** PUBLIC DISCLOSURE COPY **

990

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ 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.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

ΑΙ	For the	2018 calendar year, or tax year beginning and er	nding	_	
В	Check if applicabl	C Name of organization		D Employer identifi	cation number
	Addre chang	FOOD AND WATER WATCH			
	Name chang			32-0	160439
Ļ	Initial return	,	oom/suite	E Telephone numbe	
	Final return, termin	, ,	00	(202	
	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	17,168,724.
<u> </u>	Amenoreturn Application			H(a) Is this a group re	
	⊥ltiön pendir	F Name and address of principal officer:WENONAH HAUTER SAME AS C ABOVE		for subordinates	
$\overline{}$	Toy ov	empt status:	527	H(b) Are all subordinates in	list. (see instructions)
		re: NWW.FOODANDWATERWATCH.ORG	JZ1	H(c) Group exemptio	
		organization: X Corporation Trust Association Other ►	L Year		State of legal domicile: DC
		Summary			<u></u>
_	1	Briefly describe the organization's mission or most significant activities: FOOD	AND W	ATER WATCH'	S PRIMARY
Governance		EXEMPT PURPOSE IS FOR RESEARCH, EDUCATING	THE	PUBLIC, AND	PROTECTING
ern8	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	
Š	1			3	7
∞ ∞		Number of independent voting members of the governing body (Part VI, line 1b) $$			6
Activities &		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			104
Ĭ		Total number of volunteers (estimate if necessary)			0
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 38			
ē		Contributions and grants (Part VIII. line 1b)		Prior Year 16,684,205.	Current Year 17,035,146.
Revenue	1	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		18,000.	0.
š	1	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		91,676.	96,869.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,829.	36,709.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		16,798,710.	17,168,724.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		228,425.	159,011.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		10,109,242.	10,366,111.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ž	b	Total fundraising expenses (Part IX, column (D), line 25) 2,157,33	2.		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,992,911.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		17,330,578.	17,256,085.
	19	Revenue less expenses. Subtract line 18 from line 12		-531,868.	
Net Assets or Fund Balances			Ве	ginning of Current Year 9,413,057.	End of Year
SSE Bala	20	Total assets (Part X, line 16)		1,789,908.	11,107,328.
Vet /	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		7,623,149.	7,446,793.
P	art II	Signature Block		7,025,145.	7,440,755
		Ities of perjury, I declare that I have examined this return, including accompanying schedules a	and statem	ents, and to the best of m	v knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of whic			,
	-				
Sig	n	Signature of officer		Date	
Hei		WENONAH HAUTER, EXECUTIVE DIRECTOR			
		Type or print name and title	1.	Note I	T DTIN
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai		MOLLIE LAMBERT		2/19/20 if self-employ	P01336155
	parer		P.C.	Firm's EIN	52-1711839
use	Only	Firm's address 7910 WOODMONT AVE. STE. 500 BETHESDA, MD 20814		Phone no. (3	01) 986-0600
Mar	v the II	RS discuss this return with the preparer shown above? (see instructions)		Trilolle IIo. (3	X Yes No
ivia	y uite li	to discuss this return with the preparet shown above? (See instructions)		<u></u>	L== 103 LINU

Pa	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:
	FOOD AND WATER WATCH CONDUCTS EXTENSIVE RESEARCH AND PUBLIC EDUCATION
	TO ENSURE THE FOOD, WATER AND FISH WE CONSUME IS SAFE, ACCESSIBLE AND SUSTAINABLY PRODUCED. SO WE CAN ALL ENJOY AND TRUST IN WHAT WE EAT
	AND DRINK, WE HELP PEOPLE TAKE CHARGE OF WHERE THEIR FOOD COMES FROM,
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 4,744,932. including grants of \$) (Revenue \$)
44	(Code:) (Expenses \$ 4,744,932. including grants of \$) (Revenue \$) (Revenue \$) (Revenue \$)
	ENVIRONMENTAL ISSUES IN REGARD TO FOOD PRODUCTION THAT IS SUSTAINABLE,
	LOCAL, CHEMICAL-FREE, CLEARLY LABELED, FAMILY-FARMED, AND HUMANELY
	RAISED.
4b	(Code:) (Expenses \$ 2,120,758 • including grants of \$) (Revenue \$)
	CLIMATE AND ENVIRONMENT - THE CLIMATE AND ENVIRONMENT PROGRAM FOCUSES
	ON POLLUTION TRADING SCHEMES, WATER MARKET, AND THE PRIVATIZATION OF
	NATURE.
	6 846 066
4c	(Code:) (Expenses \$ 6,716,066. including grants of \$
	WATER - THE WATER WATCH PROGRAM EDUCATES AND ADVOCATES ABOUT
	AFFORDABLE, PUBLICLY CONTROLLED DRINKING WATER, HEALTH AND ENVIRONMENTAL
	DANGERS OF BOTTLED WATER, HEALTH AND ENVIRONMENTAL DANGERS OF FRACKING
	AND FOSSIL FUELS, THE IMPORTANCE OF MOVING FROM FOSSIL FUELS TO SAFE,
	RENEWABLE ENERGY AND THE IMPORTANCE OF PUBLIC INVESTMENT IN
	INFRASTRUCTURE.
4d	Other program services (Describe in Schedule O.)
4-	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 13,581,756.
<u>4e</u>	Total program service expenses ► 13,581,756. Form 990 (2018)
	Foiti 330 (2018)

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)?		v	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		x
4	public office? If "Yes," complete Schedule C, Part I	3		
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	<u> </u>		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		- 25
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	21	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	21	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		
	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	
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
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,		77	
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.		X
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		<u> </u>
19	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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	

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Part IV Checklist of Required Schedules (continued)

			Yes	No
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	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			.,
_	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	200		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	Х	 **
30	Did the organization receive more than \$25,000 in horizont contributions: in ros, complete deficultion. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
00	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	١	v	
٥	Part V, line 1	34	Х	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
L)	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		
-	If "Yes," complete Schedule R, Part V, line 2	36	х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
-	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
		4		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
·	(gambling) winnings to prize winners?	1c	Х	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	If "Yes," enter the name of the foreign country: ►						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	60		Х			
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		21			
D		6b					
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	OD					
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?	7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a						
a h	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against						
D	amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note. See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans						
	Enter the amount of reserves on hand						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
b	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O						
15							
	excess parachute payment(s) during the year?	15		X			
	If "Yes," see instructions and file Form 4720, Schedule N.			37			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X			
	If "Yes," complete Form 4720, Schedule O.	Eorm	990	(2010			

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				X				
Sec	tion A. Governing Body and Management								
				Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	7						
	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	6						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other							
	officer, director, trustee, or key employee?		. 2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person? \dots		. 3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?	. 4		X				
5	0 , 0								
6	Did the organization have members or stockholders?								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximation of the power to elect or	point one or							
	more members of the governing body?		. 7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, so	tockholders, or							
	persons other than the governing body?		. 7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the following:							
а	The governing body?		. 8a	X					
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 cannot be read	ched at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		. 9		X				
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)							
				Yes	No				
	Did the organization have local chapters, branches, or affiliates?		. 10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots		. 10b	<u> </u>					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before filing the form?	11a	X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	• • • • • • • • • • • • • • • • • • • •			X					
b	$Were \ of ficers, \ directors, \ or \ trustees, \ and \ key \ employees \ required \ to \ disclose \ annually \ interests \ that \ could \ give \ rise$		12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye			١					
	in Schedule O how this was done		12c	X					
13	Did the organization have a written whistleblower policy?			X					
14	Did the organization have a written document retention and destruction policy?		. 14	X					
15	Did the process for determining compensation of the following persons include a review and approva	al by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			,_					
	The organization's CEO, Executive Director, or top management official			X					
b	Other officers or key employees of the organization		. 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 arrangen	nent with a			37				
	taxable entity during the year?		. 16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization'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 ▶ DC , AL , AK , AZ , C.								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an	d 990-T (Section 501(c)	(3)s only	/) availa	able				
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	nflict of interest policy, a	nd fina	ncial					
	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 boo	oks and records 🕨							
	THE ORGANIZATION - 202-683-2500								
	1616 P STREET, NW SUITE 300, WASHINGTON, DC 20036			000					
	SEE SCHEDIILE O FOR FILL LIST OF STATES		Far	n aan	(2010)				

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)		(C) Position					(D)	(E)	(F)
Name and Title	Average		do not check mor			nore than one son is both an		Reportable	Reportable	Estimated
	hours per week	offi	, unie cer an	ss pe d a d	rson irecto	is bot or/trus	tee)	compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	or dire	يو			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e e	suadı		(W-2/1099-MISC)		organization and related
	organizations below	dual tr	tional		nploye	st con yee	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme			
(1) MAUDE BARLOW	0.50									
CHAIR		Х						0.	0.	0
(2) RUDOLF AMENGA-ETEGO	0.50							_	_	_
DIRECTOR		Х						0.	0.	0
(3) ROBERT HOWARTH	0.50	.								
DIRECTOR		Х						0.	0.	0
(4) ELIZABETH PEREDO	0.50	١							•	•
DIRECTOR	0.50	Х						0.	0.	0
(5) MARY RICCI	0.50	↓							0	0
TREASURER	0.50	Х						0.	0.	0
(6) LISA SCHUBERT	0.50	X						0.	0.	0
DIRECTOR (7) WENONAH HAUTER	40.00	^						0.	0.	0
EXECUTIVE DIRECTOR	40.00	X		x				233,398.	0.	32,492
(8) LANE BROOKS	40.00							23373301		32,132
CHIEF OPERATING OFFICER	1000	1			x			212,180.	0.	30,370
(9) PATRICIA LOVERA	40.00							,		,
DEPUTY DIRECTOR		1				Х		180,353.	0.	27,230
(10) WILLIAM ROBINSON	40.00									
EMPLOYEE						Х		185,000.	0.	27,652
(11) DOUG LAKEY	40.00									
DIRECTOR OF DEVELOPMENT						Х		180,353.	0.	27,230
(12) MICHELE MERKEL	40.00									
CO-DIRECTOR, FWW JUSTICE						Х		165,000.	0.	12,452
(13) EMILY WURTH	40.00								_	
EMPLOYEE						Х		165,000.	0.	25,652
		_				_				
		-								
		\vdash	\vdash	\vdash	_	-	_			
		+								
						\vdash				
		\mathbf{H}								
	L	1						ı		5 000 (co.

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Page **8**

Fai	Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	а н	igne	St C	ompensated Employe	es (continuea)				
	(A)	(B)			-	C)			(D)	(E)			(F)	
	Name and title	Average	(do			itior more	1 than	one	Reportable	Reportable	,	Es	stimate	∌d
		hours per	box	, unle	ss pe	erson	is bot	h an	compensation	compensation			nount (of
		week	\vdash	Jer an	iu a u	I	Jiruus	iee)	from	from related	- 1		other	
		(list any hours for	irecto						the	organization			pensa	
		related	or d	99			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	3C)		om the	
		organizations	nstee.	trust		96	ubeu		(۷۷-2/1099-101130)			•	anizati d relate	
		below	dual t	tiona	١.	yoldr	st cor						anizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				0.90		55
			_	 	_	Ť	1	_						
			1											
			-											
						-	-							
			-											
			1											
						_	_				-			
			-											
							\vdash				-+			
			1											
1b	Sub-total	<u> </u>		<u> </u>			<u> </u>		1,321,284.		0.	18	3,0	78.
	Total from continuation sheets to Part V								0.		0.			0.
	Total (add lines 1b and 1c)								1,321,284.		0.	18	3,0	78.
2	Total number of individuals (including but n									0,000 of reportab	le			
	compensation from the organization						•			•				17
											_		Yes	No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual									L	3		Х
4	For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	atior	n and	d otl	her compensation from	the organization				
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sch	edul	e J f	for such individual		L	4	Х	
5	Did any person listed on line 1a receive or a	accrue compei	nsat	ion f	from	any	/ uni	elat	ted organization or indiv	idual for services	;			
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	uch	pers	son					5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co										npensa	ition f	rom	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	with	or w	ithir		year.				
	(A)	addrace							(B)	an door	0-	(C		_
	Name and business							[Description of s	services		ınpeı	nsatio	n
	TEGRATED DIRECT MARKET		~	_	~	_	۰ ۰ .		DIRECT MAIL			۰		۰.
T2!	50 CONN.AVE,NW #200, W	ASHINGT(JИ.	, I	C	2	UU.	36	CONSULTING			85	9,5	86.

SALESFORCE . ORG 1 MARKET SQUARE, SAN FRANCISCO, CA 94105 TECHNOLOGY 346,667. JACKSON RIVER LLC 9020EAST 53RD STREET, TX 78751 CONSULTING 128,001. AUSTIN, Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2018)

\$100,000 of compensation from the organization

Pai	LV	•	Check if Schedule O conta		esponse	or note to any lin	e in this Part VIII			
					,	,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1	а	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues		1b					
ts, (С	Fundraising events		1c					
la git		d	Related organizations		1d					
imi,		е	Government grants (contributi	ons)	1e					
e E		f	All other contributions, gifts, grant	s, and						
ğ.			similar amounts not included above	⁄е	1f	17,035,146.				
do		g	Noncash contributions included in lines	1a-1f: \$		66,140.				
<u>a</u> 0		h	Total. Add lines 1a-1f				17,035,146.			
						Business Code				
ice	2	а								
erv ne		b								
m S		С								
gra Re		d								
Program Service Revenue		e	All able on any arrange and in a varian							
_		ı ~	All other program service rever							
\rightarrow	3	y	Total. Add lines 2a-2f							
	3		other similar amounts)		,	, l	96,869.			96,869,
	4		Income from investment of tax				,			, , , , ,
	5		Royalties	•		·				
			,		Real	(ii) Personal				
	6	а	Gross rents							
			Less: rental expenses							
			Rental income or (loss)							
		d	Net rental income or (loss)							
	7	а	Gross amount from sales of	(i) Sed	curities	(ii) Other				
			assets other than inventory							
		b	Less: cost or other basis							
			and sales expenses							
			Gain or (loss)							
			Net gain or (loss)			. <u></u>				
Other Revenue	8	а	Gross income from fundraising including \$,	,					
ev ev			contributions reported on line	1c). Se	е					
e F			Part IV, line 18			1				
E		b	Less: direct expenses		b	·				
		С	Net income or (loss) from fund	raising	events	_				
	9	а	Gross income from gaming ac							
			Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from gam		vities .	······· •				
	10	а	Gross sales of inventory, less							
			and allowances							
			Less: cost of goods sold			$\overline{}$				
ŀ		C	Net income or (loss) from sales Miscellaneous Revenue		entory .	Business Code				
ŀ	11	2	MISCELLANEOUS	-		900099	36,709.			36,709
		a b					23,,03.			23,733
		C								
			All other revenue							
			Total. Add lines 11a-11d				36,709.			
	12		Total revenue. See instructions				17,168,724.	0.	0.	133,578.

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).

0001	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor				
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	159,011.	159,011.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	446,529.	303,813.	75,737.	66,979
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	7,848,683.	6,709,946.	465,871.	672,866
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	516,744.	444,246.	29,079.	43,419
9	Other employee benefits	898,179.	763,167.	56,257.	78,755
10	Payroll taxes	655,976.	555,387.	42,354.	58,235
11	Fees for services (non-employees):				
а	Management				
b	Legal	61,689.	1,993.	59,446.	250
С	Accounting	56,921.	571.	56,350.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	1,055,660.	693,027.	177,745.	184,888
12	Advertising and promotion	26,325.	22,325.		4,000
13	Office expenses	2,052,030.	1,245,001.	364,520.	442,509
14	Information technology	1,020,599.	759,176.	40,476.	220,947
15	Royalties				
16	Occupancy	1,197,664.	1,055,795.	52,533.	89,336
17	Travel	487,919.	416,004.	18,796.	53,119
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	15 100	2.4		4.4.54.0
19	Conferences, conventions, and meetings	15,129.	34.	585.	14,510
20	Interest	45.		45.	
21	Payments to affiliates	000 000	0.1.1 = 1.0	40 466	22 52
22	Depreciation, depletion, and amortization	293,906.	244,743.	19,466.	29,697
23	Insurance	128,571.	103,346.	14,048.	11,177
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MAILHOUSE	165,388.	92,978.	43,328.	29,082
b	LIST RENTAL	108,032.	-		108,032
c	LICENSES & PERMITS	25,071.	4,885.	361.	19,825
d	ORGANIZING MATERIALS	23,378.	6,308.		17,070
е	All other expenses	12,636.	-		12,636
25	Total functional expenses. Add lines 1 through 24e	17,256,085.	13,581,756.	1,516,997.	2,157,332
26	Joint costs. Complete this line only if the organization				<u> </u>
	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)				
	12-31-18			<u>'</u>	Form 990 (201)

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Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,109,114.	1	2,716,018.
	2	Savings and temporary cash investments				2	· · · · · · · · · · · · · · · · · · ·
	3	Pledges and grants receivable, net			417,312.	3	472,609.
	4	Accounts receivable, net	154.	4	472,609. 9,736.		
	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					
Ø		employees' beneficiary organizations (see instr).			6		
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use			22,141.	8	22.141.
	9				685,456.	9	22,141. 688,318.
		Land, buildings, and equipment: cost or other	I		000,100		000,020
	104	basis. Complete Part VI of Schedule D	10a	3.201.963.			
	h	Less: accumulated depreciation	10b	3,201,963.	322,512.	10c	2,367,111.
	11	Investments - publicly traded securities	,	11			
	12	Investments - other securities. See Part IV, line 1			5,100,949.	12	3,860,629.
	13	Investments - program-related. See Part IV, line		.,, .	13	.,,.	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	755,419.	15	970.766.		
	16	Total assets. Add lines 1 through 15 (must equal		9,413,057.	16	970,766. 11,107,328.	
	17	Accounts payable and accrued expenses			1,762,574.	17	1,803,035.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
ý	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee					
apil		Complete Part II of Schedule L				22	
Ë	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
		Schedule D			27,334.	25	1,857,500. 3,660,535.
	26	Total liabilities. Add lines 17 through 25			1,789,908.	26	3,660,535.
		Organizations that follow SFAS 117 (ASC 958), chec	k here X and			
8		complete lines 27 through 29, and lines 33 an					
anc anc	27	Unrestricted net assets			6,774,168.	27	6,482,283.
3ale	28	Temporarily restricted net assets			848,981.	28	964,510.
βE	29	Permanently restricted net assets		<u></u>		29	
Fund Balances		Organizations that do not follow SFAS 117 (A	SC 958	3), check here 🕨 📖			
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed	uipmer	nt fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated in			—	32	
Z	33	Total net assets or fund balances			7,623,149.	33	7,446,793.
	34	Total liabilities and net assets/fund balances	9,413,057.	34	11,107,328.		

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

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

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

Act and OMB Circular A-133?

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

1

2 3

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Part XI Reconciliation of Net Assets

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

rm	1 990 (2018) FOOD AND WATER WATCH	32-0	0160439	Pag	ge 12
aı	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	Total revenue (must equal Part VIII, column (A), line 12)	1	17,16		
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,25		
;	Revenue less expenses. Subtract line 2 from line 1	3			61.
,	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,62		
i	Net unrealized gains (losses) on investments	5	-8	8,9	95.
i	Donated services and use of facilities	6			
	Investment expenses	7			
	Prior period adjustments	8			
)	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
)	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	7,44	6,7	93.
aı	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
	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 Schedule	O.			
а	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separar	te basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis X Both consolidated and separate basis				

0.0		
Form	990	(2018)

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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

Open to Public Inspection

Employer identification number Name of the organization FOOD AND WATER WATCH 32-0160439 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.) 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 (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). 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). 7 X 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.) 8 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 conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	14637019.	17665510.	17046053.	16684205.	17035146.	83067933.
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	14637019.	17665510.	17046053.	16684205.	17035146.	83067933.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						83067933.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	14637019.	17665510.	17046053.	16684205.	17035146.	83067933.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	112,827.	61,511.	72,994.	91,676.	106,064.	445,072.
9	Net income from unrelated business	,	· · · · · · · · · · · · · · · · · · ·	,	•		-
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	33,937.	1,277.	39,207.	4,829.	36,709.	115,959.
11	Total support. Add lines 7 through 10		,	,			83628964.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	37,462.
	First five years. If the Form 990 is for						<u> </u>
	organization, check this box and stor						▶ □
Sec	tion C. Computation of Publ						
	Public support percentage for 2018 (column (f))		14	99.33 %
	Public support percentage from 2017					15	99.33 %
	33 1/3% support test - 2018. If the					nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	·			ightharpoons X
b	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets tl	-					
	organization meets the "facts-and-circ		•		•		. .
<u>1</u> 8	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2018

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	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 per-						
	formed, 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 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						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
		_			-		
Se	ction C. Computation of Publ						ŕ
	Public support percentage for 2018 (column (f))		15	%
16	Public support percentage from 2017	Schedule A, Part	: III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	118 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2017 Schedule A,	Part III, line 17			18	%
	a 33 1/3% support tests - 2018. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2017. If the						and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies	as a publicly supp	orted organization	
20	Private foundation If the organization						

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," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
0-		
9с		
10a		
10b		

Pa	rt IV Supporting Organizations _(continued)			
	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	•		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	ructions	Ĺ П	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
_	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	^ 1		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	L	Щ

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1						
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other					
	factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
	see instructions)	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by .035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ted Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2018

Par	^ব V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)				
Secti	ion D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exe						
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity	,					
3	Administrative expenses paid to accomplish exempt purpose	s					
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the	he organization is responsive	e				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2018 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018 (reason-						
	able cause required- explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2018						
а	From 2013						
b	From 2014						
С	From 2015						
d	From 2016						
е	From 2017						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2018 distributable amount						
i	Carryover from 2013 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2018 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2018 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2018, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2018. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2019. Add lines 3j						
	and 4c.						
	Breakdown of line 7:						
	Excess from 2014						
	Excess from 2015						
	Excess from 2016						
	Excess from 2017						
е	Excess from 2018						

Schedule A (Form 990 or 990-EZ) 2018

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.)

13510219 759370 70180-0000

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

2018

FOOD AND WATER WATCH 32-0160439 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

FOOD AND WATER WATCH

32-0160439

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additional actions and the copies of Part I if additional actions are copies	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		s5,900,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$2,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

Name of organization **Employer identification number**

32-0160439 FOOD AND WATER WATCH Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) (d) No. (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I

		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

Name of organization

32-0160439 FOOD AND WATER WATCH Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Inspection

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.

- 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.

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

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

Tax	() (see separate instructions), then				
•	Section 501(c)(4), (5), or (6) organiza	ations: Complete Part III.			
	ne of organization	•		Empl	oyer identification number
	FOOD AN	ID WATER WATCH			32-0160439
Pá	art I-A Complete if the or	ganization is exempt und	der section 501(c)	or is a section 527 o	rganization.
	•				
1	Provide a description of the organi	zation's direct and indirect politic	cal campaign activities	in Part IV.	
2	Political campaign activity expendi	tures		▶\$	
3	Volunteer hours for political campa	ign activities			
P	art I-B Complete if the or	ganization is exempt und	der section 501(c)	(3)	
	Enter the amount of any excise tax				
,	Enter the amount of any excise tax	incurred by organization manage	ers under section 495	5 • s	
3	If the organization incurred a section	on 4955 tax did it file Form 4720	for this year?	· • •	Yes No
	a Was a correction made?				
	b If "Yes," describe in Part IV.				
	art I-C Complete if the or	ganization is exempt und	der section 501(c)	, except section 501(c)(3).
1	Enter the amount directly expende	d by the filing organization for se	ection 527 exempt func	tion activities > \$	
	Enter the amount of the filing organ				
	exempt function activities		-		
3	Total exempt function expenditure				
	line 17b			▶\$	
4		1120-POL for this year?			Yes No
5					
	made payments. For each organization	ation listed, enter the amount pai	id from the filing organi	zation's funds. Also enter th	ne amount of political
	contributions received that were p	romptly and directly delivered to	a separate political org	janization, such as a separa	ite segregated fund or a
	political action committee (PAC). If	additional space is needed, prov	vide information in Part	IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds. If none, enter -0	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) 2018

LHA

832041 11-08-18

Schedule C (Form 990 or 990-EZ) 2018 E			160439 Page 2
	anization is exempt under section 501(c)(3) and fil	led Form 5768 (ele	ection under
section 501(h)).			
A Check ► ☐ if the filing organizati	ion belongs to an affiliated group (and list in Part IV each affiliated	group member's name	e, address, EIN,
expenses, and share	e of excess lobbying expenditures).		
B Check ▶ ☐ if the filing organizati	ion checked box A and "limited control" provisions apply.		
	s on Lobbying Expenditures itures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion (grass roots lobbying)	97,316.	
	ence a legislative body (direct lobbying)	132,837.	
	nes 1a and 1b)	230,153.	
d Other exempt purpose expenditure	S	14,595,022.	
e Total exempt purpose expenditures		14,825,175.	
	r the amount from the following table in both columns.	891,259.	
If the amount on line 1e, column (a) or			
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000	,000 \$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000 \$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000 \$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
, ,			
g Grassroots nontaxable amount (ent	er 25% of line 1f)	222,815.	
h Subtract line 1g from line 1a. If zero		0.	
_	or less, enter -0-	0.	
	o on either line 1h or line 1i, did the organization file Form 4720		
reporting section 4911 tax for this y	, 3		Yes No
	4-Year Averaging Period Under Section 501(h)		
(Some organizations the	at made a section 501(h) election do not have to complete all	of the five columns be	elow.
	See the separate instructions for lines 2a through 2f.)		

Lobbying Expenditures During 4-Year Averaging Period									
(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total					
843,692.	912,107.	925,955.	891,259.	3,573,013.					
				5,359,520.					
270,069.	179,697.	243,822.	230,153.	923,741.					
210,923.	228,027.	231,489.	222,815.	893,254.					
				1,339,881.					
208,077.	90,266.	85,331.	97,316.	480,990.					
	(a) 2015 843,692. 270,069. 210,923.	(a) 2015 (b) 2016 843,692. 912,107. 270,069. 179,697. 210,923. 228,027.	(a) 2015 (b) 2016 (c) 2017 843,692. 912,107. 925,955. 270,069. 179,697. 243,822. 210,923. 228,027. 231,489.	(a) 2015 (b) 2016 (c) 2017 (d) 2018 843,692. 912,107. 925,955. 891,259. 270,069. 179,697. 243,822. 230,153. 210,923. 228,027. 231,489. 222,815.					

Schedule C (Form 990 or 990-EZ) 2018

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 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: 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? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? 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 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)(4), section 501(c)(6).	No		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? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? 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 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)(4), section 501(c)(6).	i)(5), or se	oction	
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art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).)(5), or se	otion	
501(c)(6).	e)(5), or se	otion	
		CLIOII	
		Yes	N
More substantially all (000/ ar mars) dues ressived pendeductible by members?	4	103	<u>``</u>
Were substantially all (90% or more) dues received nondeductible by members?			
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior yeart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)		otion	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes." 1 Dues, assessments and similar amounts from members		· / · · ·	
,	1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
. , , , ,	20		
a Current year			
b Carryover from last year			
c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political			
expenditure next year?	4		
	5		
Taxable amount of lobbying and political expenditures (see instructions)			

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

FOOD AND WATER WATCH

Employer identification number 32-0160439

Pai	t I Organizations Maintaining Donor Advise		or Accou	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
	, ,	(a) Donor advised funds	(b) Fur	nds and other accounts
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		ed funds	
	are the organization's property, subject to the organization's	_		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
			-	Yes No
Pai				
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	rically impo	rtant land area
	Protection of natural habitat	Preservation of a certif	ied historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form o	of a conserv	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	re	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re			n during the tax
	year ▶			
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements i	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation eas	sements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easeme	nts during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	•		
	and section 170(h)(4)(B)(ii)?			Yes
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expense	statement,	and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	he organiza	tion's accounting for
_	conservation easements.			
Pai			her Simil	ar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherar	ice of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri			
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pub	lic service,	provide 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 tre	,	gain, provid	de
	the following amounts required to be reported under SFAS 1		_	
а	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

832051 10-29-18

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

Schedule D (Form 990) 2018

Pai	t III Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or Oth	er Simila	ar Asse	ts (contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significant ι	use of its	collectio	n item	s
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization's ex	empt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma	aintained as part of tl	he organization's co	ollection?		\square	Yes		No
Pai	t IV Escrow and Custodial Arran						line 9, oı		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other assets no	t included				
	on Form 990, Part X?					\square	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
							Amoun	t	
С	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fe						Yes		No
	If "Yes," explain the arrangement in Part XIII.				•]
Pai									
		(a) Current year	(b) Prior year	(c) Two years back		ears back	(e) Four	years	back
1a	Beginning of year balance	848,981.	665,704.			90,280.	(-)	219,	
	Contributions	1,669,083.	1,410,622.		 	67,013.	1	,297,	
	Net investment earnings, gains, and losses	, ,	, ,	, ,	<u> </u>	,		<u>, ,</u>	
	Grants or scholarships								
	Other expenditures for facilities								
·	and programs	1 553 554	1 227 345.	1,014,361.	1 2	26 460.	1	,227,	274.
f	Administrative expenses					,		, ,	
	End of year balance	964 510.	848,981.	665,704.	5	30,833.		290,	280.
2	Provide the estimated percentage of the curr		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·					
	Board designated or quasi-endowment	ent year end balance	%	a)) Held as.					
	Permanent endowment	%							
	Temporarily restricted endowment ▶ 10								
C	The percentages on lines 2a, 2b, and 2c sho								
32	Are there endowment funds not in the posse	•	ation that are hold a	nd administered for	the organiz	ation			
Ja		33001 Of the organize	tion that are neid a	ila administered for	the organiz	ation	1	Yes	No
	by: (i) unrelated organizations						3a(i)	165	X
									X
h	(ii) related organizations								
4							30	L	
Ė	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		willetti turius.						
ı aı	Complete if the organization answere		Dart IV line 11a 9	Soo Form QQQ Part V	/ line 10				
						-1	(d) Daa		
	Description of property	(a) Cost or ot basis (investm		' '	Accumulate epreciation	a	(d) Boo	k value	9
	Land	,	Dasis	(other) de	-preciation				
	Land								
	Buildings		1 5 6	5 210	187,41	<u> </u>	1 27	7 0	<u> </u>
	Leasehold improvements						$\frac{1,37}{13}$		
	Equipment			2,777.	458,00			$\frac{4}{4}, \frac{7}{5}$	
	Other			3,967.	189,43		2,36	4,5	
Tota	. Add lines 1a through 1e. (Column (d) must e	guai Form 990, Part i	x, column (B), line 1	UC.)			⊿ ,30	/ , 1.	⊥⊥•

Schedule D (Form 990) 2018

Part VII Investments - Other Securitie	
Schedule D (Form 990) 2018 FOOD AND	Ī

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.								
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value						
(1) Financial derivatives								
(2) Closely-held equity interests								
(3) Other								
(A) MONEY MARKET FUNDS	130,851.	END-OF-YEAR MARKET VALUE						
(B) FIXED INCOME	3,729,778.	END-OF-YEAR MARKET VALUE						
(C)								
(D)								
(E)								
(F)								
(G)								
(H)								
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,860,629.							
Part VIII Investments - Program Related.								
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.						
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value						
(1)								
(2)								
(3)								
(4)								
(5)								

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

(6) (7) (8) (9)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM RELATED PARTY	760,918.
(2) SECURITY DEPOSITS	209,848.
(3)	
(4)	
(5)	
<u>(6)</u>	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	970,766.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)	FUNDS HELD ON BEHALF OF OTHERS	14,462.	
(3)	DEFERRED RENT	1,843,038.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,857,500.	

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018

Pa	Reconciliation of Revenue per Audited Financial Staten		Revenue per R	letur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				17 070 720
1	Total revenue, gains, and other support per audited financial statements			1	17,079,729
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	00 005		
a	Net unrealized gains (losses) on investments		-88,995.		
b	Donated services and use of facilities				
С.	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				00 005
е	Add lines 2a through 2d			2e	-88,995 17,168,724
3	Subtract line 2e from line 1			3	17,100,724
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	17,168,724
Pa	t XII Reconciliation of Expenses per Audited Financial State		n Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				148 056 005
1	Total expenses and losses per audited financial statements			1	17,256,085
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities				
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			_
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	17,256,085
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	17,256,085
Pa	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a			4; Par	t X, line 2; Part XI,
PAI	RT V, LINE 4:				
AT	DECEMBER 31,2018,TEMPORARILY RESTRICTED	NET ASS	ETS WERE A	VAI	LABLE
PRO	OGRAM AREAS.				
PAI	RT X, LINE 2:				
FO	DD AND WATER WATCH HAS ADOPTED FINANCIAL	ACCOUNT	ING STANDA	RDS	BOARD
AC	COUNTING STANDARDS CODIFICATION 740-10, I	NCOME T	AXES, WHIC	H P	RESCRIBES
	ASUREMENTS AND DISCLOSURE REQUIREMENTS FO				
	R PROVISIONS. THE INTERPRETATION PROVIDE				
	ENTIFYING AND REPORTING UNCERTAIN TAX POS				
BE]	JIEF THAT THE ORGANIZATION DOES NOT HOLD	ANY UNC	EKTAIN TAX	. 20	SITIONS.

Schedule D (Form 990) 2018	FOOD AND WATER WATCH	32-0160439 Page 5
Schedule D (Form 990) 2018 Part XIII Supplemental Info	ormation (continued)	<u> </u>
	, , , , , , , , , , , , , , , , , , ,	

SCHEDULE F (Form 990)

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.

Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number

Name of the organization		Employer identification number				
FOOD AND WATER	WATCH				32-016043	9
		ctivities Ou	tside the United States. Comple	ete if the organ		
Form 990, Part IV	/, line 14b.					
1 For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gr	ants and other	assistance,	
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	stance?	Yes No
0 F	other to Deat Vale					atala dia a
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	tner assistance out	side the
	no following Parl	t L line 3 table o	an be duplicated if additional space is	noodod)		
(a) Region	(b) Number of		(d) Activities conducted in the region	· ·	vity listed in (d)	(f) Total
(a) Hogieri	offices	employees.	(by type) (such as, fundraising, pro-		gram service,	expenditures
	in the region	agents, and independent	gram services, investments, grants to		specific type	for and investments
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
EUROPE (INCLUDING				STAFF AND C	ONSULTANTS	
ICELAND & GREENLAND)				WORK WITH O	OALITION	
- ALBANIA, ANDORRA,				PARTNERS TO	TRACK THE	
AUSTRIA, BELGIUM	1	4	PROGRAM SERVICES	GLOBAL IMPA	CT OF U.S.	296,294.
SOUTH AMERICA -				STAFF AND C		
ARGENTINA, BOLIVIA,				WORK WITH C		
BRAZIL, CHILE,	_			PARTNERS TO		
COLUMBIA, ECUADOR,	0	1	PROGRAM SERVICES	GLOBAL IMPA	CT OF U.S.	66,193.
						1
3 a Subtotal	1	5				362,487.
b Total from continuation						, ,
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	1	5				362,487.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS Schedule F (Form 990) 2018

			Outside the United States. C cated if additional space is ne		rganization answered	d "Yes" on Form	990, Part IV, line 15, for	rany
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)
			recognized as charities by the tion 501(c)(3) equivalency lett		, recognized as tax-e	xempt		I

3 Enter total number of other organizations or entities .

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.									
(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)		

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)	☐ Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2018

32-0160439 FOOD AND WATER WATCH Schedule F (Form 990) 2018 Page 5 Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 3, COLUMN (E): (A) REGION: EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIU (E) SPECIFIC TYPES OF SERVICES IN REGION: STAFF AND CONSULTANTS WORK WITH COALITION PARTNERS TO TRACK THE GLOBAL IMPACT OF U.S. CORPORATION ON PUBLIC POLICY. (A) REGION: SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR, (E) SPECIFIC TYPES OF SERVICES IN REGION: STAFF AND CONSULTANTS WORK WITH COALITION PARTNERS TO TRACK THE GLOBAL IMPACT OF U.S. CORPORATION ON PUBLIC POLICY.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(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.

► 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

FOOD AN	ID WATER WATCH				32-0160	439
Part I Fundraising Activities required to complete this par	Complete if the organization answer	ered "Y	es" oı	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not
Indicate whether the organization raise	sed funds through any of the following with a Solicitar or oral agreement with any individual cart VII) or entity in connection with providuals or entities (fundraisers) pursured	tion of tion of fundra I (includerofess	non-g gover ising ding o	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
INTEGRATED DIRECT MARKETING -		Yes	No			
1250 CONNECTICUT AVENUE, NW	DIRECT MAIL PROGRAM	100	Х	0.	859,586.	542,635.
List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	·	
AL, AK, AR, AZ, CA, CO, CT, MT, NE, NV, NH, NJ, NM, NY, DC						

SEE PART IV FOR CONTINUATIONS

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

Schedule G (Form 990 or 990-EZ) 2018

Pa	art I		-			
		of fundraising event contributions and gr	oss income on Form 990 (a) Event #1	J-EZ, lines 1 and 6b. List (b) Event #2	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue						
Rev	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
Ø	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	· · · · · · · · · · · · · · · ·				
_	11					
Pa	art I		answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
	1	\$15,000 on Form 990-EZ, line 6a.	ī	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
<u> </u>	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No		
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Not gaming income summary Subtract line 7	from line 1 column (d)		_	
_	0	Net gaming income summary. Subtract line 7	from line 1, column (a)			
9	En	ter the state(s) in which the organization condu	ucts gaming activities:			
		the organization licensed to conduct gaming a	_	states?		Yes No
b	If "	No," explain:				
						
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·		•	
D	, II "	Yes," explain:				
	_					
_					2	

Schedule G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018 FOOD AND WATER WATCH 52-V	J100433	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	└─ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	☐ No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
b An outside facility		%
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 ▶\$ and the amount		
of gaming revenue retained by the third party > \$		
c If "Yes," enter name and address of the third party:		
Name		
Address		
16 Gaming manager information:		
Name		
Gaming manager compensation > \$		
Description of services provided		
☐ Director/officer ☐ Employee ☐ Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	••	
organization's own exempt activities during the tax year ▶ \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, lines 9,	9b, 10b,
100, 100, 10, and 170, as applicable. Also provide any additional information. See instituctions.		
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	RS:	
(I) NAME OF FUNDRAISER: INTEGRATED DIRECT MARKETING		
(I) ADDRESS OF FUNDRAISER:		
1250 CONNECTICUT AVENUE, NW SUITE 200, WASHINGTON, DC 20036		
PART I, LINE 2B, COLUMN (V):		
PAYMENTS TO INDEGRATED DIRECT MARKETING - THE PAYMENTS TO INDEGR	RATED	
	E AMOUN	TS

832083 10-03-18

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization FOOD AND	WATER WAT	CH					Employer identification number $32-0160439$
Part I General Information on Grants a							
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr 	stance?				ty for the grants or as:		otion X Yes No
Part II Grants and Other Assistance to	Domestic Organ	izations and Domest	ic Governments. C	omplete if the org	anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than	\$5,000. Part II car	be duplicated if addi	tional space is need	ded.			
(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 noncash assistance	(h) Purpose of grant or assistance
CATSKILL MOUNTAIN KEEPER							
P.O. BOX 100							
LIVINGSTON, NY 12758	51-0583769	IRC 501 (C)(3)	50,400.	0.	CASH PAYMENT		FRACKING ISSUES
NEW YORK COMMUNITIES ORGANIZING				-			
FUND, INC 1 METROTECH CENTER							
NORTH 11TH FLOOR - BROOKLYN, NY							
11201	27-2332649	IRC 501 (C)(3)	40,000.	0.	CASH PAYMENT		FRACKING ISSUES
CLOUD MOUNTAIN FOUNDATION 237 W 35TH ST STE 1001 NEW YORK , NY 10001	04-3493352	IRC 501 (C)(3)	6,000.	0.	CASH PAYMENT		FRACKING ISSUES
COLORODO RISING P.O BOX 18872							
BOULDER , CO 80308	81-3856346	IRC 501 (C)(3)	37,611.	0.	CASH PAYMENT		FRACKING ISSUES
PROGRESSNOW COLORADO 1536 WYNCOOP STREET DENVER GO 80303	65-1244918	IRC 501 (C)(4)	25 000		CASH PAYMENT		FRACKING ISSUES
DENVER, CO 80202	05-1244910	IRC 501 (C)(4)	25,000.		CASH PAIMENT		FRACKING ISSUES
2 Enter total number of section 501(c)(3) a			he line 1 table				>
3 Enter total number of other organization	s listed in the line	1 table					

Part III	Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.	s. Complete if the	organization answ	ered "Yes" on Form 9	990, Part IV, line 22.	
	(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 red	quired in Part I, lin	e 2; Part III, columr	n (b); and any other a	dditional information.	

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

FOOD AND WATER WATCH

Employer identification number 32-0160439

	·		Yes	No
1 a	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 use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	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			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

832111 10-26-18

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

Schedule J (Form 990) 2018

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 o	f 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	benefits	(B)(I)-(D)	reported as deferred on prior Form 990	
(1) WENONAH HAUTER (i)	233,398	0.	0.	23,340.	9,152.	265,890.	0.	
EXECUTIVE DIRECTOR (ii	0.		0.	0.	0.	0.	0.	
(2) LANE BROOKS (i)	212,180.		0.	9,152.	21,218.	242,550.	0.	
CHIEF OPERATING OFFICER (ii			0.	0.	0.	0.	0.	
(3) PATRICIA LOVERA (i)			0.	18,035.	9,195.	207,583.	0.	
DEPUTY DIRECTOR (ii	0.		0.	0.	0.	0.	0.	
(4) WILLIAM ROBINSON (i)	185,000.		0.	18,500.	9,152.	212,652.	0.	
EMPLOYEE (ii	0.		0.	0.	0.	0.	0.	
(5) DOUG LAKEY (i)	180,353.	0.	0.	18,035.	9,195.	207,583.	0.	
DIRECTOR OF DEVELOPMENT (ii	0.		0.	0.	0.	0.	0.	
(6) MICHELE MERKEL (i)	165,000.	0.	0.	3,300.	9,152.	177,452.	0.	
CO-DIRECTOR, FWW JUSTICE (ii	0.		0.	0.	0.	0.	0.	
(7) EMILY WURTH (i)	165,000.	0.	0.	16,500.	9,152.	190,652.	0.	
EMPLOYEE (ii	0.	0.	0.	0.	0.	0.	0.	
(i)								
(ii								
(i)								
(ii								
(ii								
(ii								
(ii								
(i)								
(ii								
(i)								
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(ii								
(ii								

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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 instructions and the latest information.

Name of the organization FOOD AND WATER WATCH Employer identification number 32-0160439

Pai	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 1g	(d) Method of de noncash contribu		_	s
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	Х	2	66,140.				
10	Securities - Closely held stock		_	,				
11	Securities - Partnership, LLC, or							
••	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							
25	Other ()							
26	Other ()							
27	Other (
28	Other (
29	Number of Forms 8283 received by the organia	zation durin	g the tax year for c	contributions				
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	oorted in Part I, lines 1 throug	gh 28, that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contribu	tions?	31		X
32a	Does the organization hire or use third parties							
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.							
ТΗΔ	For Panerwork Reduction Act Notice see	the Instruc	tions for Form 00	0	Schedule M	/Eorn	2001	2019

Schedule M (Form 990) 2018

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SCHEDULE O

Internal Revenue Service

(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 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.

2018
Open to Public Inspection

Name of the organization

FOOD AND WATER WATCH

Employer identification number 32-0160439

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE ENVIRONMENT RELATED TO FOOD SYSTEMS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

KEEP CLEAN, AFFORDABLE, PUBLIC TAP WATER FLOWING FREELY TO OUR HOMES,

PROTECT THE ENVIRONMENTAL QUALITY OF OCEANS, FORCE GOVERNMENT TO DO ITS

JOB PROTECTING CITIZENS, AND EDUCATE ABOUT THE IMPORTANCE OF KEEPING

SHARED RESOURCES INCLUDING OCEANS AND WATER UNDER PUBLIC CONTROL.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF DIRECTORS REVIEWS THE 990 WITH THE PREPARER BEFORE IT IS FINALIZED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS REVIEWS THE CONFLICT OF INTEREST POLICY ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION FOR THE EXECUTIVE DIRECTOR AND TOP MANGEMENT IS APPROVED BY
THE BOARD OF DIRECTORS. COMPENSATION IS PART OF THE OPERATING BUDGET
APPROVED BY THE BOARD MEMBERS AND IS BASED ON COMPARABLE DATA OF EMPLOYEE
COMPENSATION AT NON PROFIT ORGANIZATIONS THAT ARE SIMILAR IN SIZE AND
MISSION TO FOOD AND WATER WATCH. THE COMPENSATION FOR HIGHEST PAID
EMPLOYEES IS APPROVED BY THE BOARD OF DIRECTORS BASED ON JOB PERFORMANCE
EVALUATIONS AND MANAGEMENT'S RECOMMENDATION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

Schedule O (Form 990 or 990-EZ) (2018)

FOOD AND WATER WATCH	32-0160439
DC, AL, AK, AZ, CA, CO, CT, FL, GA, IL, KS, KY, LA, AR, ME, MD, MA, MI, MN,	MS,MO,NH,NJ,NM,NY
NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI	
FORM 990, PART VI, SECTION C, LINE 18:	
FOOD AND WATER WATCH MAKES ITS FORM 1023 AND FORM 990 AVA	ILABALE TO THE
PUBLIC UPON WRITTEN REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
FOOD AND WATER WATCH MAKES ITS GOVERNING DOCUMENTS, CONFL	ICT OF INTEREST
POLICY AND FINANCIAL STATEMENTS AVAILABALE TO THE PUBLIC	UPON WRITTEN
REQUEST.	
FINANCIAL REPORTING	
THE BOARD OF DIRECTORS HAS DELEGATED A MEMMBER OF THE BOA	RD TO REVIEW
THE AUDIT WITH THE AUDITOR BEFORE IT IS FINALIZED. ANY M	IATTERS
DISCUSSED ARE PRESENTED TO THE FULL BOARD AT THEIR NEXT S	CHEDULED
MEETING.	
AMENDED RETURN	
THE 2018 FORM 990 IS AMENDED TO CORRECT PART VII INDEPEND	ENT
CONTRACTORS AND SCHEDULE G PART 1, FUNDRAISING ACTITIES.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FOOD AND WATER WATCH

Employer identification number 32-0160439

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controllin entity

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
FOOD AND WATER ACTION FUND - 32-0160436	LOBBY ELECTED OFFICIALS ON						ĺ
1616 P STREET, NW SUITE 300	BEHALF OF CITIZENS ON						ĺ
WASHINGTON, DC 20036	ISSUES OF SAFE FOOD &	DISTRICT OF COLUMBIA	501(C)(4)		N/A		Х
CONSUMER ADVOCATES FOR SAFE FOOD AND WATER -	TO WORK FOR BETTER						
27-2037093, 150 POST STREET # 405, SAN	FOOD/WATER POLICES IN THE						1
FRANCISCO, CA 94108	STATE OF CALIFORNIA	CALIFORNIA	501(C)(3)				Х
	-						
							<u> </u>

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

of Dolated Ourses institute Touchle and Doubs weeking Consolete if the aurenication annuous all Mad on Fours 000, Doubly line 04, because it had one or means related
of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related
reated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)		(k)																													
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign entity e)	Legal domicile (state or feering) Legal price to controlling entity Legal price to controlling entity Predominant income (related, unrelated, excluded from tax under		Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, lexcluded from tax under	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, lexcluded from tax under	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of total income	nt income nrelated, n tax under	Share of total income		stal Share of Diagrapartianeta Code V-LIBI	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partn	al or F ging er?	Percentage ownership																	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No																														

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(k contr ent	tion o)(13) rolled ity?
		country)		0. 1.254				Yes	No
									
									<u> </u>
									<u> </u>

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						Yes	No			
1	During the tax year, did the organization engage in any of the following transaction	s with one or more r	elated organizations listed	in Parts II-IV?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	y				1a		X			
	b Gift, grant, or capital contribution to related organization(s)										
	c Gift, grant, or capital contribution from related organization(s)										
d	Loans or loan guarantees to or for related organization(s)					1d		Х			
е	Loans or loan guarantees by related organization(s)					1e		Х			
						1f		Х			
	f Dividends from related organization(s)										
g	Sale of assets to related organization(s)					1g		X			
h	Purchase of assets from related organization(s)					1h					
i	Exchange of assets with related organization(s)					1i		Х			
j	Lease of facilities, equipment, or other assets to related organization(s)					1j		Х			
k	Lease of facilities, equipment, or other assets from related organization(s)					1k		Х			
	Performance of services or membership or fundraising solicitations for related organization(s)										
m	m Performance of services or membership or fundraising solicitations by related organization(s)										
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
Sharing of paid employees with related organization(s)											
	onaling of paid on project with rotated organization (b)					10	Х				
р	Reimbursement paid to related organization(s) for expenses					1p		Х			
q	Reimbursement paid by related organization(s) for expenses					1q	X				
r	Other transfer of cash or property to related organization(s)					1r		Х			
s	Other transfer of cash or property from related organization(s)					1s		Х			
2	If the answer to any of the above is "Yes," see the instructions for information on v	vho must complete t	this line, including covered	relationships and transact	ion thresholds.						
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method of de	(d) etermining amount invo	olved					
(1) F	OOD AND WATER ACTION FUND	0	765,866.	CASH							
(2) F	OOD AND WATER ACTION FUND	Q	654,619.	CASH							
(3)											
(4)											
(5)											
(6)											
20160	10.00.19	53			Schedule B	(For	n aan	2019			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are all partners se 501(c)(3) orgs.?	(f)	(g)	(ł	ո)	(i)	(j	i)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners se	c. Share of	Share of	Dispr	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	ral or	Percentage
of entity		(state or foreign	lexcluded from tax under	orgs.?	total	end-of-year	allocat	tions?	of Schedule K-1	partr	ner?	ownership
		country)	sections 512-514)	Yes No	income	assets	Yes	No	(Form 1065)	Yes	No	
										$\vdash \vdash$		
										\vdash		
												_
				\vdash			-			\vdash	\vdash	
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