 21.		on Form 990, Pa	rt IV, line 9	9, or reported	an amo	ount or	Form		
1a	Is the organization an agent, trustee, custodi	an or other intermedi	arv for contributions of	or other asse	ts not					
	included on Form 990, Part X?							Yes	, [	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:							·
								Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
	Distributions during the year					1e				
	Ending balance					1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cus	stodial accou	nt liability?			Yes	;	No
	If "Yes," explain the arrangement in Part XIII.									
Pa	rt V Endowment Funds.									
	Complete if the organization	answered "Yes"	on Form 990, Pa	rt IV, line	10.					
		(a) Current year	(b) Prior year	(c) Two ye	ars back (d) Th	ree years	back	(e) Four	years b	ack
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a))	held as:						
		%								
	Permanent endowment <b>u</b> %									
С	Temporarily restricted endowment $\mathbf{u}$	%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ssion of the organizat	tion that are held and	l administered	d for the			_		
	organization by:								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	ed on Schedule R?					3b		
	Describe in Part XIII the intended uses of the		wment funds.							
Pa	Land, Buildings, and Equi Complete if the organization	•	on Form 990, Pa	rt IV, line	11a. See Form	990, F	Part X,	line 10	).	
	Description of property	(a) Cost or other ba	asis (b) Cost or (oth		(c) Accumulate depreciation	ed		(d) Book v	alue	
1a	Land									
b	Buildings									
	=		<del></del>		1		1			

c Leasehold improvements d Equipment ..... **e** Other ..... Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) Schedule D (Form 990) 2016 WATER&SANITATION ROTARIAN ACTION GR 20-8656760

Contact   Cont	Part VII	Investments—Other Securities.  Complete if the organization answered "Yes	s" on Form 990. Part IV. lir	ne 11b. See Form 990. Pa	art X. line 12.
(1) Financial derivatives (2) Closely-hald equity interests (3) Other (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9		(a) Description of security or category		(c) Method of	valuation:
(2) Closely-held equity interests (3) Other (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (1) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (6) (6) (7) (8) (9) (9) (9) (1) (9) (1) (1) (1) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (9) (9) (9) (9) (1) (1) (1) (1) (1) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1				Cost or end-of-year	market value
(3) Office	(1) Financial	derivatives			
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(2) Closely-he	eld equity interests			
(B)					
(C)					
Col.   Column (b) must equal Form 990, Part X, col. (B) line 12) u   Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) u   Column (b) must equal Form 990, Part X, col. (B) line 15) u   Column (b) must equal Form 990, Part X, col. (B) line 15) u   Column (b) must equal Form 990, Part X, col. (B) line 15) u   Column (b) must equal Form 990, Part X, col. (B) line 15) u   Column (b) must equal Form 990, Part X, col. (B) line 15) u   Column (b) must equal Form 990, Part X, col. (B) line 15) u   Column (b) must equal Form 990, Part X, col. (B) line 15) u   Column (b) must equal Form 990, Part X, col. (B) line 15) u   Column (b) must equal Form 990, Part X, col. (B) line 15) u   Column (b) must equal Form 990, Part X, col. (B) line 15) u   Column (b) must equal Form 990, Part X, col. (B) line 15) u   Column (b) must equal Form 990, Part X, col. (B) line 15) u   Column (b) must equal Form 990, Part X, col. (B) line 15) u   Column (b) must equal Form 990, Part X, col. (B) line 15) u   Column (b) must equal Form 990, Part X, col. (B) line 15) u   Column (b) must equal Form 990, Part X, col. (B) line 15) u   Column (b) must equal Form 990, Part X, col. (B) line 15) u   Column (b) must equal Form 990, Part X, col. (B) line 25) u   Column (b) must equal Form 990, Part X, col. (B) line 25) u   Column (b) must equal Form 990, Part X, col. (B) line 25) u   Column (b) must equal Form 990, Part X, col. (B) line 25) u   Column (b) must equal Form 990, Part X, col. (B) line 25) u   Column (b) must equal Form 990, Part X, col. (B) line 25) u   Column (b) must equal Form 990, Part X, col. (B) line 25) u   Column (b) must equal Form 990, Part X, col. (B) line 25) u   Column (b) must equal Form 990, Part X, col. (B) line 25) u   Column (b) must equal Form 990, Part X, col. (B) line 25) u   Column (b) must equal Form 990, Part X, col. (B) line 25) u   Column (b) must equal Form 990, Part X, col. (B) line 25) u   Column (b) must equal Form 990, Part X, col. (B) line 25) u   Column (b) must equal Form 990, Part X, col.					
(E)				-	
Column (b) must equal Form 990, Part X, col. (B) line 13) u   Column (b) must equal Form 990, Part X, col. (B) line 15.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 13.	(D)			+	
Color   Colo				+	
Control   Column (b) must equal Form 990, Part X, col. (B) line 12.) u   Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.				+	
Part Vill   Investments	(H)			+	
Investments—Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (a) Description of investment   (b) Book value   (c) Method of valuation:			I		
(b) Besix pation of investment   (b) Besix hattine   (c) Besix hat	i dit viii		s" on Form 990 Part IV lir	ne 11c See Form 990 Pa	art X line 13
(1)					
(2)   (3)   (4)   (5)   (6)   (7)   (7)   (8)   (9)			, ,	Cost or end-of-year	market value
(2)   (3)   (4)   (5)   (6)   (7)   (7)   (8)   (9)	(1)				
(6)					
(6)					
6					
(6)					
(7) (8) (9) (9) (10) must equal Form 990, Part X, col. (B) line 13.) u  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (9) (9) (10) (10) (10) (10) (10) (10) (10) (10					
Column   (b) must equal Form 990, Part X, col. (B) line 13.) \( \frac{1}{2} \)					
Total.   Column   (b) must equal Form 990, Part X, col. (B) line 13) u	(8)				
Other Assets.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   (a) Description   (b) Book value   (1) BENEFICIAL INTEREST IN ASSETS HELD   10,000	(9)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   (a) Description   (b) BENEFICIAL   INTEREST   IN   ASSETS   HELD   10,000	Total. (Colum				
(1) BENEFICIAL INTEREST IN ASSETS HELD 10,00 (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15)  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u (6) Interest income taxes (9) (1) Federal income taxes (9) (1) Federal income taxes (1) Interest income taxes (2) Interest income taxes (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u (1) Interest in Nasset in Helio (5) (6) (7) (7) (8) (9) (9) (1) Interest in Nasset in Helio (9) (1) Federal income taxes (1) Interest in Nasset in Helio (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) Interest in Nasset in Helio (9) (1) Interest in Nasset in Helio (1) Interest in Helio (1) Interest in Nasset in Helio (1) Interest in Helio (2) Interest in Helio (3) Interest in Helio (4) Interest in Helio (5) Interest in Helio (6) Interest in Helio (6) Interest in Helio (7) Interest in Helio (8) Interest in Helio (9) Inte	Part IX		s" on Form 990, Part IV, lir	ne 11d. See Form 990, Pa	art X, line 15.
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Local Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Foderal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Foderal income taxes (9) (1) Foderal income taxes (9) (1) Foderal income taxes (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Foderal income taxes (1) Foderal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Foderal income taxes (1) Foderal income taxes (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (1) Foderal income taxes (1) Foderal income taxes (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) Foderal income taxes (1) Foderal income taxes (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (1) Foderal income taxes (1) Foderal income taxes (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (7) (8) (9) (9) (1) Foderal income taxes (1) Foderal income taxes (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (7) (8) (9) (9) (1) Foderal income taxes (1) Foderal income taxes (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (8) (9) (9) (1) Foderal income taxes (1) Foderal income taxes (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (8) (9) (9) (1) Foderal income taxes (1) Foderal income taxes (2) Foderal income taxes (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (8) (9) (8) (9) (8) (8) (9) (8) (8) (9) (8) (8) (9) (8) (8) (8) (8) (9) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8			on		
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  1	(1)	BENEFICIAL INTEREST	IN ASSETS HELD		10,000
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	(2)				
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	(3)				
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u					
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u					
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u					
Total.   Column   (b) must equal Form 990, Part X, col.   (B) line 15.)   u   10,00					
Total.   Column   (b) must equal Form 990, Part X, col. (B) line 15.)   u   10,00					
Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u		(I)			10 000
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u				u	10,000
Column (b) must equal Form 990, Part X, col. (B) line 25.) u   (b) Book value   (c) Book value   (d) Book value   (e) Book	Part X		o" on Form 000 Bort IV/ lir	o 110 or 11f Coo Form (	000 Bort V
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>		line 25.	<u> </u>	ie ne or m. see romis	990, Fait A,
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>	1.	., , ,	(b) Book value	_	
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>		income taxes		_	
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>				_	
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>				_	
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>				_	
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>				_	
(8) (9) <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>					
(9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u				_	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u					
		n (h) must equal Form 000 Part V and (P) line 25 \			
			the footnote to the organization's	financial statements that report	ts the

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

Pa	rt XI Reconciliation of Revenue per Audited Financial		ue per Return.	
	Complete if the organization answered "Yes" on Form			
1	Total revenue, gains, and other support per audited financial statements $\dots$		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	- · · · · · · · · · · · · · · · · · · ·	2b		
С	Recoveries of prior year grants	2c		
d		2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1.	2.)	5	
	rt XII Reconciliation of Expenses per Audited Financial			
	Complete if the organization answered "Yes" on Form		•	
1	Total auraneae and laces was audited financial statements	· · · · · · · · · · · · · · · · · · ·	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	5.00	2a		
	Prior year adjustments	2b		
c	Other losses	2c		
d		2d		
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:			
т э	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
		<del></del>		
	Add lines 40 and 4b		1.40	
С	Add lines 4a and 4b		4c	
с 5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line			
5 <b>P</b> a	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information.	18.)	5	
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information.	18.) 4; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
c 5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa o provide any additional inform	rt V, line 4; Part X, line ation.	
c 5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part the supplemental Information.	18.) 4; Part IV, lines 1b and 2b; Pa o provide any additional inform	rt V, line 4; Part X, line ation.	
c 5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part the supplemental Information.	18.) 4; Part IV, lines 1b and 2b; Pa o provide any additional inform	rt V, line 4; Part X, line ation.	
c 5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part the supplemental Information.	18.) 4; Part IV, lines 1b and 2b; Pa o provide any additional inform	rt V, line 4; Part X, line ation.	
c 5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part the supplemental Information.	18.) 4; Part IV, lines 1b and 2b; Pa o provide any additional inform	rt V, line 4; Part X, line ation.	
c 5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part the supplemental Information.	18.) 4; Part IV, lines 1b and 2b; Pa o provide any additional inform	rt V, line 4; Part X, line ation.	
c 5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part the supplemental Information.	18.) 4; Part IV, lines 1b and 2b; Pa o provide any additional inform	rt V, line 4; Part X, line ation.	
c 5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part the supplemental Information.	18.) 4; Part IV, lines 1b and 2b; Pa o provide any additional inform	rt V, line 4; Part X, line ation.	
c 5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part the supplemental Information.	18.) 4; Part IV, lines 1b and 2b; Pa o provide any additional inform	rt V, line 4; Part X, line ation.	
c 5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part the supplemental Information.	18.) 4; Part IV, lines 1b and 2b; Pa o provide any additional inform	rt V, line 4; Part X, line ation.	
C 5 Pa Provi 2; Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  Int XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part the supplemental Information.	4; Part IV, lines 1b and 2b; Pa o provide any additional inform	rt V, line 4; Part X, line ation.	
C 5 Pa Provi 2; Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part the supplemental art XI, lines 2d and 4b. Also complete this part the supplemental art XI.	4; Part IV, lines 1b and 2b; Pa o provide any additional inform	rt V, line 4; Part X, line ation.	
C 5 Pa Provi 2; Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part the supplemental art XI, lines 2d and 4b. Also complete this part the supplemental art XI.	4; Part IV, lines 1b and 2b; Pa o provide any additional inform	rt V, line 4; Part X, line ation.	
C 5 Pa Provi 2; Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the description of	4; Part IV, lines 1b and 2b; Pa o provide any additional inform	rt V, line 4; Part X, line ation.	
C 5 Pa Provi 2; Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to the description of	4; Part IV, lines 1b and 2b; Pa o provide any additional inform	rt V, line 4; Part X, line ation.	

Schedule D (F	orm 990) 2016 \	WATER&SANITATION	ROTARIAN	ACTION	GR	20-8656760	Page <b>5</b>
Part XIII	Supplementa	I Information (continued)					
• • • • • • • • • • • • • • • • • • • •							
• • • • • • • • • • • • • • • • • • • •							
• • • • • • • • • • • • • • • •							

# SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### Statement of Activities Outside the United States

u Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. u Attach to Form 990.

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

Employer identification number

Open to Public Inspection

WATER&SANITATION ROTARIAN ACTION GR 20-8656760

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

	For	m 990, Part IV, line	14b.			
1	assistance, the	e grantees' eligibility fo		to substantiate the amount of its grace, and the selection criteria used		
	grants or assi	stance?				Yes X No
2	assistance out	tside the United States	S.	ocedures for monitoring the use of it	-	
3	Activities per F	Region. (The following	Part I, line 3 table can	be duplicated if additional space is	needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CZ	ANADA					
(1)		1	1	MEMBERSHIP SERVICES		11,300
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
	Sub-total	1	1			11,300
sl	otal from continuation neets to Part I					
	otals (add nes 3a and 3b)	1	1			11,300

	F (Form 990) 2016			COTARIAN ACTION GR		Commisso if the	arani-atian and	arad "Vaa" on F	Page 4
Part I				zations or Entities Outside to ved more than \$5,000. Part II				swered "Yes" on F	orm 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
				are recognized as charities by the for section 501(c)(3) equivalency letter				11	
3 Ent	ter total number of ot	her organizations or	entities	section 301(c)(3) equivalency letter	· · · · · · · · · · · · · · · · · · ·			u u	
									(Form 990) 201

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Region (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description (h) Method of valuation recipients cash grant noncash of noncash assistance (book, FMV, disbursement assistance appraisal, other) (3) (4) (7) (8) (10) (11) (12) (13) \_(14) (15) (16) (17) (18)

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

Schedule F (Form 990) 2016

### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 3 - ACTIVITIES PER REGION				
REGION	EXPEN	DITURES	INVESTMEN	ITS
CANADA	\$	11,300	\$	0

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

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**u** Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

**u** Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public

lame of the organization ${\sf WATER\&SANITATION}$ F	OTARIAN A	CTI	ON	GR	Employer identification 20-865676	
Part I Fundraising Activities. Complete in	f the organizatio	n an	swer		•	
Form 990-EZ filers are not required	•			Ob a al. all that are by		
1 Indicate whether the organization raised funds through						
a X Mail solicitations			•	ernment grants		
b X Internet and email solicitations	f Solicitation	of go	vernm	ent grants		
c Phone solicitations	g Special fun	draisi	ng eve	ents		
d X In-person solicitations						
2a Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entity	in connection with	profe	essiona	al fundraising services?		X Yes No
<b>b</b> If "Yes," list the 10 highest paid individuals or entities (compensated at least \$5,000 by the organization.	fundraisers) pursuar	it to a	agreen	nents under which the fur	ndraiser is to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raisei custo cont	id fund- have ody or rol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
BRUCE HALLORAN		Yes	No			
1 7980 SOUTH SAN JUAN RANGE ROAD						
LITTLETON CO 80127	FUNDRAISER		Х	48,000	14,581	33,419
2						
3						
4						
5						
6						
7						
8						
9						
0						
otal				48,000	14,581	33,419
List all states in which the organization is registered or registration or licensing.		ontrib	utions			33,419

Schedule G (Form 990 or 990-EZ) 2016

WATER&SANITATION ROTARIAN ACTION GR 20-8656760

P	art	than \$15,000 of	vents. Complete if the orgation fundraising event contributing the state of the sta			
		gross receipts g	(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
Φ			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts				
	2	Less: Contributions				
		Gross income (line 1 minus				
		line 2)				
	4	Cash prizes				
		Noncash prizes				
Expenses		Rent/facility costs				
ct Exp	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses				
			Add lines 4 through 9 in column (btract line 10 from line 3, column			
P			plete if the organization ans			ted more
		than \$15,000 c	n Form 990-EZ, line 6a.	T		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
enses		Cash prizes				
Expens	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes % No	Yes %	
	7	Direct expense summary.	Add lines 2 through 5 in column (	(d)	<b>&gt;</b>	
	8	Net gaming income sumn	nary. Subtract line 7 from line 1, c	olumn (d)	<b>&gt;</b>	
9 a			e organization conducts gaming and conduct gaming activities in each			Yes No
		'No," explain:	oonaad gaming adamico in dadi			
			s gaming licenses revoked, suspe			

Sche	edule G (Form 990 or 990-EZ) 2016 WATER&SANITATION ROTARIAN ACTION GR 20-865	676C	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		
	formed to administer charitable gaming?		Yes No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%_
b	An outside facility	13b	%_
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name <b>u</b>		
	Address u		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization <b>u</b> \$ and the		
	amount of gaming revenue retained by the third party <b>u</b> \$		
С	If "Yes," enter name and address of the third party:		
	Name <b>u</b>		
	Address u		
16	Gaming manager information:		
	Name <b>u</b>		
	Gaming manager compensation <b>u</b> \$		
	Description of services provided <b>u</b>		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
 а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?		☐ Yes ☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
	spent in the organization's own exempt activities during the tax year u \$		
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) ar Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional inform See instructions		
	OCC III DILI UCIIOTIO		
• • • •			
• • • •			

Schedule G (Form 990 or 990-EZ) 2016

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

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

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

OMB No. 1545-0047 2016

Department of the Treasury Internal Revenue Service Name of the organization

u Attach to Form 990 or 990-EZ. u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

WATER&SANITATION ROTARIAN ACTION GR 20-8656760
FORM 990, PART V, LINE 4B - FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES
CANADA
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS
THE ORGANIZATION IS A NON-STOCK NONPROFIT WITH MEMBERS. MEMBERS HAVE EQUAL
RIGHTS TO PARTICIPATE IN THE ORGANIZATION'S GOVERNANCE, AND APPROVE
SIGNIFICANT DECISIONS OF THE GOVERNING BODY.
FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS
A NOMINATING COMMITTEE CALLS FOR APPLICATIONS FROM THE MEMBERSHIP, AND
DEVELOPS A SLATE OF CANDIDATES. CANDIDATES' NAMES ARE E-MAILED TO THE
MEMBERSHIP, AND THE MEMEBERSHIP MAY ADD NAMES. MEMBERSHIP THEN HAS 30 DAYS
TO VOTE THEIR CHOICE. ELECTED BOARD SELECTS OFFICERS DURING FIRST MEETING
OF THE YEAR.
FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS
MEMBERSHIP MAY OVERTURN BOARD DECISIONS WITH A TWO-THIRDS VOTE.
TORM OOO DARE UT LINE 11D ORGANIZATIONES PROCESS TO REVIEW TORM OOO
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
FORM 990 IS RECEIVED BY ACCOUNTANT PRIOR TO DUE DATE AND IS REVIEWED BY BOARD OF DIRECTORS FOR ACCURACY AND COMPLETENESS. AUTHORIZATION TO FILE IS
DETERMINED UPON REVIEW, AND ACCOUNTANT IS NOTIFIED.
DETERMITIED OF ON REVIEW, AND ACCOUNTANT 13 NOTIFIED.
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY TO BOARD OF DIRECTORS

Name of the organization  WATER&SANITATION ROTARIAN ACTION GR	Employer identification number 20-8656760
FOR REVIEW AND SIGNATURE.	
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS I	DISCLOSURE EXPLANATION
GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBL	IC UPON REQUEST.
	PAGE 1 OF 1