	1	
Form	<b>990-EZ</b>	

# Short Form

OMB No. 1545-1150

2017

Open to Public

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

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

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

		nue Service	Go to www.irs.gov/Form990EZ for instructions and the latest information	tion.		mopeouon
AF	or the	2017 calend	ar year, or tax year beginning 01/01 , 2017, and ending		12/31	, 20 17
<b>B</b> c	heck if ap	oplicable:	C Name of organization	D Emp	loyer id	entification number
<u> </u>	Address c	change	NEW YORK CITY H2O		4	5-3860014
Name change			Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Telep	phone n	umber
	nitial retu		PO Box 20773		91	7-656-2984
	Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Gro	up Exe	mption
		on pending	New York, NY, 10009	Nur	nber 🕨	•
G A	ccount	ting Method:	✓ Cash	Check	► 🗹 i	f the organization is <b>not</b>
	/ebsite		.nych2o.org			ach Schedule B
JTa	ax-exen	npt status (che	eck only one) – 🗹 501(c)(3) 🗌 501(c) ( ) ◀ (insert no.) 🗌 4947(a)(1) or 🗌 527	(Form 9	90, 990	D-EZ, or 990-PF).
ΚF	orm of	organization	Corporation Trust Association Other			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total			
(Par	t II, col		v) are \$500,000 or more, file Form 990 instead of Form 990-EZ............		► \$	172,134
Pa	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the			,
		Check if	the organization used Schedule O to respond to any question in this Part	Ι		· · · · · · · ·
	1	Contributio	ons, gifts, grants, and similar amounts received		1	137,835
	2	Program s	ervice revenue including government fees and contracts		2	34,299
	3	Membersh	ip dues and assessments		3	0
	4	Investmen			4	0
	5a	Gross amo	ount from sale of assets other than inventory 5a	0		
	b		or other basis and sales expenses	0		
	с 6	•	ss) from sale of assets other than inventory (Subtract line 5b from line 5a) Id fundraising events		5c	0
ani	а		ome from gaming (attach Schedule G if greater than	0		
Revenue	b	from fundr	me from fundraising events (not including <b>\$ 0</b> of contributio aising events reported on line 1) (attach Schedule G if the ch gross income and contributions exceeds \$15,000) <b>6b</b>	ns 0		
	c d		e or (loss) from gaming and fundraising events <b>6c</b> e or (loss) from gaming and fundraising events (add lines 6a and 6b and su	0 Ibtract 	6d	0
	7a b		s of inventory, less returns and allowances	0	-	
	c		it or (loss) from sales of inventory (Subtract line 7b from line 7a)	0	7c	0
	8		nue (describe in Schedule O)	• •	8	0
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	172,134
	10		$\exists$ similar amounts paid (list in Schedule O) $\ldots$ $\ldots$ $\ldots$ $\ldots$		10	0
	11		aid to or for members		11	0
ŝ	12		ther compensation, and employee benefits		12	31,437
nse	13		al fees and other payments to independent contractors		13	107,363
Expenses	14		y, rent, utilities, and maintenance		14	0
Щ	15		ublications, postage, and shipping		15	5,294
	16		enses (describe in Schedule O) .See Schedule O, Statement 1		16	31,455
	17		enses. Add lines 10 through 16		17	175,549
Ś	18		(deficit) for the year (Subtract line 17 from line 9)		18	-3,415
šet:	19		or fund balances at beginning of year (from line 27, column (A)) (must agre			,
Ass			ar figure reported on prior year's return)		19	21,701
Net Assets	20	Other char	nges in net assets or fund balances (explain in Schedule O)		20	0
Z	21		or fund balances at end of year. Combine lines 18 through 20	<u> </u>	21	18,286
For	Paper		ion Act Notice, see the separate instructions. Cat. No. 10642			Form 990-EZ (2017)

_	990-EZ (2017)	or Dort II)				Page 2
Pa	rt II Balance Sheets (see the instructions f	,	augetien in this [			
	Check if the organization used Schedule	O to respond to an	<i>,</i> ,	(A) Beginning of year		(B) End of year
22	Cash asvings and investments		_		22	
22	Cash, savings, and investments		· · · · · ·  -	21,701	22 23	18,286
23 24	Other assets (describe in Schedule O)		· · · · · ·  -		23 24	0
24 25	Total assets		· · · · · ·	21,701		
25 26	Total liabilities     (describe in Schedule O)		· · · · · ·  -		25 26	18,286
20 27	Net assets or fund balances (line 27 of column			21,701		•
	t III Statement of Program Service Accom	· · · · · · · · · · · · · · · · · · ·	/	· · · · · · · · · · · · · · · · · · ·	21	18,286
r ai	Check if the organization used Schedule	• •		,		Expenses
W/ba		See Schedule O, Sta	• •		(Red	quired for section
						(c)(3) and 501(c)(4)
as n	cribe the organization's program service accompli- neasured by expenses. In a clear and concise m ons benefited, and other relevant information for ea	anner, describe the				anizations; optional for ers.)
28	In 2017 NYC H2O continued offering adult programs		ator infractructure a			
20	reaching 1,500 people in total. We also expanded ou					
	and wetlands to schools in the five boroughs reaching		iu gave 174 tours of c	ity reservoirs		
	(Grants \$ 137,835) If this amount		unte check here	▶ □	28a	148.520
29		includes foreign gra	Ints, check here .	🕨 🗆	200	140,520
23						
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	▶ □	29a	
30		includes for eight gra			200	-
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	► 🗆	30a	4
31	Other program services (describe in Schedule O)					-
• •			ints, check here		31a	a 0
32	Total program service expenses (add lines 28a t	hrough 31a)		· · · · •	32	-
	t IV List of Officers, Directors, Trustees, and Key				nstru	
	Check if the organization used Schedule					🗆
	5	(b) Average	(c) Reportable	(d) Health benefits,		
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation		) Estimated amount of other compensation
Matt	hew Malina	40	33,000		~	0
Dire	ctor				0	•
Dam	ian Griffin				0	Ŭ
Trea	curer	0.5	0		0	0
Cha	Suici	0.5	0			
Sec	d Berkowitz	0.5	0			
0000					0	0
	d Berkowitz				0	0
	d Berkowitz retary na Harrop	0.5	0		0	0
Fron Dire	d Berkowitz retary na Harrop	0.5	0		0	0
Fron Dire	d Berkowitz retary na Harrop ctor h Goldstein	0.5	0		0 0 0 0	0
From Dire Mitc Advi	d Berkowitz retary na Harrop ctor h Goldstein	0.5	0		0 0 0 0	0
From Dire Mitc Advi Pete Boar	d Berkowitz etary na Harrop ctor h Goldstein isor ır Frishauf rd President	0.5	0		0 0 0 0 0	0 0 0 0 0
Fron Dire Mitc Advi Pete Boat Arci	d Berkowitz retary na Harrop ctor h Goldstein isor rr Frishauf rd President lia Derenzo	0.5	0		0 0 0 0	0 0 0 0 0
From Dire Mitc Advi Pete Boar	d Berkowitz retary na Harrop ctor h Goldstein isor rr Frishauf rd President lia Derenzo	0.5	0		0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0
Fron Dire Mitc Advi Pete Boat Arci	d Berkowitz retary na Harrop ctor h Goldstein isor rr Frishauf rd President lia Derenzo	0.5	0		0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0
Fron Dire Mitc Advi Pete Boat Arci	d Berkowitz retary na Harrop ctor h Goldstein isor rr Frishauf rd President lia Derenzo	0.5	0		0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0
Fron Dire Mitc Advi Pete Boat Arci	d Berkowitz retary na Harrop ctor h Goldstein isor rr Frishauf rd President lia Derenzo	0.5	0		0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0
Fron Dire Mitc Advi Pete Boat Arci	d Berkowitz retary na Harrop ctor h Goldstein isor rr Frishauf rd President lia Derenzo	0.5	0		0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0
Fron Dire Mitc Advi Pete Boat Arci	d Berkowitz retary na Harrop ctor h Goldstein isor rr Frishauf rd President lia Derenzo	0.5	0		0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0
Fron Dire Mitc Advi Pete Boat Arci	d Berkowitz retary na Harrop ctor h Goldstein isor rr Frishauf rd President lia Derenzo	0.5	0		0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0
Fron Dire Mitc Advi Pete Boat Arci	d Berkowitz retary na Harrop ctor h Goldstein isor rr Frishauf rd President lia Derenzo	0.5	0		0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0
Fron Dire Mitc Advi Pete Boat Arci	d Berkowitz retary na Harrop ctor h Goldstein isor rr Frishauf rd President lia Derenzo	0.5	0		0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0
Fron Dire Mitc Advi Pete Boat Arci	d Berkowitz retary na Harrop ctor h Goldstein isor rr Frishauf rd President lia Derenzo	0.5	0		0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0

Form 99	0-EZ (2017)		Р	age 3
Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements	s in th	ie	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	8 Part	ν.	~
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		~
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34	~	
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
<b>.</b>	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
~ 7	during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a 0</b>	076		
b 38a	Did the organization file <b>Form 1120-POL</b> for this year?	37b		~
000	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>	004		
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► ; section 4912 ► ; section 4955 ► 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			
-		40b		~
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
-	40c reimbursed by the organization $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\bigcirc$			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed  NY			
42a			6-2984	4
<b>h</b>	Located at ► PO Box 20773, New York, NY 10009 ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	100	009	
a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO V
	If "Yes," enter the name of the foreign country: ►	420		V
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
с	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		~
	If "Yes," enter the name of the foreign country: ►			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		. 1	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
44-			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44-		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44a		~
U	completed instead of Form 990-EZ	44b		~
с	Did the organization receive any payments for indoor tanning services during the year?	44c		~
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
-	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		~

Form 990-EZ (2017)

orm 9	90-EZ (2017)					F	Page 4
						Yes	No
46	Did the organization engage, directly or i	ndirectly, in political c	ampaign activities on	behalf of or in opposition	on 📃		
	to candidates for public office? If "Yes,"	complete Schedule C	, Part I		46		~
Part	V Section 501(c)(3) organizations	s only				1	
	All section 501(c)(3) organization	-	stions 47-49b and	52, and complete the	tables f	or lin	es
	50 and 51.	·		, I			
	Check if the organization used Sc	hedule O to respond	I to any question in t	his Part VI			. П
			, 1			Yes	No
47	Did the organization engage in lobbying	activities or have a	section 501(h) electio	n in effect during the ta	ax		
	year? If "Yes," complete Schedule C, Pai			5			~
48	Is the organization a school as described i				48		~
49a	Did the organization make any transfers t		,		49a		~
b	If "Yes," was the related organization a s		0				
50	Complete this table for the organization's	-				es. an	d kev
	employees) who each received more that						-
		(b) Average	(c) Reportable	(d) Health benefits,			
	(a) Name and title of each employee	hours per week	compensation	contributions to employee (benefit plans, and deferred	e) Estimate) other con		
		devoted to position	(Forms W-2/1099-MISC)	compensation		ipensa	

None		

f Total number of other employees paid over \$100,000 . . . . . ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None			
d	Total number of other independent contractors each receiving	over \$100,000 ►	
52	Did the organization complete Schedule A? Note: All se completed Schedule A		

Sign Here	Signature of officer Matthew Malina, President			Date				
	Type or print name and title							
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if if self-employed	PTIN		
Use Only	Firm's name			Firm's EIN ►				
	Firm's address ►			Phone no.				
May the IRS	May the IRS discuss this return with the preparer shown above? See instructions							

SCHEDULE A (Form 990 or 990-EZ)

# **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

Name	στ	the	organization	

Employer identification number

#### 45-3860014

NEW	/ YORK	CITY	H20

Department of the Treasury Internal Revenue Service

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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).
- 4 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:
- 5 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.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 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.)
- 9 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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 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.
  - **a 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.
  - **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having 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.
  - 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.
  - d 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.
  - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s)

(i) Name of supported organization			listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Schedu Pari	ule A (Form 990 or 990-EZ) 2017  Support Schedule for Organiza (Complete only if you checked th						-
	Part III. If the organization fails to						any anaoi
Sect	ion A. Public Support				•	,	
Caler	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	ion B. Total Support						
	ndar year (or fiscal year beginning in) ►	<b>(a)</b> 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for th	•			· ·		
Saat	organization, check this box and stop he ion C. Computation of Public Suppor						🕨
<u>3ect</u> 14	Public support percentage for 2017 (line 6			1 column (f)		14	%
15 16a	Public support percentage for 2017 (inter <b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support test</b> — <b>2017.</b> If the organi box and <b>stop here.</b> The organization qua	nedule A, Part zation did not	II, line 14 . check the box	 x on line 13, ar	 nd line 14 is 3	<b>15</b> 3 <sup>1</sup> /3% or more,	% check this
b	<b>331</b> /3% <b>support test—2016.</b> If the organi this box and <b>stop here.</b> The organization	zation did not	check a box o	on line 13 or 16	a, and line 15	is 331/3% or m	ore, check
17a	<b>10%-facts-and-circumstances test—20</b> 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts	-and-circumst	ances" test, ch	neck this box	and stop here	Explain in
b	<b>10%-facts-and-circumstances test</b> — <b>20</b> 15 is 10% or more, and if the organization in Part VI how the organization in supported organization	ation meets the factor	ne "facts-and-o ts-and-circum	circumstances' stances" test.	" test, check The organizat	this box and sion qualifies as	stop here. a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

18

## 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.)

Secti	on A. Public Support			* •	•	,	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	3,100	18,353	56,167	85,491	137,83	5 300,946
2 3	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an	7,884	5,258	11,907	12,262	34,29	9 71,610
0	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	10,984	23,611	68,074	97,753	172,13	4 372,556
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b						372,556
Secti	on B. Total Support						•
Calen	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	(f) Total
9	Amounts from line 6	10,984	23,611	68,074	97,753	172,13	372,556
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	and 12.)	10,984 ne organization	23,611 's first, second	68,074 d, third, fourth,	97,753 , or fifth tax ye	172,13 ar as a sect	
	organization, check this box and stop he				<u></u> .	<u> </u>	🕨 🗌
Secti	on C. Computation of Public Suppor	<b>v</b>					
15	Public support percentage for 2017 (line a	, , , , , , , , , , , , , , , , , , , ,		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		15	100 %
16	Public support percentage from 2016 Scl					16	100 %
	on D. Computation of Investment In		-				
17	Investment income percentage for 2017 (				( ))	17	0 %
18	Investment income percentage from 2016					18	0 %
19a	331/3% support tests-2017. If the organ						
	17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box	-	-	-		-	
b	<b>331</b> /3% support tests—2016. If the organiz line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	-	-	-			
					Sch	edule A (Form	990 or 990-EZ) 2017

## 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 (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

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

#### Page 5 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a

**b** A family member of a person described in (a) above?

c 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. Section B. Type I Supporting Organizations

- 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.
- 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.

# Section C. Type II Supporting Organizations

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).

# Section 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).
- By reason of the relationship described in (2), did the organization's supported organizations have a 3 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.

# Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete **line 3** below. b
- The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions). С
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in 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.
- Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more b 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.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a 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.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

11b

11c

1

2

1

2

3

2a

2b

3a

3b

Yes No

Yes No

Yes No

# Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

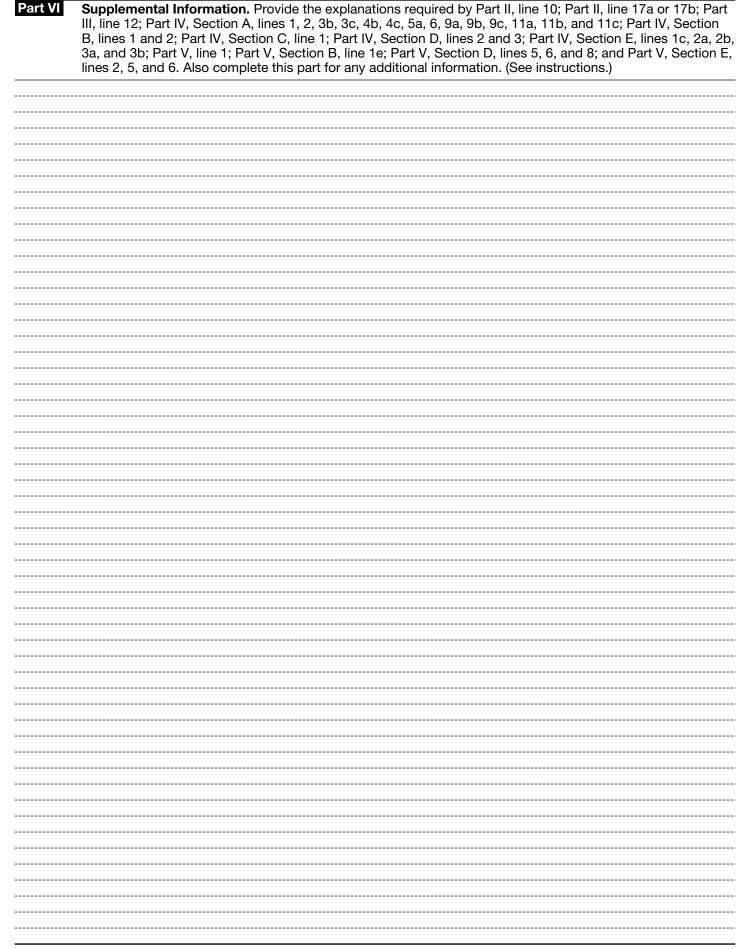
Page	6
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1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See	
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.	

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
<b>3</b> 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-functionally integrated Type III supporting organization (see instructions).

Part	le A (Form 990 or 990-E2) 2017	) Supporting Organi		Pag
	V Type III Non-Functionally Integrated 509(a)(3 ion D - Distributions	s) Supporting Organi	zations (continued)	Current Year
<u>3ect</u>	Amounts paid to supported organizations to accomplish	avampt purpasas		Current rear
	Amounts paid to perform activity that directly furthers exe		ortod	
2	organizations, in excess of income from activity	mpt purposes of suppo	ortea	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets	oses of supported orga	inizations	
5	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	h the exception is rea	noncivo	
0	(provide details in <b>Part VI</b> ). See instructions.	in the organization is res	ponsive	
9	Distributable amount for 2017 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
10	Line o amount divided by line 9 amount		(ii)	(:::)
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(II) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<del>y</del> h	Applied to 2017 distributable amount			
	Carryover from 2012 not applied (see instructions)			
÷	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
-	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
-	Applied to 2017 distributions of phot years			
c	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2017, if			
5	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	<b>Excess distributions carryover to 2018</b> . Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			



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

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.



Name o	f the or	ganiza	tion
NEW Y	YORK	СІТҮ	H2O

Department of the Treasury

Internal Revenue Service

Employer identification number

-	45-3860014

Form 990-EZ, Part V, Line 34 - By-laws were re-written to reflect new NY State legislation affecting non-profit organizations.	

Schedule O, Statement 1	NEW YORK CITY H2O
Form: Form 990-EZ (2017)	EIN: <b>45-3860014</b>
Page: 1	Part I, Line 16
Other Expenses Structure	ed Explanation
Description	Amount
Supplies	7,475
Equipment	11,811
Conferences and Networking	5,391
Insurance	4,212
Travel Expenses	2,566
Total:	31,455

Form: Form 990-EZ (2017)

Page: 2

#### Primary Exempt Purpose

#### **Primary Exempt Purpose**

New York City H2O Inc. offers educational programs about water and waste treatment systems (in New York City and elsewhere) to interested members of the public. The goal is to raise awareness about the water system and waste treatment processes (including sewage treatment and recycling); expand the understanding that significant resources and skill are required to establish, maintain, and improve the public water system and waste treatment systems; and encourage recycling to reduce the burden imposed on such systems. New York City H2O, Inc. is organized exclusively for charitable, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

EIN: 45-3860014

Part III