Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

2017 Open to Public Inspection

OMB No. 1545-0047

Α	For the	2017 calendar year, or tax year beginning JU	TL 1, 2017 and	ending J	JN 30, 2018	
В	Check if applicable	C Name of organization			D Employer identifie	cation number
	Addres	S WATERKEEPER ALLIANCE, INC.				
	Name change		13-40	071318		
	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone numbe	r
	Final return/	180 MAIDEN LANE		603	212-74	
	termin- ated		ZIP or foreign postal code		G Gross receipts	17,918,359.
	Ameno	NEW TORK, NI 10036			H(a) Is this a grown re	
	Application	F Name and address of principal officer: MARC	YAGGI		for s'	? Yes X No
_	pendin	SAME AS C ABOVE			H(b) Are " ubordinates	.ded? Yes No
				or 527	No, ittach a	list. (see instructions)
		e: WWW.WATERKEEPER.ORG			H(`rou _xemptio	n number 🕨
			sociation Other	L Year	of formal, 1999	M State of legal domicile: NY
P	art I	Summary				
Governance	1	Briefly describe the organization's mission or most NETWORK OF GRASSROOTS LEADERS PROTECTI			ROWS A GLOBAL	
na L	2	Check this box 🕨 🔲 if the organization discor	ntinued its operations or dispos	sec' ,ore	یں یہ of its net ass	sets.
Ş.	3	Number of voting members of the governing body (Part VI, line 1a)		3	13
		Number of independent voting members of the gov				12
90	5	Total number of individuals employed in calendar ye				0
/itie	6	Total number of volunteers (estimate if necessary)				15
Activities &	7 a	Total unrelated business revenue from Part VIII, col				0.
_	b	Net unrelated business taxable income from Form 9	990-T, line 34		7b	0.
o					Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		·····	20,337,032.	17,601,413.
enu	9	Program service revenue (Part VIII, line 2g)			0.	0.
Revenue	10	investment income (Part VIII, column (A), lines 3, 4,			111.	684.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 1 , and 11e,		-254,535.	92,920.
_		Total revenue - add lines 8 through 11 (must equal l	_ •		20,082,608.	17,695,017.
		Grants and similar amounts paid (Part IX, column (A			12,958,816.	9,969,355.
		Benefits paid to or for members (Part IX, column (A			0.	0.
S	15	Salaries, other compensation, employee benefits (P			693,776.	683,082.
Expenses	16a	Professional fundraising fees (Part IX, colum '^1), li	ne 11e\		224,800.	133,267.
Ž	b	Total fundraising expenses (Part IX, column (D),			5 050 050	4 207 204
ш	''	Other expenses (Part IX, column (A), lir a-11d,			5,258,850.	4,387,091.
		Total expenses. Add lines 13-17 (mus equal Pa.			19,136,242.	15,172,795.
	19	Revenue less expenses. Subtract line from lir	12		946,366.	
Net Assets or				Be	ginning of Current Year	End of Year
SSe	20				2,584,953. 693,527.	6,902,620. 2,489,844.
et A	21	Total liabilities (Part X, line 26)			1,891,426.	4,412,776.
P	22 art II	Net assets or fund balances. Subtract line 21 from Signature Block	line 20		1,031,420.	1,112,770.
		ties of perjury, I declare that I have examined this return,	including accompanying schedules	s and stateme	nts, and to the hest of my	knowledge and helief it is
		t, and complete. Declaration of preparer (other than office				intowiougo una bonoi, it io
	,	<u>, </u>	.,,			
Sig	ın	Signature of officer			Date	
He		MARC YAGGI, EXECUTIVE DIRECTOR				
	-	Type or print name and title				
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN
Pai	d	JAMES J. REILLY	· •		if self-employ	P00183769
Pre	parer	Firm's name CONDON O'MEARA MCGINTY &	DONNELLY LLP		Firm's EIN ▶	13-3628255
Use	Only	Firm's address ONE BATTERY PARK PLAZA,				
_		NEW YORK, NY 10004			Phone no.212	-661-7777
Ma	y the IF	S discuss this return with the preparer shown above	ve? (see instructions)			X Yes No

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SEE SCHEDULE O.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services red by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the control is a section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the control is a section 501(c)(4) organizations are required to report the amount of grants and allocations to other section 501(c)(4) organizations are required to report the amount of grants and allocations to other section 501(c)(4) organizations are required to report the amount of grants and allocations to other section 501(c)(4) organizations are required to report the amount of grants and allocations to other section 501(c)(4) organizations are required to report the amount of grants and allocations to other section 501(c)(4) organizations are required to report the amount of grants and allocations to other sections are required to report the section 501(c)(4) organizations are required to report the section 501(c)(4) organization 501(c)
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 10,150,626. including grants of \$ 9,969,355. (R hue \$
	WATERKEEPER ORGANIZING:
	WATERKEEPER ALLIANCE CONNECTS OVER 300 (AND GROWING) INDIVIDUAL
	WATERKEEPER ORGANIZATIONS AND AFFILIATES TO EACH OTHER AND SUPPORTS
	THEM BY PROVIDING EXPERTISE IN SCIENCE, LAW, STRATEGIC PLANNING AND
	COMMUNICATIONS, INCREASING THEIR EFFECTIVENESS IN COURTROOMS, TOWN
	HALLS, CLASSROOMS, AND IN THE MEDIA. AS A GLOBAL GRASSROOTS MOVEMENT,
	OUR CONFERENCES, SUMMITS, REGIONAL MEETINGS AND LISTSERV PROVIDE
	INVALUABLE OPPORTUNITIES FOR WATERKEEPER ORGANIZATIONS TO NETWORK AND
	LEARN FROM EACH OTHER'S CHALLENGES AND SUCCESSES, AND CAPACITY-BUILDING
	AND TECHNICAL WORKSHOPS, AND DRAW INSIGHTS AND INSPIRATION FROM
	WORLD-RENOWNED SPEAKERS, REGIONAL MEETINGS AFFORD WATERKEEPER
	ORGANIZATIONS THE CHANCE TO DEVELOP REGIONAL ADVOCACY STRATEGIES, SHARE
4b	(Code:) (Expenses \$ 586,873. including grants of \$) (Revenue \$
TD	ANNUAL CONFERENCE:
	SINCE ITS INCEPTION, THE WATERKEEPER ALLIANCE CONFERENCE HAS BEEN THE
	CORNERSTONE OF OUR MOVEMENT. THE CONFERENCE EDUCATES, INSPIRES, AND
	ENERGIZES INDIVIDUAL WATERKEEPER ORGANIZATIONS AND STRENGTHENS THEIR
	FIGHT FOR CLEAN WATER. AS THE WATERKEEPER MOVEMENT INCREASES ITS GLOBAL
	PRESENCE, THE ANNUAL CONFERENCE BECOMES INCREASINGLY IMPORTANT AS A WAY
	TO KEEP WATERKEEPER ORGANIZATIONS CONNECTED, TO MAINTAIN THE UNIQUE
	WATERKEEPER IDENTITY, AND TO INCREASE THE EFFECTIVENESS OF THE
	INDIVIDUAL ORGANIZATIONS. NEARLY 300 WATERKEEPER, WATER EXPERTS AND
	STAKEHOLDERS CONVENE EACH YEAR TO SHARE INFORMATION AND INSIGHTS FROM
	OUR GLOBAL NETWORK, LEARN CUTTING EDGE ADVOCACY STRATEGIES, AND BECOME
	REINVIGORATED TO CONTINUE THEIR WORK PROTECTING THEIR WATERSHEDS AND
4c	(Code:) (Expenses \$
70	CLEAN & SAFE ENERGY:
	TO HELP DRIVE THE SHIFT AWAY FROM COAL AS OUR PRIMARY ENERGY SOURCE,
	WATERKEEPER IS ENGAGED IN LOCAL, NATIONAL AND INTERNATIONAL EFFORTS
	BUILT AROUND LEGAL ADVOCACY, GRASSROOTS MOBILIZATION AND AGGRESSIVE
	MEDIA ATTENTION AND PUBLIC EDUCATION. THESE ACTIVITIES INCLUDE
	CHALLENGING FEDERAL RULEMAKING; TAKING ON INDIVIDUAL COAL-FIRED POWER
	PLANTS; TESTING WATER NEAR COAL ASH PONDS. WE ARE EVALUATING OUR
	SUCCESS THROUGH THE AWARENESS CREATED BY THE CAMPAIGN; INCREASED
	ADOPTION OF RENEWABLE ENERGY SOURCES BY CONSUMERS; THE CREATION OF
	STRINGENT CONTROLS FOR MERCURY EMISSIONS BY COAL-FIRED POWER PLANTS;
	THE EXTENT TO WHICH WE CAN PREVENT INCREASES IN NEW COAL-FIRED POWER
	PLANTS; INFLUENCE THE FORMATION OF A NEW ENERGY POLICY THAT
4 0	Other program services (Describe in Schedule O.) (Figure 2 625 949 including months of 6 9 9 9 10 10 10 10 10 10 10 10 10 10 10 10 10
40	(Expenses \$ 2,625,949. including grants of \$) (Revenue \$) Total program service expenses ► 13,815,863.
TC	Total program solviou expenses

19180514 152490 K4H00Y

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the ht to	_ <u> </u>		
Ü		6		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete 'Part I Did the organization receive or hold a conservation easement, including easements to preserve open space	-		
′		7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	- '-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? 'es complete			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability and a cucodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or ot negotion services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily licted wments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete \tau 'nedule D 'arts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Pr. X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities ir an end 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part	11b		Х
С	Did the organization report an amount for investments - program related in + X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D,	11c		Х
d	Did the organization report an amount for other assets in Part Y line 'hat is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities irrt /ne 2 ^ 2 If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financia' state. **s f ** the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions uno 'N 48 C 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited fin. all statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, indender additional statements for the tax year?			
	If "Yes," and if the organization answered " Jline 12, nen completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in stion 17.)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, et 'nyees, / agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenue. Penses 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	Х	L
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	L
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
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	17	х	1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	,	19		x
	complete Schedule G. Part III	_ 13	000	

Form 990 (2017) WATERKEEPER ALLIANCE, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as 'the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and c			
	Schedule K. If "No", go to line 25a	24a		х
b	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 art refease			
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in a excess be efft			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualift person prior year, and	254		
b	that the transaction has not been reported on any of the organization's prior Forms 9° or 990-F \ If "Yes," complete			
		25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or to any current or	200		
20	former officers, directors, trustees, key employees, highest compensated emp' ees, or disqualified persons? If "Yes."			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, dire or, so he, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, to a 35% contributor or family member			
		27		х
20	of any of these persons? If "Yes," complete Schedule L, Part III	21		
28	Was the organization a party to a business transaction with one of arties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exception A current or former officer, director, trustee, or key employee of "Yes," conclude Schedule L, Part IV	28a		Х
		28b		X
	A family member of a current or former officer, director, true, coey exployee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, sey ployee (or a family member thereof) was an officer,	200		
C		000		х
20	director, trustee, or direct or indirect owner? If "Yes," cor. +e Scr. Jule L, Part IV	28c 29	Х	
29	Did the organization receive more than \$25,000 in non-cash butions? If "Yes," complete Schedule M	29	21	
30	Did the organization receive contributions of art storical tressures, or other similar assets, or qualified conservation	20		х
24	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or solve and ase operations?	24		х
20	If "Yes," complete Schedule N, Part I	31		
32		32		х
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	, , , , , , , , , , , , , , , , , , , ,	33		х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		34		х
250	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	•	33a		
D	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" a smallete School to B. Bert V. line 3.	35b		
26	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?	330		
36		36		х
27	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	36		
37		37		х
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	31		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	х	
	Note. All Form 990 filers are required to complete Schedule O	38	200	

13-4071318

2017) WATERKEEPER ALLIANCE, INC. Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					Щ
			1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	46			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re			_	77	
_	(gambling) winnings to prize winners?	 I	 I	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		0			
	filed for the calendar year ending with or within the year covered by this return	2a		OI:		
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return.		A	2b		
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2-		х
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3a 3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a			30		
Ta	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		х
h	If "Yes," enter the name of the foreign country:	ic, ai	19.	T a		
J	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	CCO)	FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax yr		<i>S</i> , y.	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter ansar			5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,00^ d diu					
	any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that ch contruit					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 17'.).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution 1 partly for goods and ser	vices p	provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or provided?			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible pranal proper for which it was	as req	uired			
	to file Form 8282?	 I	 I	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to ay p. iums on a personal benefit or		:t?	7e		
f	Did the organization, during the year, pay premiums, directly indirectly, a personal benefit contri			7f	NT / 7	
g	If the organization received a contribution of qualified intel 'ual oper' did the organization file Fo			7g	N/A N/A	
h o	If the organization received a contribution of cars, boats airp, or her vehicles, did the organizations maintaining donor advised set. I. donor advised fund maintained			7h	N/A	
8	sponsoring organizations maintaining donor advised. S. D. I donor advised fund maintained sponsoring organization have excess business holdings at an , in e during the year?	г Бу п	le	8		
9	Sponsoring organizations maintaining donor rised fund					
а	Did the area of the control of the c		N/A	9a		
	Did the sponsoring organization make any taxable sunder section 4966? Did the sponsoring organization make a direction to a liner, donor advisor, or related person?		N/A	9b		
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on 7 of VIII, line 12 N/A	10a				
	Gross receipts, included on Form 990, Part v. 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders N/A	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				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	? 	12a		
	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.		NT / 7A	40		
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O.					
Ø	Enter the amount of reserves the organization is required to maintain by the states in which the	13b				
^	organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13c				
	Did the examination receive any neyments for indeer tenning convices during the tay year?		1	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Scheduli			14b		
	,				990	(2017)
						. ,

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			Х
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 13			
	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 12			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct super on			
	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 asset	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 a or			
	more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) mem rs, stock ders, or			
	persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken y the , , , the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who contact the			
	organization's mailing address? If "Yes," provide the names and addresses in pedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not red by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	If "Yes," did the organization have written policies and procedures govern. "he activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the o	10b	Х	
11a	Has the organization provided a complete copy of this Form 99° to a smbers of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organiation to remain this Form 990.			
12a	Did the organization have a written conflict of interest polir If " J, " g 'o line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to use the arrival interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor a process proc			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblowed alicy?	13	Х	
14	Did the organization have a written document reten. and struction policy?	14	Х	
15	Did the process for determining compensa' the for any persons include a review and approval by independent			
	persons, comparability data, and contem raneous bstantiation of the deliberation and decision?			
а	The organization's CEO, Executive Directory top my agement official	15a	Х	
	Other officers or key employees of the organic	15b		Х
	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 990 is required to be filed ▶SEE SCHEDULE 0			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as	ailable	•	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X 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 interest policy, and	financ	ial	
	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 records:			
	RACHEL COOK, - 212-747-0622			
	180 MAIDEN LANE, SUITE 603, NEW YORK, NY 10038			

13-4071318

Employees, and maspendent contractors	•	
Check if Schedule O contains a response or note to an	ny 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 (Ď), (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 truce 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; h. _ rensated employees; and former such persons.

Check this box if neither the organization n	or any related	orga	ıniza	tion	con	nper	sate	ed any current officer	recu or trustee.	
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)				n an	compens	npensation	amount of
	week	-	T an		lecic	Tuus	100)	- frc	from related	other
	(list any hours for	lirecto				L		th organiz	organizations (W-2/1099-MISC)	compensation from the
	related	e 0 r (stee			satec		(V99-MISU)	(** 27 1033 141100)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		(, , , , , , , , , , , , , , , , , , ,		and related
	below	idual	tution	le e	Key employee	est co	ler.			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) ROBERT F. KENNEDY, JR.	40.00					Ш				
PRESIDENT		Х		Х			K,	200,000.	0.	26,091.
(2) GLENN RINK	3.00									
CHAIR		Х		Х		1_		0.	0.	0.
(3) KARL COPLAN	3.00									
TREASURER		Х	L	Х				0.	0.	0.
(4) WENDY ABRAMS	3.00	_								
DIRECTOR		Х		ے ا		,)_		0.	0.	0.
(5) CASI CALLAWAY	3.00		$oldsymbol{ol}}}}}}}}}}}}}}}}}}$							
DIRECTOR		X	+		_	_		0.	0.	0.
(6) GARY WOCKNER	3.00									
DIRECTOR		Х	t	_		_		0.	0.	0.
(7) GREY HECHT	3.00									
DIRECTOR		X	\leftarrow					0.	0.	0.
(8) MARK MATTSON	3.00							_	_	_
DIRECTOR	<u> </u>	Х				<u> </u>		0.	0.	0.
(9) KRIS MOORE	3.00	ļ								
DIRECTOR		Х				┝		0.	0.	0.
(10) LESSING STERN	3.00	ł								
DIRECTOR	2 00	Х				<u> </u>		0.	0.	0.
(11) CHRIS WILKE	3.00	.,							_	0
DIRECTOR	3.00	Х						0.	0.	0.
(12) TERRY TAMMINEN DIRECTOR	3.00	х						0.	0.	0.
(13) CHERYL NENN	3.00	Λ	\vdash			\vdash		0.	٠.	
DIRECTOR	3.00	Х						0.	0.	0.
(14) MARY BETH POSTMAN	40.00	Α.				\vdash		0.	· ·	<u>.</u>
SECRETARY	40.00	1		х				219,765.	0.	12,881.
(15) MARC YAGGI	50.00							223,703.	· ·	12,001.
EXECUTIVE DIRECTOR	30.00	1		х				253,063.	0.	37,363.
(16) KELLY FOSTER	40.00		\vdash			\vdash		255,535.	•	- ,,,,,,,,,
SENIOR ATTORNEY		1				x		119,540.	0.	34,592.
(17) PETER NICHOLS	40.00								- •	-,···-•
NATIONAL DIRECTOR		1				x		116,731.	0.	25,709.
		1	_	ı			1	, , , , , ,		000

732007 11-28-17

(A) Name and title	(B) Average hours per		not c		itior more) than c		(D) Reportable compensation	(E) Reportable compensation	1	(F) stimat mount	
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer Officer		Highest compensated 1247		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	tions cor -MISC) or ar		ation ne tion ted ions
(18) MAIA RAPOSO	40.00											
COMMUNICATIONS DIRECTOR						Х		102,000.	0.	_	9	126.
(19) DANIEL ESTRIN	40.00											
LEGAL DIRECTOR	40.00					Х		173,817.	0.	-	34	,606.
(20) RACHEL COOK	40.00							111 170			17	070
OPERATIONS DIRECTOR						Х		111,170.	0.	+	17	078.
							>					
						1	1					
					4			1 206 006	0	-	107	116
1b Sub-total c Total from continuation sheets to Part VI								1,296,086.	0.	1	197	,446. 0.
d Total (add lines 1b and 1c)			-					1,296,086.	0.	1	197	446.
Total number of individuals (including but not not not not not not not not not no				 ძ ab	ovc	 ከ	o re		000 of reportable	-		
compensation from the organization		4		\mathbb{Z}				,	•			8
				\overline{T}	7						Yes	No
3 Did the organization list any former officer,	director, or to	~	e, ke	, (nplo	yee,	or h	nighest compensated er	nployee on			
line 1a? If "Yes," complete Schedule J for si				,						3		Х
4 For any individual listed on line 1a, is the su											v	
and related organizations greater than \$150Did any person listed on line 1a receive or										4	Х	
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," cc		~								5		х
Section B. Independent Contractors	<u> Olete SCI</u> Tule	. J 10	JI SL	ICII Ļ	Jers	OII .						
Complete this table for your five highest con	n, ed ind	lepe	nder	nt co	ontra	actor	s th	at received more than \$	100,000 of compens	ation fi	rom	
the organization. Report compensation for t	the calendar ye	ear e	ndir	ıg w	ith c	or wit	thin	the organization's tax y	ear.			
(A)								(B)			C)	
Name and business	address	NO:	NE				4	Description of s	ervices	Compe	ensatio	n
							-					
2 Total number of independent contractors (ir \$100,000 of compensation from the organization from the organization)	•	ot lin	nited	to t		se lis [.] 0	ted	above) who received mo	ore than			
								-	-	Form	990	(2017)

Form 990 (2017) WATERKEEPER
Part VIII Statement of Revenue

		Check if Schedule O contain	ns a response	or note to any line	e in this Part VIII			
				,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
တ္ တ	1 a	Federated campaigns	1a					012 011
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
ତ୍ର ପ୍ର		Fundraising events		25,000.				
ffs, r A		Related organizations		, -				
ig G		Government grants (contribution						
Sir		All other contributions, gifts, grants						
et Je	•	similar amounts not included above		17,576,413.				
를		Noncash contributions included in lines 1a-		144 810.				
Š	_	Total. Add lines 1a-1f			17,601,413.		l	
<u> </u>		Total Add lines 12 11		Business Code			·	
σ.	2 a	•		Business Code				
Nice	2 a							
Ser	c							
m S	d	_						
gra Re	e							
Program Service Revenue		All other program service revenue	IE.					
		Total. Add lines 2a-2f						
	3	Investment income (including di						
		other similar amounts)			684.			684.
	4	Income from investment of tax-e						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) C er				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	: Gain or (loss)						
		Net gain or (loss)						
nue	8 a	Gross income from fundraising including \$ 25,0						
Other Revenu		contributions reported on line 1						
Ä		Part IV, line 18	1	264,956.				
the	b	Less: direct expenses		223,342.				
Ò		Net income or (loss) from fundra			41,614.			41,614.
		Gross income from gaming activ	-					
		Part IV, line 19		n				
	b	Less: direct expenses						
	С	Net income or (loss) from gamin	g activities .	. <u></u>				
	10 a	Gross sales of inventory, less re	turns					
		and allowances	a	ı				
	b	Less: cost of goods sold	k	·				
	С	Net income or (loss) from sales	of inventory .					
		Miscellaneous Revenue		Business Code				
		LICENSING FEES & OTHER 1	REVENUE	900099	51,306.	51,306.		
	b							
	C							
		All other revenue			51,306.			
		Total Add lines 11a-11d			17,695,017.	51,306.	0,	42,298.
	12	Total revenue. See instructions		🖊 📗	11,090,011.	JI,300.	ı	1 44,430.

732009 11-28-17

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 778,942 778,942 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 9,190,413 9,190,413. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 683,082 trustees, and key employees 514,425. 96,215. 72,442. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes Fees for services (non-employees): Management Legal 11,860. 9,733 1,138 989. Accounting 6,409. 6,409 Lobbying 133,267. 133,267. Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 732,061. 460,565 98,496 173,000. column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 94,317. 69,387. 17,253 7,677. Office expenses 13 14 Information technology Royalties 15 419,384 340,068. 32,699 46,617. 16 Occupancy 118,296 166,617 27,936 20,385. 17 18 Payments of travel or entertainment expen for any federal, state, or local public offici 19 Conferences, conventions, and meetings 20 Payments to affiliates 21 9.977 9.977 22 Depreciation, depletion, and amortization 25,178 17,906. 3,297 3,975. 23 Other expenses. Itemize expenses not covered 24 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.) PAYROLL COST (SCH. O) 2,275,294. 1,713,511. 320,486 241,297. EDUCATIONAL / OUTREACH 373,022 325,783 45,610. 1,629 WKA SUPPORT 138,011, 137,111. 900 С LITIGATION / REGULATION 125,526. 125,339 187. 7,975 872 9.435 588. е All other expenses 15,172,795 13,815,863 746,034. Total functional expenses. Add lines 1 through 24e 610,898 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here X if following SOP 98-2 (ASC 958-720) 535,487 263,704 0 271,783.

Form 990 (2017) Part X Balance Sheet

art		balance Sneet					
		Check if Schedule O contains a response or not	e to any line	in this Part X		·····	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,659,223.	1	5,577,87
	2	Savings and temporary cash investments			319,993.	2	402,21
	3	Pledges and grants receivable, net		283,314.	3	595,07	
	4	Accounts receivable, net			11,017.	4	
	5	Loans and other receivables from current and fo		·			
		trustees, key employees, and highest compensa					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali					
	_	section 4958(f)(1)), persons described in section	•	`			
		employers and sponsoring organizations of sect				, 	
		employees' beneficiary organizations (see instr).				6	
	7					7	
}		Notes and loans receivable, net					
		Inventories for sale or use		l	33,731.	8	59,75
	9		 I I	·····		9	35,13
'	ıua	Land, buildings, and equipment: cost or other	40-	384 692			
		basis. Complete Part VI of Schedule D		384,692. 352,334.	42 225		22.21
		Less: accumulated depreciation			42,335.	10c	32,35
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
1	13	Investments - program-related. See Part IV, line			13		
1	14	Intangible assets			14		
1	15	Other assets. See Part IV, line 11		235,340.	15	235,3	
_ 1	16	Total assets. Add lines 1 through 15 (must equ	al line 34)		2,584,953.	16	6,902,6
1	17	Accounts payable and accrued expenses		515,774.	17	2,331,84	
1	18	Grants payable			18		
1	19	Deferred revenue			19		
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Complete	Part IV Sch	radule		21	
2	22	Loans and other payables to current and former	offir : di	utors ⁺rustees,			
		key employees, highest compensated employee	es and C	alif persons.			
		Complete Part II of Schedule L				22	
2	23	Secured mortgages and notes payable to unrela	ted this	tiesL		23	
2	24	Unsecured notes and loans payable to un ted	d third parties	sL		24	
2	25	Other liabilities (including federal income tax,	rela ט rela	ated third			
		parties, and other liabilities not incluring lines	4). Com	plete Part X of			
		Schedule D			177,753.	25	158,0
2	26	Total liabilities. Add lines 17 throu 25			693,527.	26	2,489,8
				e 🕨 🗓 and			
		complete lines 27 through 29, and lines 33 an	d 34.				
2	27	Unrestricted net assets			211,853.	27	-252,8
2	28	Temporarily restricted net assets			1,679,573.	28	4,565,5
2	29	5				29	100,0
		Organizations that do not follow SFAS 117 (A					
		and complete lines 30 through 34.	,,				
٠,	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, or ed				31	
- 1 3		Retained earnings, endowment, accumulated in				32	
3				or rurius		UZ.	
3	32 33	Total net assets or fund balances			1,891,426.	33	4,412,7

	TXI Reconciliation of Net Assets		1 4	gc
ı uı				
	Check if Schedule O contains a response or note to any line in this Part XI			
4	Total revenue (must equal Part VIII, column (A), line 12)	17	695	017.
1				795.
2				222.
3				426.
4	The above of tank parameters at a significant for the control of t	<u> </u>		872.
5				072.
6	Donated services and use of facilities 6			
7	Investment expenses 7			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		410	776
Dai	column (B)) # VIII Financial Statements and Depositing	4,	412,	776.
Pai	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	 T		
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in School ule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent account.	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year wer applied viewed on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and parate bis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the ear were audited on a separate basis,			
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolated basis Both consolated basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that a rumes respecibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an indep ont accountant?	2c	Х	
	If the organization changed either its oversight process or selectic J the tax year, explain in Schedule O.			
За	As a result of a federal award, was the organization required to inder an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or "dits" of the "rganization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps to dergo such audits	3b		
		Form	990	(2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization **Employer identification number** WATERKEEPER ALLIANCE, INC. 13-4071318 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) inter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit desc. d in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or in 'he general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in connection in a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the n city, 10 An organization that normally receives: (1) more than 33 1/3% of its support from intribution, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no ... 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from Jusinesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public afe. >e section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of to perform to perform to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1, section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised or co. Iled by its supported organization(s), typically by giving the supported organization(s) the power to regularly a soint or election majority of the directors or trustees of the supporting organization. You must complete Part IV, Section ar 3. Type II. A supporting organization supervised or nontre in innection with its supported organization(s), by having control or management of the supporting organize vesion the same persons that control or manage the supported organization(s). You must complete Part IV, Section. and C. Type III functionally integrated. A supp ing organization operated in connection with, and functionally integrated with, its supported organization(s) (see instruction. You ust complete Part IV, Sections A, D, and E. Type III non-functionally integrate support. organization operated in connection with its supported organization(s) that is not functionally integrated. e organ. ion generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You just cor lete Part IV, Sections A and D, and Part V. Check this box if the organization recu written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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

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

Sec	tion A. Public Support	, , , , , , , , , , , , , , , , , , ,		•						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
	Gifts, grants, contributions, and	, ,	, ,	, ,	• •	ì				
	membership fees received. (Do not									
	include any "unusual grants.")	10,980,966.	10,128,759.	16,545,879.	20,337,032.	17,601,413.	75,594,049.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	10,980,966.	10,128,759.	16,545,879.	20,337,032.	17,601,413.	75,594,049.			
5	The portion of total contributions									
	by each person (other than a				1	(
	governmental unit or publicly					1				
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)						40,395,986.			
	Public support. Subtract line 5 from line 4.						35,198,063.			
	Section B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	2015	(d) 2016	(e) 2017	(f) Total			
7	Amounts from line 4	10,980,966.	10,128,759.	16,545,879.	20,337,032.	17,601,413.	75,594,049.			
8	Gross income from interest,		3							
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources		9,680.	6,230.	111.	684.	16,705.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital	22 240	55.440	54 000	44 545	54 206	020 500			
	assets (Explain in Part VI.)	33,340.	55,449.	54,980.	44,515.	51,306.	239,590.			
	Total support. Add lines 7 through 10						75,850,344.			
12	Gross receipts from related activities,		າຣ)			12				
13	First five years. If the Form 990 is for		s., second, third	d, fourth, or fifth ta	x year as a section	1 501(c)(3)	. —			
Sec	organization, check this box and store ction C. Computation of Publi		centage				P			
	-			olumn (fl)		14	46.40 %			
	Public support percentage for 2017 (I Public support percentage from 2016					15	46.40 % 51.66 %			
15 16a	33 1/3% support test - 2017. If the contract of the contract o									
102	stop here. The organization qualifies									
h	33 1/3% support test - 2016. If the d									
~	and stop here. The organization qual	-								
17a	10% -facts-and-circumstances test									
	and if the organization meets the "fac	-								
	meets the "facts-and-circumstances"				· · · · · · · · · · · · · · · · · · ·	-				
h	10% -facts-and-circumstances test									
-	more, and if the organization meets the	-								
	organization meets the "facts-and-circ						ightharpoonup			
18	Private foundation. If the organization		-	•			•			
			,	, , ==, == ,	,					

Schedule A (Form 990 or 990-EZ) 2017

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,	ļ					
	merchandise sold or services per- formed, or facilities furnished in					A	
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that				4		
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year		4				
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)			└ ──			<u> </u>
	ction B. Total Support				T		1
	ndar year (or fiscal year beginning in)	(a) 2013	(b) ^014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties,	4		1			
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a section	1 501(c)(3) organiza	ation,
	check this box and stop here						>
	ction C. Computation of Publi						
	Public support percentage for 2017 (I			olumn (f))		15	<u>%</u>
	Public support percentage from 2016					16	<u>%</u>
	ction D. Computation of Inves			40 1 (0)		4-	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	<u>%</u>
198	33 1/3% support tests - 2017. If the						
	more than 33 1/3%, check this box ar						
Ė	33 1/3% support tests - 2016. If the						
20	line 18 is not more than 33 1/3%, che						

Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answ (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (final and another section 501(c)(4), (5), or (final another section 501(c)(4), or (fin satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how organization made the determination.
- (?)(B) c Did the organization ensure that all support to such organizations was used exclusively for section purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure sucuse.
- 4a Was any supported organization not organized in the United States ("foreign supported organized organiz "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make ants to foreign supported organization? If "Yes," describe in Part VI how the organization had such convrol and correction despite being controlled or supervised by or in connection with its supported organization.
- c Did the organization support any foreign supported organization that does not ve an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI wh notrols the organization used for section 170(c)(2)(B) to ensure that all support to the foreign supported organization was used purposes.
- 5a Did the organization add, substitute, or remove any supported organizatio. 'uring the tax year? If "Yes." answer (b) and (c) below (if applicable). Also, provide detail in Part the names and FIN numbers of the supported organizations added, substituted, or mov. (ii) the reasons for each such action; (iii) the authority under the organization's organizing documer authority under the organization's organizing documer authority under the organization action. was accomplished (such as by amendment to the organizir 'ac' lent)
- b Type I or Type II only. Was any added or substituted so poor ation part of a class already designated in the organization's organizing document?
- 6 Did the organization provide support (whether in a form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii, "ivid" s that are part of the charitable class benefited by one or more of its supported zations, (iii) other supporting organizations that also support or benefit one or more of the filin organization? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, co. ation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
_		
За		
- Gu		
3b		
3с		
4a		
-14		
4b		
7.5		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
30		
10-		
10a		
10b		
עטו	L	

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	Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see
	instructions)

5

6

Schedule A (Form 990 or 990-EZ) 2017

5

Income tax imposed in prior year

emergency temporary reduction (see instruct.

Distributable Amount. Subtract line 5 frc line 4, v less subject to

Par	rt V Type III Non-Functionally Integrate	d 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	tion D - Distributions			,	Current Year
1	Amounts paid to supported organizations to accompl	ish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers	exem	ot purposes of supported		
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt p				
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval requir	ed)			
6	Other distributions (describe in Part VI). See instructi	ons.			
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to v	vhich t	he organization is responsive		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2017 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
Secti	tion E - Distribution Allocations (see instructions)		(i) Excess Distributions	Underd ibut is	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2017 (reas	son-			
	able cause required- explain in Part VI). See instruction	ons.			
3	Excess distributions carryover, if any, to 2017			<u>'</u>	
а					
	From 2013				
С	From 2014			· ——	
	From 2015				
	From 2016				
	Total of lines 3a through e				
	Applied to underdistributions of prior years				
	Applied to 2017 distributable amount				
<u> </u>					
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2017 from Section D,				
	line 7: \$	_	· - -		
	Applied to underdistributions of prior years	- 0-	+		
	Applied to 2017 distributable amount	_			
	Remainder. Subtract lines 4a and 4b from 4.	if			
5	Remaining underdistributions for years prior to 2 17,	II ator			
	any. Subtract lines 3g and 4a from line 2. For result than zero, explain in Part VI. See instruction	ter	1		
6	Remaining underdistributions for 2017. Stract line	3h			
Ū	and 4b from line 1. For result greater than o, expl				
	Part VI. See instructions.				
7	Excess distributions carryover to 2018. Add lines 3	i			
•	and 4c.	ı			
8	Breakdown of line 7:				
	Excess from 2013				
	Excess from 2014				
	Excess from 2015				
	Excess from 2016				
	Excess from 2017				

Schedule A (Form 990 or 990-EZ) 2017

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER REVENUE
2013 AMOUNT: \$ 33,340.
2014 AMOUNT: \$ 55,449.
2015 AMOUNT: \$ 54,980.
2016 AMOUNT: \$ 44,515.
2017 AMOUNT: \$ 51,306.

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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. Donot complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990, 3Z, Part V, line 35c (Proxy

Tax) (see separate instructions), then				
•	Section 501(c)(4), (5), or (6) organization	tions: Complete Part III.			
Nan	ne of organization			Empl	oyer identification number
		R ALLIANCE, INC.			13-4071318
Pa	art I-A Complete if the org	janization is exempt unde	r section 501(c) o	or is a section 27 org	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures	. •		
Pa	art I-B Complete if the org	janization is exempt unde	r section 501	3).	
1	Enter the amount of any excise tax	incurred by the organization unde	er section 4955	▶\$	
	Enter the amount of any excise tax				
3	If the organization incurred a section	n 4955 tax, did it file Form 4720 f	or this y ,		Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				1/0)
Pa	art I-C Complete if the org	janization is exempt unde			
	Enter the amount directly expended	, , ,		ion activities > \$	
2	Enter the amount of the filing organ				
	exempt function activities				
3					
	line 17b	4400 POI (> \$	
	Did the filing organization file Form		~		
5	Enter the names, addresses and en made payments. For each organiza		•	•	• •
	contributions received that were pro-				•
	political action committee (PAC). If		de information in Part I	•	
	(a) Name	(b) Au 3ss	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
			-		

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

Schedule C (Form 990 or 990-EZ) 2017

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Schedule C (Form 990 or 990-EZ) 2017 W	VATERKEEPER	ALLIANO	CE, INC.)71318 Page 2
Part II-A Complete if the orga	anization is	exemp	t under sectio	n 501(c)(3) and file	d Form 5768 (ele	ction under
section 501(h)).						
A Check 🕨 🔲 if the filing organizat	ion belongs to	an affiliate	ed group (and list ir	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and share	e of excess lobb	oying exp	enditures).			
Check 🕨 🔃 if the filing organizat	ion checked bo	x A and "	'limited control" pro	ovisions apply.		
Limit (The term "expend	s on Lobbying itures" means	•		1	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	ence public opi	nion (gras	ss roots lobbying)		6,332.	
b Total lobbying expenditures to influence			, ,,		77.	
c Total lobbying expenditures (add lin	nes 1a and 1b)	•	, 0,		6,409.	
d Other exempt purpose expenditures					13,809,454.	
e Total exempt purpose expenditures					13,815,863.	
f Lobbying nontaxable amount. Enter	r the amount fro				840,793.	
If the amount on line 1e, column (a) or	(b) is: T	he lobbyi	ng nontaxable am	ount is:		
Not over \$500,000	20	0% of the	amount on line 1e.			
Over \$500,000 but not over \$1,000	ess over \$500,000.					
Over \$1,000,000 but not over \$1,50						
Over \$1,500,000 but not over \$17,0	000,000 \$2	225,000 p	olus 5% of the exce	ss over \$1,500, 0.		
Over \$17,000,000	\$	1,000,000).			
g Grassroots nontaxable amount (ent	er 25% of line 1	f)			210,198.	
h Subtract line 1g from line 1a. If zero	or less, enter -	0			0.	
i Subtract line 1f from line 1c. If zero	or less, enter -0)			0.	
j If there is an amount other than zero	o on either line	1h or line	1i, did the organiz	on file Form 4720	_	
reporting section 4911 tax for this y	ear?		<u></u>			Yes No
(Some organizations th	at made a sec	tion 501(l		* * *	f the five columns be	low.
	Lobbying	Expendit	tures 7	veraging Period		
Calendar year (or fiscal year beginning in)	(a) 2014		(b) 2015	(c) 2016	(d) 2017	(e) Total
	662	700	1 000 000	1 000 000	940 703	2 502 501

	Lobbying Expen	iditures /	veraging Period			
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total	
2a Lobbying nontaxable amount	662,708.	1,000,000.	1,000,000.	840,793.	3,503,501.	
b Lobbying ceiling amount (150% of line 2a, column(e))					5,255,252.	
c Total lobbying expenditures	7,344.	6,711.	27,966.	6,409.	48,430.	
d Grassroots nontaxable amount	165,677.	250,000.	250,000.	210,198.	875,875.	
e Grassroots ceiling amount (150% of line 2d, column (e))					1,313,813.	
f Grassroots lobbying expenditures	3,504.	6,529.	19,346.	6,332.	35,711.	
				Cabadula C /Carro	000 as 000 EZ\ 0047	

Schedule C (Form 990 or 990-EZ) 2017

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

1 Were substantially all (90% or more) dues received nondeductible by mer ars. 2 Did the organization make only in-house lobbying expenditures of \$2,0′ or less? 3 Did the organization agree to carry over lobbying and political campaign as a part III-B Complete if the organization is exempt und answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expanditures of \$2,0′ or less? 2 2 3 Did the organization agree to carry over lobbying and political campaign as a very expenditures from the prior year? 3 3 Did the organization agree to carry over lobbying and political campaign as a very expenditures from the prior year? 5 01(c)(4), section 501(c)(5), or section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, line and z, are answered "No," OR (b) Part answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expanditures of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year	year, did the filing organization attempt to influence foreign, national, state or titon, including any attempt to influence public opinion on a legislative matter um, through the use of: or management (include compensation in expenses reported on lines 1c through 1i)? ritisements? members, legislators, or the public? s, or published or broadcast statements? ther organizations for lobbying purposes? act with legislators, their staffs, government officials, or a legislative body? nonstrations, seminars, conventions, speeches, lectures, or any similar means? tites? ines 1c through 1i vities in line 1 cause the organization to be not described in section 501(c)(3)? ter the amount of any tax incurred under section 4912 ter the amount of any tax incurred by organization managers under sectior 312 organization incurred a section 4912 tax, did it file Form 4720 for this year/ omplete if the organization is exempt under section 501(c), or section 11(c)(6) antially all (90% or more) dues received nondeductible by men aris. anization make only in-house lobbying expenditures of \$2,0' or less? anization make only in-house lobbying and political campaign a. The expenditures from the prior year? anization agree to carry over lobbying and political campaign a. The expenditures from the prior year? anization agree to carry over lobbying and political campaign a. The expenditures from the prior year? anization agree to carry over lobbying and political expenditure of the organization is exempt under the amount of it either (a) BOTH Part III-A, line and an analysis of the prior year? anization make only in-house lobbying and political expenditures of the organization is exempt under the orga	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(k) <u> </u>
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 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 c If "Yes," enter the amount of any tax incurred by organization managers under sectior d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year: Part III-A Complete if the organization is exempt under section 501(c), or second to the organization make only in-house lobbying expenditures of \$2,0' or less? 1 Did the organization agree to carry over lobbying and political campaign a. "vexpenditures from the prior year? 1 Dues, assessments and similar amounts from members 501(c)(6) and if either (a) BOTH Part III-A, line and 2, are answered "No," OR (b) Par answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expanditure from the prior year? 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expanditure for the conditical expanditure of the conditical expanditure from the prior year? 2 A Did Corryover from last year	tition, including any attempt to influence public opinion on a legislative matter um, through the use of: """ """ """ """ """ """ """ """ """	the lobbying activity.	Yes	No	Amo	ount
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? g Direct contact with legislators their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 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 c If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year. Part III-A Complete if the organization is exempt under section 501(c,	tition, including any attempt to influence public opinion on a legislative matter um, through the use of: """ """ """ """ """ """ """ """ """	During the year, did the filing organization attempt to influence foreign, national, state or				
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

Italii	WATERKEEPER ALLIANCE, INC.		13-4071318	THUMBE
Pai	'	or Accoun		e
	organization answered "Yes" on Form 990, Part IV, line 6.		Complete ii iii	
	(a) Donor advised funds	(b) Fun	ds and other accou	nts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advisors	and fur		
3	are the organization's property, subject to the organization's exclusive legal control?		Yes	No
6			res	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be			
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose		□ Vaa	□ No
Pai	impermissible private benefit? rt II Conservation Easements. Complete if the organization answered "Yes" on Forr		Yes	No
		10, 87.		
1	Purpose(s) of conservation easements held by the organization (check all that apply).		hamblamal amaa	
	Preservation of land for public use (e.g., recreation or education)			
		.ed historic s	structure	
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the improvement of the contribution of the contribu	of a conservat		
	day of the tax year.		Held at the End of the	e lax year
a				
b	Total acreage restricted by conservation easements			
С	Number of conservation easements on a certified historic structure included in the conservation can be a certified historic structure included in the conservation can be a certified historic structure included in the conservation can be a certified historic structure included in the conservation can be a certified historic structure included in the conservation can be a certified historic structure included in the conservation can be a certified historic structure included in the conservation can be a certified historic structure included in the conservation can be a certified historic structure included in the conservation can be a certified historic structure included in the conservation can be a certified historic structure included in the conservation can be a certified historic structure included in the conservation can be a certified historic can be a			
d	() 1			
	listed in the National Register			
3	Number of conservation easements modified, transferred, release or terminated by the	e organization	during the tax	
	year >			
4	Number of states where property subject to conservation ear nent is loc at the states where property subject to conservation ear nent is loc.			
5	Does the organization have a written policy regarding the residue of the organization have a written policy regarding the residue of the organization have a written policy regarding the residue of the organization have a written policy regarding the residue of the organization have a written policy regarding the residue of the organization have a written policy regarding the residue of the organization have a written policy regarding the residue of the organization have a written policy regarding the residue of the organization have a written policy regarding the residue of the organization have a written policy regarding the residue of the organization have a written policy regarding the residue of the organization have a written policy regarding the residue of the organization have a written policy regarding the residue of the organization have a written policy regarding the residue of the organization have a written policy regarding the residue of the organization have a written or the organization of the or			
	violations, and enforcement of the conservation easements it . 's?			No
6	Staff and volunteer hours devoted to monitoring, inspect. hand. of violations, and enforcing con	servation ease	ments during the ye	ear
	—			
7	Amount of expenses incurred in monitoring, insr ting, handling of violations, and enforcing conserva	ition easement	s during the year	
	> \$			
8	Does each conservation easement reporterne 2(d) ve satisfy the requirements of section 170			
	and section 170(h)(4)(B)(ii)?		Yes	No
9	In Part XIII, describe how the organization ports or pervation easements in its revenue and expense	statement, an	id balance sheet, an	nd
	include, if applicable, the text of the footnote organization's financial statements that describes	the organization	on's accounting for	
Da	conservation easements.	ula a se Oissail as		
Pai	rt III Organizations Maintaining Collections of Art, Historical Treasures, or O	mer Similai	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 stater			
	historical treasures, or other similar assets held for public exhibition, education, or research in furthera	nce of public	service, provide, in F	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 statemen	t and balance	sheet works of art, h	nistorical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of pu	blic service, pr	ovide the following	amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		\$	
	(ii) Assets included in Form 990, Part X	> :	\$	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial	al gain, provide	:	

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

Assets included in Form 990, Part X

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

Schedule D (Form 990) 2017

Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or (Other Similar	Assets	(continued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that a	re a significant u	se of its c	ollection items
	(check all that apply):						
а	Public exhibition	d	Loan or excl	hange program	ns		
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's co	llections and explair	how they further th	e organization	's exempt purpos	se in Part	XIII.
5	During the year, did the organization solicit o		•	•		_	
D :	to be sold to raise funds rather than to be ma						Yes No
Par	t IV Escrow and Custodial Arrang		ete if the organization	n answered "Y	es" on Form 990	, Part IV, I	ine 9, or
	reported an amount on Form 990, Par						
па	Is the organization an agent, trustee, custodi		•				7 v
	on Form 990, Part X?						」Yes No
D	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				Amount
_	Paginning halange				10		Amount
	Additions during the year						
	Additions during the year Distributions during the year						
f	Ending balance				1f		
	Did the organization include an amount on Fo						Yes No
	If "Yes," explain the arrangement in Part XIII.						
Par							
	•	(a) Current year	(b) Prior year		back (d) Three y	ears back	(e) Four years back
1a	Beginning of year balance	1,679,583.	1,418,214.			56,343.	1,187,282.
	Contributions	15,068,041.	16,872,574.	13,258,	858. 8,5	81,097.	8,458,025.
	Net investment earnings, gains, and losses						
d	Grants or scholarships						
	Other expenditures for facilities						
	and programs	12,082,039.	16,611,205.	14,848,	054. 9,6	30,030.	5,588,964.
f	Administrative expenses						
g	End of year balance	4,665,585.	1,679,583.	1,418,	214. 3,0	07,410.	4,056,343.
2	Provide the estimated percentage of the curr	ent year end ba' .ce	e (^{I:} ne 1 _{5,})lumn (a)) held as:			
а	Board designated or quasi-endowment		/6				
	Permanent endowment 2.00	%					
С	Temporarily restricted endowment	98.00 %					
	The percentages on lines 2a, 2b, and 2c show						
3a	Are there endowment funds not in the posses	ssir of the organiza	tion that are held an	nd administered	d for the organiza	ition	[
	by:						Yes No
	(i) unrelated organizations						3a(i) X 3a(ii) X
	(ii) related organizations						94()
	If "Yes" on line 3a(ii), are the related organ						3b
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment tunas.				
	Complete if the organization answered		Part IV line 11a S	ee Form 990 F	Part X line 10		
	Description of property	(a) Cost or o			(c) Accumulate	nd	(d) Book value
	besomption of property	basis (investn	` '	l l	depreciation	·	(W) DOOK VAIUE
1a	Land	- 	·	ŕ			
	Buildings						
	Leasehold improvements						
	Equipment			384,692.	352,	334.	32,358.
	Other						
	. Add lines 1a through 1e. (Column (d) must e		X. column (B). line 10	Oc.)			32,358.
						Schedule	D (Form 990) 2017

Complete if the organization answered "Yes" a) Description of security or category (including name of security)	(b) Book value		ation: Cost or end-of-y	ear market value
	(5) 2001. (4.40	(c) mountain on raise		,
Oleandria balal annitri internata				
Other				
(A)				
(A)				
(C)				
(D) /[5]				
(E)				
(F)				
(G)				
(H)				
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			-	
	5 000 D 1 N / I'	11 0 5 000 5		
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line (b) Book value	(c) Method	$t \lambda$, 13.	yoar market value
	(b) BOOK value	(c) Metriod	in. C tor end-or-y	real market value
(1)			_	
(2)				
(3)				
(4)				
(5)				
<i>(6</i>)				
(7)				
(6) (7) (8)				
(7)				
(7) (8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a)	on Form 990 Description	1. See Form 990, Par	t X, line 15.	(b) Book value
(7) (8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a)		1. See Form 990, Par	t X, line 15.	(b) Book value
(7) (8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)		J. See Form 990, Par	t X, line 15.	(b) Book value
(7) (8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3)		1. See Form 990, Par	t X, line 15.	(b) Book value
(7) (8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		. See Form 990, Par	t X, line 15.	(b) Book value
(7) (8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		. See Form 990, Par	t X, line 15.	(b) Book value
(7) (8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		1. See Form 990, Par	t X, line 15.	(b) Book value
(7) (8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		1. See Form 990, Par	t X, line 15.	(b) Book value
(7) (8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)		1. See Form 990, Par	t X, line 15.	(b) Book value
(7) (8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, (B) line 13.)	Description 5.)		>	(b) Book value
(7) (8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, (B) line art X Other Liabilities. Complete if the organization answered "Yes"	Description 5.)	11e or 11f. See Form 99	>	(b) Book value
(7) (8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, (B) line 13.) Complete if the organization answered "Yes" (a) Description of liability	Description 5.)		>	(b) Book value
(7) (8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, (B) line 13.) art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description 5.)	11e or 11f. See Form 99 (b) Book value	>	(b) Book value
(7) (8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT	Description 5.)	11e or 11f. See Form 99	>	(b) Book value
(7) (8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3)	Description 5.)	11e or 11f. See Form 99 (b) Book value	>	(b) Book value
(7) (8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, (B) line (B) (a) Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4)	Description 5.)	11e or 11f. See Form 99 (b) Book value	>	(b) Book value
(7) (8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5)	Description 5.)	11e or 11f. See Form 99 (b) Book value	>	(b) Book value
(7) (8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4)	Description 5.)	11e or 11f. See Form 99 (b) Book value	>	(b) Book value
(7) (8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5)	Description 5.)	11e or 11f. See Form 99 (b) Book value	>	(b) Book value
(7) (8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5) (6)	Description 5.)	11e or 11f. See Form 99 (b) Book value	>	(b) Book value
(7) (8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5) (6) (7)	Description 5.)	11e or 11f. See Form 99 (b) Book value	>	(b) Book value

Schedule D (Form 990) 2017

Part XI Reconciliation of Revenue per Audited Financial State	ments With Re	evenue per Re	turn.	
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1 Total revenue, gains, and other support per audited financial statements			1	17,917,487.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a	-872.		
b Donated services and use of facilities				
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)	1 4 . 1	223,342.		
e Add lines 2a through 2d			2e	222,470.
3 Subtract line 2e from line 1			3	17,695,017.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<u></u>	5	17,695,017.
Part XII Reconciliation of Expenses per Audited Financial State	ements With E	xpr ses ∌r F	Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
Total expenses and losses per audited financial statements			1	15,396,137.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a			
b Prior year adjustments				
c Other losses	<u>:c</u>			
d Other (Describe in Part XIII.)	[ˈd	223,342.		
e Add lines 2a through 2d			2e	223,342.
3 Subtract line 2e from line 1			3	15,172,795.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, F			5	15,172,795.
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III ines 1a a. ; I			; Part X, li	ne 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this girt to provious any	additional informa	tion.		
DADEL MT. LINE 2D. ORMED AD THORMSOME				
PART XI, LINE 2D - OTHER ADJUSTMENTS:				
DIDECT FINDDATCING EVDENCE	222 242			
DIRECT FUNDRAISING EXPENSE	223,342.			
PART XII LINE 2D - OTHER ADJUSTMENTS:				
TIME ATT, BIKE 25 OTHER RECOGNIZATION				
DIRECT FUNDRAISING EXPENSE	223,342.			
DINIOI IOIDMIDINO IMPUNDI	223,312.			
PART V - LINE 4				
TEMPORARILY RESTRICTED				
THE TEMPORARILY RESTRICTED NET ASSETS REPRESENT CONTRIBUTIONS A	AND GRANTS			
THAT ARE RESTRICTED BY THE DONOR FOR A SPECIFIC PURPOSE OR PER	TAIN TO			
FUTURE PERIODS (TIMING). ONCE THAT SPECIFIC PURPOSE HAS BEEN I	MET OR THE			
TIME RESTRICTION EXPIRES, THE FUNDS ARE RELEASED AND REFLECTED	AS NET			

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

2017
Open to Public Inspection

Name of the organization

WATERKEEPER ALLIANCE, INC.

Employer identification number

13-4071318

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance	e,		
	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	Х	Yes	No

2 For grantmakers. Desc	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and other a stance outs	ide the
United States.					
3 Activities per Region. (T	he following Part (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) act, y listed in (d) a pro am service,	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC	33	0	GRANTMAKING	GRANTS & SCHOLARSHIP	238,539.
NORTH AMERICA	1	0	GRANTMAKING	GRANTS & SCHOLARSHIP	600.
CENTRAL					
AMERICA/CARIBBEAN	29	0	GRANTMAKING	GRANTS & SCHOLARSHIP	8,926,978.
MIDDLE EAST AND NORTH AFRICA	7	0	GRANTMAKING	GRANTS & SCHOLARSHIP	20,296.
EUROPE	3	0	GRANTMAKING	GRANTS & SCHOLARSHIP	4,000.
	-	C			,,,,,,,
3 a Sub-total	73	0			9,190,413.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	73	0			9,190,413.

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

Schedule F (Form 990) 2017

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

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)
		CENT.	GIID DODU	0 006 070		0.		
		AMERICA/CARIBBEAN	SUPPORT	8,926,978.	MIKE	0.		
		EAST ASIA/PACIFIC	SUPPORT	238,539.	WIRE	0.		
		MIDDLE EAST/NORTH						
		AFRICA	SUPPORT	20,296.	WIRE	0.		
		EUROPE	SUPPORT	4,000.	WIRE	0.		
		CANADA	SUPPORT	600.	WIRE	0.		
		C						
			I recognized as charities by the f tion 501(c)(3) equivalency letter		I recognized as tax-ex	empt		66

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2017	WATERKEEPER ALLIANC	E, INC.		1	3-4071318		Page
Part III Grants and Other Assist	ance to Individuals Outsid	e the United Sta	ates. Complete	if the organization answered "Yes"	on Form 990, Part	IV, line 16.	
Part III can be duplicated	if additional space is neede	d					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2017 Part 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; don't file with Form 990)
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 Elegange (see Instructions for Form 8621) Yes X No
5	Did the organization have an ownership interest in a foreign partnership during the tax . If the organization may be required to file Form 8865, Return of U.S. Persons With Res ct to Cc in Foreign Partnerships (see Instructions for Form 8865) Yes X No
6	Did the organization have any operations in or related to any boycotting coursies during the tax year? If "Yes," the organization may be required to separately file Form 5713, Interspinal Boycott Report (see Instructions for Form 5713; don't file with Form 990) Yes X No

Schedule F (Form 990) 2017

SCHEDULE G

Department of the Treasury

(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.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2017

Open to Public

Internal Revenue Service Inspection ► Go to www.irs.gov/Form990 for the latest instructions. Name of the organization **Employer identification number** 13-4071318 WATERKEEPER ALLIANCE, INC. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants b g X Special fundraising events Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustons, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which "he f .draiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gro receipts (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from . ivity organization listed in col. (i) ROBBINS KERSTEN DIRECT - 35 Yes No PARKWOOD DRIVE, SUITE 160 DIRECT MAIL Х 512,613 64,800 447,813. CW & CO. - 152 MADISON AVENUE, SUITE 906, NEW YORK PR/ EVENT PRODUCTION Х 261,755 68,467 193,288. 774,368 133 267 641 101 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, WA, WV, WI

732081 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

SEE PART IV FOR CONTINUATIONS

Го	rt i	of fundraising events. Complete if the	-		· · · · · · · · · · · · · · · · · · ·	
		5. randraioning event contributions and give	(a) Event #1	(b) Event #2	(c) Other events	
			(,	(-,	NONE	(d) Total events
			KEEP IT CLEAN			(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue			, , , ,	, , , ,	,	
evel	1	Gross receipts	289,956.			289,956.
Ä			·			·
	2	Less: Contributions	25,000.			25,000.
	3	Gross income (line 1 minus line 2)	264,956.			264,956.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses		-				
ber	6	Rent/facility costs				
t Ex	_	Food and become	55,560.			55 560
irec	7	Food and beverages	35,560.			55,560.
		Entertainment	9,971.			9,971.
	8 9	Entertainment Other direct expenses				157,811.
	10	Direct expense summary. Add lines 4 through				223,342.
	11	Net income summary. Subtract line 10 from I				41,614.
Pa			answered "Yes" on Form	99 Part IV, line 19, or	reported more than	, ,
		\$15,000 on Form 990-EZ, line 6a.				
			(a) Dings	(b) Pun /instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Bingo	no/progressive bingo	(c) Other garning	col. (a) through col. (c))
eve						
_ш	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses						
ž.	3	Noncash prizes				
ct E	_	D 1/6 333				
Dire	4	Rent/facility costs				
	_	Other direct expenses				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No	
	Ü	volunteer labor	140	I NO	NO	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		•	
	•	2.1.001 0/1pones our				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:			
а	ls t	he organization licensed to conduct gaming a	ctivities in each of these s	states?		Yes No
b	If "	No," explain:				
	_					
	_					
		ere any of the organization's gaming licenses re			year?	. L Yes L No
b	lf "	Yes," explain:				
	_					
	_					
7000		-13-17			Cabadula C /Fa	rm 990 or 990-F 7) 2017

Schedule G (Form 990 or 990-EZ) 2017 WATERKEEPER ALLIANCE, INC.	13-4071318	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	No 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:		140
	ا ءمدا	0/
a The organization's facility		<u>%</u>
b An outside facility		<u>%</u>
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name		
Address		
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 ▶ \$	nt	
of gaming revenue retained by the third party \$\sim \\$		
c If "Yes," enter name and address of the third party:		
on roo, onto hamo and address of the time party.		
Name ▶		
Name		
Address		
Address		
16 Gaming manager information:		
Name		
Gaming manager compensation > \$		
Description of services provided		
Director/officer Employee Inder Inde		
birector/officer Employee		
4T 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable 'ributions from the gaming proceeds to		
retain the state gaming license?	Yes	∟ No
b Enter the amount of distributions required under sta. vtc distributed to other exempt organizations or spent in t	he	
organization's own exempt activities duringx year , \$		
Part IV Supplemental Information. Pro e the ex, nations required by Part I, line 2b, columns (iii) and (v); and Part IV	t III, lines 9, 9b, 10	b, 15b,
15c, 16, and 17b, as applicable. A provid any additional information. See instructions.		
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
/T) NINT OF THIRD I GET DODDING WERGETY DIDIGE		
(I) NAME OF FUNDRAISER: ROBBINS KERSTEN DIRECT		
(I) ADDRESS OF FUNDRAISER:		
35 PARKWOOD DRIVE, SUITE 160, HOPKINTON, MA 01748		
(I) NAME OF FUNDRAISER: CW & CO.		
(I) ADDRESS OF FINDDAISED.		
(I) ADDRESS OF FUNDRAISER: 152 MADISON AVENUE SHITTE 906 NEW YORK NY 10016		

checks of form 990 or 990 cg) WATEREEFER ALLIANCE, INC. Page. WATEREEFER ALLIANCE, INC. 13 4972318 Page.	Schedule G	G (Form 990 or 990-EZ)	WATERKEEPER ALLIANCE	, INC.		13-4071318	Page 4
	Part IV	Supplemental Infor	mation (continued)				
			(communica)				
					A		
					7		
				7			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

2017
Open to Public Inspection

Schedule I (Form 990) (2017)

Name of the organization	TIANCE INC						Employer identification number 13-4071318
WATERKEEPER AI Part I General Information on Grants ar							13-40/1316
Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro	o substantiate the						ion X Yes No
Part II Grants and Other Assistance to I					anization answered "`	າດ, Par	t IV, line 21, for any
recipient that received more than \$	5,000. Part II can	be duplicated if addit	ional space is need	ed.	(0.14))		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method o. valuation ok, FM' appra other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SOUND RIVERS							
PO BOX 1854							
WASHINGTON, NC 27889	58-1475258	501(C)(3)	93,908.	0.			GRANT
O'AHU WATERKEEPER							
PO BOX 283120							
HONOLULU, HI 96828	82-3117183	501(C)(3)	83,066.	0.			GRANT & SCHOLARSHIP
RIVERKEEPER 20 SECOR ROAD							
OSSINING, NY 10562	13-3204621	501(C)(3)	75,200.	0.			GRANT
CAPE FEAR RIVER WATCH							
WILMINGTON, NC 28401	58-2121884	501(C)(3)	54,738.	0.			GRANT
WACCAMAW RIVERKEEPER PO BOX 261954							
CONWAY, SC 29528	57-1118288	501(C)(3)	41,832.	0.			GRANT
CATAWBA RIVERKEEPER FOUNDATION INC 421 MINUTE LN. STE. 205 CHARLOTTE, NC 28217	56-2034780	501(C)(3)	28,940.	0.			GRANT
2 Enter total number of section 501(c)(3) ar		1	· · · · · ·				29.
3 Enter total number of other organizations		-					<u> </u>

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

Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Scho	edule I (Form 990), Pa	t II.)	T ago
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COASTAL CAROLINA RIVERWATCH							
1406 NEUSE BLVD.							
NEW BERN, NC 28560	58-2198018	501(C)(3)	25,201.	0.			GRANT
,			,				
THE IZAAK WALTON LEAGUE OF AMERICA							
707 CONSERVATION LANE							
GAITHERSBURG, MD 20878	36-1930035	501(C)(3)	25,000.	0.			GRANT
MOUNTAINTRUE 29 N MARKET ST. STE 610							
ASHEVILLE, NC 28801	56-1422691	501(C)(3)	24,066.	0.			GRANT
BUFFALO NIAGARA RIVERKEEPER 721 MAIN ST			,				
BUFFALO, NY 14203	22-2993054	501(C)(3)	24,000.	0.			GRANT
YADKIN RIVERKEEPER 308 N PATTERSON AVE.	26 1074607	E01/G)/2)	22 512				GDANIELS GOUGLADGUID
WINSTON-SALEM, NC 27101	26-1874687	501(C)(3)	23,512.	0.			GRANT & SCHOLARSHIP
LOS ANGELES WATERKEEPER 120 BROADWAY SUITE 105							
SANTA MONICA, CA 90401	95-4444787	501(C)(3)	23,000.	0.			GRANT
GRAND TRAVERSE BAY WATERSHED INITIATIVE, INC - 13272 S. WEST BAY SHORE DRIVE - TRAVERSE CITY,							
MI 49684	38-3198787	501(C)(3)	18,000.	0.			GRANT
POTOMAC RIVERKEEPER NETWORK 1615 M STREET							
WASHINGTON, DC 20036	54-1982624	501(C)(3)	15,250.	0.			GRANT & SCHOLARSHIP
WHITE OAK-NEW RIVERKEEPER ALLIANCE PO BOX 358							
JACKSONVILLE, NC 28541	26-3319011	501(C)(3)	15,165.	0.			GRANT

Part II Continuation of Grants and Oth	er Assistance to Gov	ernments and Organ	nizations in the Un	ited States (Scho	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNCOAST WATERKEEPER							
PO BOX 1028							
SARASOTA, FL 34230	30-0753993	501(C)(3)	15,000.	0.			GRANT
HAW RIVER ASSEMBLY							
PO BOX 187							
BYNUM, NC 27228	58-1510282	501(C)(3)	14,823.	0.			GRANT & SCHOLARSHIP
MIAMI WATERKEEPER 2103 CORAL WAY 2NF FLR							
MIAMI, FL 33145	27-3627697	501(C)(3)	14,000.	0.			GRANT
SATILLA RIVERKEEPER PO BOX 697							
WOODBINE, GA 31569	51-0491201	501(C)(3)	10,400.	0.			GRANT & SCHOLARSHIP
SAVE THE BAY 100 SAVE THE BAY DRIVE PROVIDENCE, RI 02905	05-0343046	501(C)(3)	10,300.	0.			GRANT & SCHOLARSHIP
CHARLESTON WATERKEEPER PO BOX 29							
CHARLESTON, NC 29402	26-4178586	501(C)(3)	10,000.	0.			GRANT
LAKE ERIE WATERKEEPER 3900N SUMMIT ST							
TOLEDO, OH 43611	56-2456240	501(C)(3)	10,000.	0.			GRANT
SAVE THE POUDRE PO BOX 20							
FORT COLLINS, CO 80522	27-1961538	501(C)(3)	10,000.	0.			GRANT
THREE RIVERS WATERKEEPER 33 TERMINAL WAY SUITE 537A							
PITTSBURGH, PA 15219	27-0486655	501(C)(3)	10,000.	0.			GRANT

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TUALATIN RIVERKEEPERS							
16507 SW ROY ROGERS RD							
SHERWOOD, OR 97140	94-3184499	501(C)(3)	10,000.	0.			GRANT
,							
MIDDLE SUSQUEHANNA RIVERKEEPER							
ASSOCIATION, INC - PO BOX 252 -							
LEWISBURG, PA 17837	47-5000692	501(C)(3)	9,000.	0.			GRANT
SAN FRANCISCO BAYKEEPER							
1736 FRANKLIN ST STE 800							
OAKLAND, CA 94612	68-0120240	501(C)(3)	9,000.	0.			GRANT
avama, vocavne a rvenvenne							
CHATTAHOOCHEE RIVERKEEPER							
916 JOSEPH LOWERY BOULEVARD NW	58-2095413	E01/G\/3\	8,000.	0.			GRANT
ATLANTA, GA 30318	38-2093413	501(C)(3)	8,000.	0.			GRANI
BUZZARDS BAYKEEPER							
114 FRONT STREET							
NEW BEDFORD, MA 02740	04-2971978	501(C)(3)	6,000.	0.			GRANT
, and the second							
							0-11-1-1/5

Part III can be duplicated if additional space is needed.	(b) Number of	(a) Amount of	(d) Amount of non	(a) Mathod of valuation	(f) Description of paneach assistance
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	quired in Part I, lir	_; Part III, \umn	(b); and any other ad	ditional information.	
PART I - LINE 2					
WE MONITORE THE USE OF FUNDS IN THE UNITED STATES	BY REQUIRING	REPORTS			
FROM EACH GRANTEE DETAILING THE ACTIVITIES AND ACC	OMPLISHMENTS				
GENERATED BY THE FUNDS. IN THE CASE OF CAPITAL EXP	ENDITURES, WE				
ADDITIONALLY REQUIRE DOCUMENTATION OF PURCHASE. PRO	OPOSALS ARE G	IVE TO			
WATERKEEPER ALLIANCE FOR FUNDING. ONCE FUNDING IS	APPROVED AND	GRANTED			
REPORTS ARE SUBMITTED TO WATERKEEPER ALLIANCE ON HO	OW THE FUNDS	WERE			
USED PROJECT/PROGRAM OURCOMES.					

SCHEDULE J (Form 990)

Compensation Information

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

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

➤ Attach to Form 990.

Open to Public

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

WATERKEEPER ALLIANCE, INC.

Employer identification number 13-4071318

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal se			
	Travel for companions Payments for business use of personal reside			
	Tax indemnification and gross-up payments Health or social club dues or initiation f			
	Discretionary spending account Personal services (such as, maid, charafeur, chet)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding paymers			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by successions and successions are substantiation prior to reimbursing or allowing expenses incurred by successions.			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on lir 1a?	2		<u> </u>
3	Indicate which, if any, of the following the filing organization used to establish the comperant on a ganization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods use oy a releast organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employmen.			
	Independent compensation consultant Compension survey or study			
	Form 990 of other organizations X Approvery the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, ' 1a, with ect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqual "ed non-ment plan?	4b		X
С	Participate in, or receive payment from, an equity-based commusation and ement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the volic ble ar punts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizans m. complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, dicorganization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part I			
6	For persons listed on Form 990, Part VII, S on A, li 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		X
b	Any related organization?	6b		Х
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			х
0	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u> </u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			х
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2017

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficition	(6)(1)-(0)	reported as deferred on prior Form 990
(1) ROBERT F. KENNEDY, JR.	(i)	200,000.	0.	0.	0.	26,091.	226,091.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARY BETH POSTMAN	(i)	190,725.	29,040.	0.	0.	12,881.	232,646.	0.
SECRETARY	(ii)	0.	0.	0.	0.,	0.	0.	0.
(3) MARC YAGGI	(i)	219,623.	33,440.	0.	0.	37,363.	290,426.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KELLY FOSTER	(i)	119,540.	0.	0.	0.	34,592.	154,132.	0.
SENIOR ATTORNEY	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DANIEL ESTRIN	(i)	173,817.	0.	0.	0.	34,606.	208,423.	0.
LEGAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

WATERKEEPER ALLIANCE, INC.

Employer identification number 13-4071318

Par	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 10	(d) Method of det noncash contribut	•	ts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	9	144,810	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or				1		
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts	<u> </u>					
25	Other ()	_ _					
26	Other ()						
27	Other (-					
28	Other (
29	Number of Forms 8283 received by the or hiz						
	for which the organization completed Form b.	rt IV, L	Donee Acknowledg	jement 29			Τ
00-	Desired the construction to the construction to			and and the Donat I. Donat of Alberta		Yes	No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date			•		00-	x
	exempt purposes for the entire holding period?					30a	<u> </u>
	,	alian that ra	autivos the voltieur	of any nanotandord contribu	tions?	0.4	x
31	Does the organization have a gift acceptance p				······	31	 ^
32a	Does the organization hire or use third parties of		•			222	x
h	contributions? If "Yes," describe in Part II.					32a	43
33	If the organization didn't report an amount in co	olumn (c) for	r a type of property	for which column (a) is cho	ncked		
33	describe in Part II.	Marrier (C) 101	a type of property	TOT WITHOUT COMMITTED (a) IS CHE	ioneu,		
	GOOTING III I AIL II.						

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

Schedule M (Form 990) 2017

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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

Attach to Form 990 or 990-EZ.

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

2017
Open to Public Inspection

Internal Revenue Service

Name of the organization

WATERKEEPER ALLIANCE, INC.

Employer identification number 13-4071318

PART III - LINE 1
WATERKEEPER ALLIANCE, INC. IS A GLOBAL ENVIRONMENTAL ORGANIZATION
UNITING MORE THAN 250 WATERKEEPER ORGANIZATIONS AROUND THE WORLD AND
FOCUSING CITIZEN ADVOCACY ON THE ISSUES THAT AFFECT OUR WATERWAYS, FROM
POLLUTION TO CLIMATE CHANGE. WATERKEEPERS PATROL MORE THAN 100,000 MILE
OF RIVERS, STREAMS AND COASTLINES IN THE AMERICAS, EUROPE, AUSTRALIA,
ASIA AND AFRICA. PART SCIENTIST, TEACHER, AND LEGAL ADVOCATE,
WATERKEEPERSCOMBINE FIRSTHAND KNOWLEDGE OF THEIR WATERWAYS WITH AN
UNWAVERING COMMITMENT TO THE RIGHTS OF THEIR COMMUNITIES AND TO THE
RULE OF LAW. WHETHER ON THE WATER, IN A CLASSROOM, OR IN A COURTROOM,
WATERKEEPERS SPEAK FOR THE WATERS THEY DEFEND - WITH THE BACKING OF
THEIR LOCAL COMMUNITY AND THE COLLECTIVE STRENGTH OF WATERKEEPER
ALLIANCE. WATERKEEPER ALLIANCE ENSURES THAT THE WORLD'S WATERKEEPERS
ARE AS CONNECTED TO EACH OTHER AS THEY ARE TO THEIR LOCAL WATERS,
ORGANIZING THE FIGHT FOR CLEAN WATER INTO A COORDINATED GLOBAL MOVEMENT
AND PROVIDING A WAY FOR COMMUNITIES TO STAND UP FOR THEIR RIGHT TO
CLEAN WATER AND FOR THE WISE AND EQUITABLE USE OF WATER RESOURCES, BOTH
LOCALLY AND GLOBALLY. THE VISION OF THE WATERKEEPER MOVEMENT IS FOR
FISHABLE, SWIMMABLE AND DRINKABLE WATERWAYS WORLDWIDE. OUR MISSION IS
TO SUPPORT AND EMPOWER MEMBER WATERKEEPER ORGANIZATIONS TO PROTECT
COMMUNITIES, ECOSYSTEMS AND WATER QUALITY; PROMOTE THE WATERKEEPER
MODEL FOR WATERSHED PROTECTION WORLDWIDE; AND ADVOCATE FOR ISSUES
COMMON TO WATERKEEPER PROGRAMS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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

Name of the organization WATERKEEPER ALLIANCE, INC.	Employer identification number
RESOURCES AND CONTINUE CAPACITY BUILDING AND TECHNICAL LEARNING.	
WATERKEEPER ALLIANCE PROVIDES WATERKEEPERS WITH A WEALTH OF RESOURCES,	
INCLUDING A TEAM OF EXPERTS IN ENVIRONMENTAL LAW, SCIENCE AND	
ENGINEERING, COMMUNITY ORGANIZING, COMMUNICATIONS, AND CAPACITY	
BUILDING TO HELP THEIR ADVOCACY EFFORTS AND ORGANIZATIONAL MANAGEMENT	
AND DEVELOPMENT. WHETHER IT IS ASSISTANCE IN DRAFTING PERMIT COMMENTS,	
REVIEWING ENVIRONMENTAL IMPACT STATEMENTS, PREPPING FOR A PRESS	
CONFERENCE OR DEVELOPING STRATEGIC OR SMALL-BUSINESS PLANS, OUR TEAM	
DRAWS ON THE EXPERIENCES OF FELLOW WATERKEEPERS AND A NETWORK OF	_
OUTSIDE SPECIALISTS AND AUTHORITIES ON WATER RESOURCE PROTECTION TO	
FURTHER ENHANCE AND STRENGTHEN THE EFFECTIVENESS OF OUR MOVEMENT. BY	
WORKING TOGETHER, WATERKEEPERS AROUND THE WORLD CAN MORE EFFECTIVELY	
ADDRESS LOCAL THREATS TO THEIR WATERWAYS. THE ACCUMULATED SUCCESS OF	
OUR MOVEMENT ADDS TO THE STRENGTH OF LOCAL ACTION- POLLUTERS KNOW THAT	
THE ENTIRE ALLIANCE STANDS BEHIND EACH OF OUR WATERKEEPERS. ONCE WAY WE	
EVALUATE OUR SUCCESS IS IN THE EFFECTIVENESS OF OUR NETWORK OF CLEAN	
WATER ADVOCATES, THE RETENTION OF HIGH QUALITY WATERKEEPER	
ORGANIZATIONS, AND THE CAPACITY OF WATERKEEPER ORGANIZATIONS TO MEET	
OUR TRADEMARK STANDARDS.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	
LEADING THE FIGHT FOR CLEAN WATER. TO PROMOTE THE SHARING OF	
FORWARD-LOOKING STRATIFIES AND THE DEVELOPMENT OF NEW TOOLS TO ADDRESS	
THREATS TO OUR COMMUNITIES AND WATERWAYS, THE ANNUAL CONFERENCE BRINGS	
TOGETHER RENOWNED EXPERTS TO SHARE THEIR KNOWLEDGE IN WORKSHOPS,	
STRATEGY SESSIONS AND ROUNDTABLE DISCUSSIONS, AND TO SHARE THEIR VISION	
FOR A MORE SUSTAINABLE WORLD IN PLENARY SPEECHES. THE CONFERENCE	
FEATURES MORE THAN 30 PANELS OVER ITS THREE DAYS COVERING TOPICS SUCH	

Name of the organization WATERKEEPER ALLIANCE, INC.	Employer identification number 13-4071318
AS ENVIRONMENTAL LAW AND ECONOMICS, MEDIA AND COMMUNICATIONS,	
ORGANIZATIONAL DEVELOPMENT, FUNDRAISING AND WATER QUALITY MONITORING.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:	
INCORPORATES AN ACCELERATED PHASING OUT OF COAL FROM OUR ENERGY	
PORTFOLIO AND A RECOMMITMENT TO A HEALTHY, CLEAN AND RENEWABLE ENERGY	
FUTURE FOR THE COUNTY; AND PROTECT OUR FOOD SYSTEMS AND CHILDREN FROM	
MERCURY A POTENT NEUROTOXIN THAT NEEDLESSLY RELEASED BY COAL.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
THE REMAINDER OF OUR MISSION PROGRAMS INCLUDES PROMOTING THE	
WATERKEEPER METHOD OF ADVOCACY AND ISSUERS OF COMMON CONCERN TO	
WATERKEEPER ORGANIZATIONS THROUGH WEB, MAGAZINE AND OTHER TOOLS;	
LICENSING NEW WATERKEEPER ORGANIZATIONS; PROTECTING THE TRADEMARKED	
WATERKEEPER FAMILY OF NAMES; ADVOCATING FOR STRONGER ENVIRONMENTAL	
REGULATIONS INCLUDING LEGISLATION SUCH AS THE CLEAN WATER RESTORATION	
ACT; AND UTILIZING EVENTS AND OUTREACH CAMPAIGNS TO INCREASE AWARENESS	
FOR THE WATERKEEPER MOVEMENT, THREATS TO CLEAN WATER AND HEALTHY ECO	
SYSTEMS AND STEPS INDIVIDUALS CAN TAKE TO MAKE A DIFFERENCE. A	
SIGNIFICANT AREA OF ADVOCACY IS THE WATERKEEPER ALLIANCE PURE FARMS	
PURE WATERS CAMPAIGN WHICH AIMS TO PROTECT RURAL WATERSHEDS BY WORKING	
TO PREVENT THE SPREAD OF FACTORY-STYLE AGRICULTURE AND PROMOTING THE	
SECURITY OF FAMILY-OWNED, SUSTAINABLE FARMS. THE PURE FARMS PURE WATERS	
CAMPAIGN COMBINES HARD-NOSED LITIGATION WITH EDUCATION AND OUTREACH ON	
SUSTAINABLE AGRICULTURE. WE ARE WORKING WITH FARMERS, ENVIRONMENTALISTS	
AND POLITICAL LEADERS TO SUPPORT REAL ALTERNATIVES TO FACTORY-RAISED	
FOOD.	
EXPENSES \$ 2,625,949. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	dula O (Farra 000 au 000 F7) (0047

Name of the organization WATERKEEPER ALLIANCE, INC.	Employer identification number 13-4071318
FORM 990, PART VI, SECTION A, LINE 4:	
SIGNIFICANT CHANGES TO BYLAWS JUNE 2018	
THE ADDITION OF:	
2.7 - INDIVIDUAL SUPPORTING MEMBERS	
THE ALLIANCE SHALL HAVE A SECOND CLASS OF MEMBERS COMPRISED OF INDIVIDUALS	
WHO MAKE FINANCIAL OR OTHER CONTRIBUTIONS TO THE ALLIANCE AT OR ABOVE A	
MINIMUM MONETARY LEVEL(S), AND FOR A TIME PERIOD(S), TO BE SET AND	
PERIODICALLY ADJUSTED BY THE ALLIANCE'S BOARD OF DIRECTORS. SUCH MEMBERS	
SHALL BE KNOWN AS INDIVIDUAL SUPPORTING MEMBERS. INDIVIDUAL SUPPORTING	
MEMBERS SHALL NOT HAVE VOTING OR OTHER RIGHTS OR DUTIES APPLICABLE TO THE	
MEMBER ORGANIZATIONS AS SET FORTH ABOVE IN THIS SECTION 2. ANY INDIVIDUAL	
SUPPORTING MEMBER MAY BE REMOVED FROM SUCH CLASS OF MEMBERSHIP WITH OR	
WITHOUT CAUSE UPON THE AFFIRMATIVE VOTE OF A MAJORITY OF THE MEMBERS OF THE	
BOARD OF DIRECTORS PRESENT AT SUCH MEETING.	
FORM 990, PART VI, SECTION A, LINE 6:	
THE WATERKEEPER ALLIANCE, INC. WAS INCORPORATED AS A MEMBERSHIP	
ORGANIZATION.	
FORM 990, PART VI, SECTION A, LINE 7A:	
THE DIRECTORS SHALL FROM TIME TO TIME ENTERTAIN APPLICATIONS FOR MEMBERSHIP	
IN THE ALLIANCE FROM NOT-FOR-PROFIT ORGANIZATIONS THAT ENGAGE IN ACTIVITIES	
THAT ARE CONSISTENT WITH THE MISSION OF THE ALLIANCE. EACH	
ORGANIZATION THAT IS APPROVED FOR MEMBERSHIP BY THE DIRECTORS (A	
"MEMBERSHIP ORGANIZATION") SHALL SELECT AS ITS REPRESENTATIVE TO THE	
ALLIANCE (A "MEMBER") THE ORGANIZATION'S WATERKEEPER OR A PERSON WHO IS A	
MEMBER OF THE ORGANIZATION'S GOVERNING BOARD OR OF THE ORGANIZATION'S	

Name of the organization WATERKEEPER ALLIANCE, INC.	Employer identification number 13-4071318
SENIOR MANAGEMENT. THE DIRECTORS MAY LEVY DUES OR FEES AS A CONDITION FOR	
MEMBERSHIP AS IT SEES FIT. EACH MEMBER SHALL BE ENTITLED TO ONE VOTE IN	
ALL MATTERS THAT COME BEFORE THE MEMBERS, INCLUDING THE ELECTION OF EACH	
AT-LARGE DIRECTOR. ALL MATTERS, EXCEPT AS OTHERWISE REQUIRED BY STATUTE OR	
BY THESE BY-LAWS, SHALL BE DECIDED BY THE MAJORITY OF THE MEMBERS PRESENT	
OR BY PROXY. ANY MEMBER MAY APPOINT A PROXY TO VOTE FOR THE MEMBER IN THE	
MEMBER'S ABSENCE. ALL PROXIES SHALL BE IN WRITING AND SHALL BE FILED WITH	
THE SECRETARY OF THE ALLIANCE. NO PROXY SHALL BE VALID AFTER THE	
EXPIRATION OF ELEVEN MONTHS FROM ITS DATE.	
FORM 990, PART VI, SECTION A, LINE 7B:	
OUR MEMBERS HAVE A BY-LAW DESIGNATED ROLE TO RATIFY AMENDMENTS TO THE	
CERTIFICATE OF INCORPORATION AND TO THE ORGANIZATION'S BY-LAWS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 WILL BE PRESENTED TO THE TREASURER AND AUDIT COMMITTEE FOR	
REVIEW PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE POLICY IS REVIEWED AT MEETINGS OF THE EXECUTIVE COMMITTEE FOR ANY NEW	
CONFLICTS AND ANNUAL DISCLOSURE STATEMENTS ARE REQUIRED.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE EXECUTIVE DIRECTOR IS REVIEWED ANNUALLY BY THE CHAIRMAN OF THE BOARD OF	
DIRECTORS, THE CHAIRMAN OF THE BOARD OF TRUSTEES AND OTHER EXECUTIVE	
COMMITTEE MEMBERS.	

Name of the organization WATERKEEPER ALLIANCE, INC.	Employer identification number 13-4071318
AL,AK,AZ,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS,KY,LA,ME,MD,MA,MI,MS,NV,NH,NJ,NM,NY	
NC,OH,PA,RI,SC,TN,TX,WA,WI,MN,MO,ND,OK,OR,UT,VA,WV	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS BY-LAWS AND FINANCIAL STATEMENTS AVAILABLE ON	
THEIR WEBSITE. THE CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE	
NOT MADE AVAILABLE TO THE PUBLIC.	
PART VII, SECTION B LINE 1 & PART IX, LINE 24A	
BEGINNING JANUARY 1, 2005, WATERKEEPER ALLIANCE, INC. ("WATERKEEPER") HIRED	
THE PERSONNEL MANAGEMENT SERVICES OF ADMINISTAFF COMPANIES II, L.P., NOW	
INSPERITY, A DELAWARE LIMITED PARTNERSHIP WITH ITS PRINCIPAL PLACE OF	
BUSINESS AT 19001 CRESCENT SPRINGS DRIVE, KINGWOOD, TX 77339-3802.	
INSPERITY (EIN: 76-0689539) IS AN OFF-SITE, FULL SERVICE HUMAN RESOURCE	
DEPARTMENT THAT, UNDER TERMS OF CONTRACT, IS RESPONSIBLE FOR PAYMENT OF	
SALARIES, WAGES, AND COMPLIANCE WITH APPLICABLE RULES AND REGULATIONS	
GOVERNING THE REPORTING AND PAYMENT OF ALL FEDERAL AND STATE TAXES ON	
PAYROLL WAGES PAID UNDER THE CONTRACT THROUGH A "CO-EMPLOYMENT"	
RELATIONSHIP WITH WATERKEEPER'S EMPLOYEES. THE FIGURES REPORTED ON FORM	
990, PART VII AND SCHEDULE J-2, PART I INCLUDE ALL COMPENSATION AND	
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION RECEIVED	
BY THE LISTED INDIVIDUALS AND ARE PROVIDED IN THE INTEREST OF COMPLETE	
DISCLOSURE.	