Form 990-EZ

Department of the Treasury

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

OMB No 1545-1150

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

Open to Public Inspection

Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2012 calendar year, or tax year beginning October 1 2012, and ending September 30 20 B Check if applicable C Name of organization D Employer identification number Address change Water Access Now 45-3246965 Name change Room/suite Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Initial return 11109 NE 1476th Street 425 246 0151 Terminated City or town, state or country, and ZiP + 4 F Group Exemption Amended return Kirkland, WA 98034 4415 Number ▶ Application pending G Accounting Method: Cash Accrual H Check ► ☐ If the organization is not Other (specify) ▶ I Website: ► www.wateraccessnow.org required to attach Schedule B (Form 990, 990-EZ, or 990-PF). ☐ 527 If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► s 123 49 1 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I . . . 1 123491 2 Program service revenue including government fees and contracts 2 0 3 3 0 4 Investment income 0 Gross amount from sale of assets other than inventory . . . 5a Less: cost or other basis and sales expenses h 0 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . C 0 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . 6b 0 Less: direct expenses from gaming and fundraising events . . . 6с Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 0 7a Gross sales of inventory, less returns and allowances 0 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c C 0 8 Other revenue (describe in Schedule O) 8 0 รี 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 123491 **⊜∂10** Grants and similar amounts paid (list in Schedule O) . . . 10 0 **⊕**11 Benefits paid to or for members 11 0 海2 Salaries, other compensation, and employee benefits . Ì2 0 Professional fees and other payments to independent contractors 13 130246 Occupancy, rent, utilities, and maintenance 14 0 115 Printing, publications, postage, and shipping 15 679 Other expenses (describe in Schedule O) 16 Total expenses. Add lines 10 through 16 17 130925 38 60 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 <7434> **Net Assets** Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 50512 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 0

Net assets or fund balances at end of year. Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions.

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Cat No. 106421

43078

Form **990-EZ** (2012)

Pa	rt II Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	e O to respond to a	ny question in this			<u>.</u> <u></u>
				(A) Beginning of year	<u> </u>	(B) End of year
22	Cash, savings, and investments			50512		43078
23	Land and buildings		,		23	
24	Other assets (describe in Schedule O)		ì		24	0
25	Total assets			50512		43078
26	Total liabilities (describe in Schedule O)				26	0
27	Net assets or fund balances (line 27 of column			50512	27	43078
Par	Statement of Program Service Accon	•		•		Expenses
M/ba	Check if the organization used Schedule t is the organization's primary exempt purpose?					quired for section (c)(3) and 501(c)(4)
		Provide clean water				anizations and section
as n	cribe the organization's program service accompl neasured by expenses. In a clear and concise rons benefited, and other relevant information for e	manner, describe th				17(a)(1) trusts, optional others)
28	Provided clean water systems in 12 rural communit	ies in Northern Ghana	including training p	rograms for each		
	community to sustain their clean water well. Each w	well served between 5	00 and 1,000 village	rs.		
	(Grants \$) If this amoun	t includes foreign gra	ants, check here .	<u> </u>	28	130246
29						
	(Oranda ft				_	_ [
30	(Grants \$) If this amoun	t includes foreign gra	ants, check here .	P 🗆	29	3
30						
	(Grants \$) If this amoun	t includes foreign gra	ants check here	. □	30	<u>_</u>
31	Other program services (describe in Schedule O)				-	-
٠.		t includes foreign gr			31	a
32	Total program service expenses (add lines 28a	through 31a)			32	
	t IV List of Officers, Directors, Trustees, and Ke				struc	
	Check if the organization used Schedule					🗀
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-	C) benefit plans, and) Estimated amount of other compensation
Robe	ert Maher					
Pres	ident and Board Member	5		0	0	0
Jane	t Kline					
Vice	President and Board Member	5		0	0	0
Step	hen Zeller					
Secr	etary and Board Member	2		0	0	0
Nick	y Macinnes					
Boar	d Member	2	ļ <u> </u>	0	0	0
	tte Tvedt					
	d Member	2	<u> </u>	0	0	0
	nk Keresteci			_		
Boar	d Member	2		0	0	0
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Part				<u> </u>
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
	detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		<u> </u>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	-	<u></u>
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		Ť
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		/
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		V
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
ь 38а	Did the organization file Form 1120-POL for this year?	37b		~
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a		
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9			. 1
b	Gross receipts, included on line 9, for public use of club facilities]		,
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ O ; section 4912 ▶ O ; section 4955 ▶ O			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		V
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ ROBERT MAHER Telephone no. ▶ 43			154
b	Located at \(\begin{align*} \lambda 23030 N \in 98^{\rightarrow} PL KIRKCAND WA \\ 2 \text{IP} + 4 \end{align*} 2 \text{IP} + 4 9 \\ At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	803 42b	Yes	No
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		V
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	▶ □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		V
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	440 45a		1
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45h		

	P	age 4			
	Yes	No			
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	Yes	No			
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48		<i>\omega</i>			
49a		V			
49b		d kov			
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eived more than					
pensation					
					

Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition

Form 990-EZ (2012)

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. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization Now WATER ACCESS 45-3246963 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 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 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). Enter 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 described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). M An organization that normally receives a substantial part of its support from a governmental unit or from the 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 organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses 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 safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III-Functionally integrated d Type III-Non-functionally integrated **b** Type II e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (I) Name of supported (II) EIN (III) Type of organization (iv) is the organization (v) Did you notify (vi) is the organization in col (vii) Amount of monetary the organization in col (i) of your in cal. (i) listed in your organization (described on lines 1-9 support governing document? (I) organized in the above or IRC section support? U.S.? (see instructions)) No Yes Yes No Yes (A) (B) (C)

(D)

(E)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 115320 123491 238811 0 0 include any "unusual grants.") . . . 0 revenues levied 2 Tax the organization's benefit and either paid 0 0 0 0 0 0 to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the 0 0 organization without charge 115320 123491 Total. Add lines 1 through 3 0 0 The portion of total contributions by 5 person (other each than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . Public support. Subtract line 5 from line 4. Section B. Total Support (e) 2012 (a) 2008 (b) 2009 (c) 2010 (d) 2011 Calendar year (or fiscal year beginning in) (f) Total Amounts from line 4 0 115320 0 23881 Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties and income from similar 0 0 0 Q 0 0 Net income from unrelated business activities, whether or not the business 0 is regularly carried on 0 0 0 0 Other income Do not include gain or 10 loss from the sale of capital assets D 0 0 (Explain in Part IV.) . . 0 0 Ò Total support. Add lines 7 through 10 11 12 Gross receipts from related activities, etc. (see instructions). 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) V organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 % Public support percentage from 2011 Schedule A, Part II, line 14 % 33½% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization 331/a% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 331/a% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here, Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only i	f you checked the box o	n line 9 of Part I or if t	he organization faile	d to qualify under Part II
If the organization	on fails to qualify under the	he tests listed below, I	please complete Pa	rt II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose .						
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513						
4	Tax revenues levied for the						-
•	organization's benefit and either paid				1		
	to or expended on its behalf						
5	The value of services or facilities		-				
3	furnished by a governmental unit to the						}
	organization without charge						
•					-		
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3		-				
14	received from disqualified persons						
	·				ļ		
þ	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						
_	*						
C	Add lines 7a and 7b Public support (Subtract line 7c from						+
8	line 6.)		· #0 €		ghter.		
Saati	on B. Total Support		I		L		<u> </u>
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	(a) 2000	(b) 2003	(6) 2010	(u) 2011	(e) 2012	(i) iolai
_	Gross income from interest, dividends,				-		
100	payments received on securities loans, rents,						
	royalties and income from similar sources .						
h	Unrelated business taxable income (less		 				
	section 511 taxes) from businesses		ļ.				
	acquired after June 30, 1975						
С	Add lines 10a and 10b				 		<u> </u>
11	Net income from unrelated business						
"	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
. 2	loss from the sale of capital assets				1		
	(Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,		 				
	and 12)						
14	First five years. If the Form 990 is for the	ne organization	n's first secon	d third fourth	or fifth tax v	par as a section	n 501(c)(3)
• •	organization, check this box and stop he	-			•		
Secti	on C. Computation of Public Suppor						<u> </u>
15	Public support percentage for 2012 (line			3. column (f))		15	%
16	Public support percentage from 2011 Sci	• • •	•			16	%
	on D. Computation of Investment In					3 - ~ <u>1</u>	
17	Investment income percentage for 2012 (y line 13, colu	mn (f))	17	%
18	Investment income percentage from 201		• •	-		18	%
19a	331/3% support tests - 2012. If the organ	•	•		nd line 15 is m	<u> </u>	
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2011. If the organiz	-	_	•		_	
_	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization de		-				

Schedule A (F	Form 990 or 990-EZ) 2012	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
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