** PUBLIC DISCLOSURE COPY **

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

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.

Open to Public Inspection

<u>A</u>	For the	2019 calendar year, or tax year beginning 00	T 1, 2019 and	ending Si	EP 30, 2020			
В	Check if applicable	C Name of organization			D Employer identi	fication number		
	Addre	WATER.ORG						
	Name				58-206013:	1		
	Initial return	Number and street (or P.O. box if mail is not del	vered to street address)	Room/suite	E Telephone numb	er		
	Final return	117 W 20TH STREET, SUITE 203	voica to otroot addrood	Troom, oute	816-877-840			
	termin ated		7IP or foreign postal code		G Gross receipts \$	19,706,348.		
	Ameno		in or foreign postar codo		H(a) Is this a group return			
	Applic	·	WHITE			es? Yes X No		
	pendir	g SAME AS C ABOVE			H(b) Are all subordinates			
$\overline{\Gamma}$	Tax-exe	empt status: X 501(c)(3) 501(c) ()		or 527	1	a list. (see instructions)		
		e: WWW.WATER.ORG	1 (moore not) 10 17 (u)(1)	0 02.	H(c) Group exempti	,		
			sociation Other	L Year		M State of legal domicile: NC		
	art I	Summary	<u> </u>	1	1	state or regar dermone,		
	1	Briefly describe the organization's mission or most	significant activities: WATER.	ORG'S GOA	AL IS TO BRING			
Governance		SAFE WATER AND SANITATION TO THE WORLI						
nar	2	Check this box if the organization discor	tinued its operations or dispos	sed of more	than 25% of its net a	ssets.		
Ş	3	Number of voting members of the governing body (l l	1		
		Number of independent voting members of the gov				. 13		
ۆ ن	5	Total number of individuals employed in calendar y				102		
jŧ	6	Total number of volunteers (estimate if necessary)				0		
Activities &	7 a	Total unrelated business revenue from Part VIII, col				120,239.		
⋖	b	Net unrelated business taxable income from Form 9				0.		
					Prior Year	Current Year		
d)	8	Contributions and grants (Part VIII, line 1h)			23,960,491	. 18,740,107.		
Revenue	9	Program service revenue (Part VIII, line 2g)		0	0.			
eve	10	Investment income (Part VIII, column (A), lines 3, 4,			456,055	. 155,635.		
æ	11		other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					
	1	Total revenue - add lines 8 through 11 (must equal l			24,555,988	. 19,027,906.		
		Grants and similar amounts paid (Part IX, column (A			7,446,359	4,727,396.		
		Benefits paid to or for members (Part IX, column (A)			0	0.		
ý	15	Salaries, other compensation, employee benefits (P	art IX, column (A), lines 5-10)		12,073,960	. 11,787,212.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)		0	0.		
Ω	b	Total fundraising expenses (Part IX, column (D), line						
Û	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		8,597,759	8,954,249.		
	18	Total expenses. Add lines 13-17 (must equal Part I)	(, column (A), line 25)		28,118,078			
	19	Revenue less expenses. Subtract line 18 from line 1	2		-3,562,090	-6,440,951.		
Net Assets or	g			Ве	ginning of Current Year			
sets	20	Total assets (Part X, line 16)			24,021,871	. 22,420,171.		
t As	21	Total liabilities (Part X, line 26)			3,735,842			
	22	Net assets or fund balances. Subtract line 21 from	ine 20		20,286,029	. 14,122,714.		
	art II	Signature Block						
		Ities of perjury, I declare that I have examined this return,				ny knowledge and belief, it is		
true	, correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of wi	nich preparer	has any knowledge.			
		Signature of officer			I Date			
Sig		, ,			Dαιο			
Hei	re	FERNANDO ALANDIA, CFO Type or print name and title						
		,	Dranavaria aignatura	Тг	Date Check	PTIN		
Da:	н	Print/Type preparer's name LAUREN NOWAKOWSKI	Preparer's signature LAUREN NOWAKOWSKI		if if			
Pai	_		TYGMOVYMOM MENOTE	10.	1	42-0714325		
	parer Only	Firm's name RSM US LLP Firm's address 210 PARK AVE, SUITE 1725			Firm's EIN ▶	. =4 0/1=343		
USE	Unity	Firm's address 210 PARK AVE, SUITE 1725 OKLAHOMA CITY, OK 73102			Dhana na 40	5-239-7961		
Mar	v the I	AS discuss this return with the preparer shown above	ve? (see instructions)		I FIIOHE HO. 40	X Yes No		
ivid	y ւ≀ ۱ Ե Ո	io alboubb unb rotuitt with the preparet billwill abb\) (300 mistractions)			1 63 140		

4d	Other program	services	(Describe	on Schedule	Ο.)
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(Expenses \$ including grants of \$ Total program service expenses

) (Revenue \$

58-2060131

Form 990 (2019) WATER ORG Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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_		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			l
	or in 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,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	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		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	3	١	v	
	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	١	v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.		_v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	х	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Α	
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	7 00 0	14b	х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		15	х	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	⊢'′		
10		18		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,"	16		
19	,	40		x
20-	complete Schedule G, Part III	19 20a		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21		24		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

Form 990 (2019) WATER.ORG

Part IV Checklist of Required Schedules (continued) 58-2060131

			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	
24a	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		Х
	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-		
اء	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
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			x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	55a		
	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
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	
Pai	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			X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 30			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	(2.2.4.=

Form 990	2019) WAIER.	ONG	30-2000131	Page
Part V	Statements Regarding	ng 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	2a	102			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns? .		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0 .		3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accoui	nt)?	4a	Х	
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 A	ccour	ts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
	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	ne orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	rgifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a		Х
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			-		Х
-1	to file Form 8282?	1	Ι	7c		Λ
d	, , , , , , , , , , , , , , , , , , , ,	7d	+0	7.		х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		τ?	7e 7f		X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file Fo		00 as required?			X
g h	If the organization received a contribution of qualified intellectual property, did the organization file of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file organ			7 <u>g</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			,,,		
Ū		-		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the annual in a consideration and a surface black it of the first and a surface (1990)			9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1				
	amounts due or received from them.)	11b	<u> </u>			
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	•			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	1	1			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c	L	4.6 -		Х
				14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule the explanation subject to the explanation of the explanation			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			45		х
	excess parachute payment(s) during the year?			15		41
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	ıt inco	ne?	16		Х
.0	If "Yes," complete Form 4720, Schedule O.	11 11 10 01		10		

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI Section 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 14 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 on Schedule O. 13 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c Х in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, CA, CO, CT, DC, FL, GA, HI, IL Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Another's website ___ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records FERNANDO ALANDIA - 816-877-8400

64108

117 W 20TH STREET, SUITE 203, KANSAS CITY,

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.

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

See instructions for the order in which to list the persons above.

(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(do	not c		ition more		one	Reportable	Reportable	Estimated
	hours per	box	, unle cer ar	ss pe	rson is	s both	n an	compensation	compensation	amount of
	week				110010	174143	(00)	from	from related	other
	(list any hours for	ndividual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or 0	stee			ısatec		(W-2/1099-MISC)	(***2/1099-101130)	organization
	organizations	truste	al tru:		yee	nd mc		(** 2. 186565)		and related
	below	ridual	Institutional trustee	Je.	Key employee	Highest compensated employee	Jer.			organizations
	line)	lhdi	Insti	Officer	Key	High emp	Former			
(1) GARY WHITE	40.00									
CEO AND CO-FOUNDER	0.00	Х		Х				334,065.	0.	29,658.
(2) JENNIFER SCHORSCH	40.00									
PRESIDENT	0.00			Х				294,200.	0.	30,422.
(3) VEDIKA BHANDARKAR	40.00									
MANAGING DIRECTOR, INDIA	0.00					Х		241,823.	0.	0.
(4) DAVID FRIEDMAN	40.00									
CHIEF FINANCIAL OFFICER	0.00			Х				208,160.	0.	23,582.
(5) RICHARD THORSTEN	40.00									
CHIEF PROGRAMS OFFICER	0.00					Х		212,171.	0.	14,021.
(6) JOSH GUNKEL	40.00									
DIRECTOR OF TECHNOLOGY	0.00					Х		178,997.	0.	28,197.
(7) NICOLE WICKENHAUSER	40.00									
DIRECTOR OF STRATEIC ALLIANCE	0.00					Х		186,690.	0.	13,454.
(8) JULIE LAGUARDIA	40.00									
SR STRATEGIST, BRAND PARTNERSHIPS	0.00					Х		182,035.	0.	11,246.
(9) PAUL O'CONNELL	1.00									
TREASURER	0.00	Х		Х				0.	0.	0.
(10) KEITH QUINN	1.00									
SECRETARY	0.00	Х		Х				0.	0.	0.
(11) ADAM SCHECHTER	1.00									
BOARD CHAIR	0.00	Х		Х				0.	0.	0.
(12) HILARY SCHNEIDER	1.00									
VICE CHAIR	0.00	Х		Х				0.	0.	0.
(13) LYNN TALIENTO	1.00									
IMMEDIATE PAST CHAIR	0.00	Х		Х				0.	0.	0.
(14) ANIL ARORA	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(15) CORTNEY ERIN	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(16) JODI KAHN	1.00									
BOARD MEMBER	0.00	х	L	L		L		0.	0.	0.
(17) JACK LESLIE	1.00									
BOARD MEMBER	0.00	х						0.	0.	0.
										Form 990 (2010)

FOIII 990 (2019) WITHK, OKC									30 200013		Г	aye 🔾
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box,	not c , unle	Pos heck ss pe	rson i	than o s both r/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	an	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	com fr org and	pensarom the anization relate anization anization anization anization de la completa del completa de la completa de la completa del completa de la completa della completa de la completa della completa della completa	e ion ed
(18) ANDY SAREYAN	1.00											
BOARD MEMBER	0.00	Х						0.	0.			0.
(19) TONY STAYNER BOARD MEMBER	1.00	х						0.	0.			0.
(20) LARRY TANZ	1.00											
BOARD MEMBER	0.00	х						0.	0.			0.
(21) TERRY TRAYVICK	1.00											
BOARD MEMBER	0.00	Х						0.	0.			0.
								1 020 141	0.		150	<u> </u>
1b Subtotal								1,838,141.	0.		150,	0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								1,838,141.	0.		150,	
2 Total number of individuals (including but r							o re	· · ·				34
compensation from the organization											Yes	No.
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s	•	,	,		,	,	_		•	3	163	Х

Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
IDEO LP, 444 SPEAR STREET, STE 213, SAN		-
FRANCISCO, CA 94105	PRODUCT DEVELOPMENT CONSULTING	716,000.
RSM US LLP, 4622 PENNSYLVANIA AVE STE.		
1100, CHICAGO, IL 60674	PROFESSIONAL SERVICES	210,120.
WEST WING WRITERS, 1150 CONNECTICUT AVENUE		
NW, STE 505, WASHINGTON, DC 20036	SPEECH AND MESSAGING WRITING	170,280.
WME IMG HOLDINGS, LLC, 9601 WILSHIRE		
BOULEVARD, 3RD FLOOR, BEVERLY HILLS, CA	MEDIA	120,000.
MORGAN, LEWIS & BOCKIUS LLP, 1111		
PENNSYLVANIA AVE, WASHINGTON , DC 20004	CONSULTING SERVICES	106,831.
2 Total number of independent contractors (including but not limited to those listed \$100,000 of compensation from the organization ▶ 6		

Form 990 (2019) WATER_ORG Part VIII Statement of Revenue

		Check if Schedule O c	ontain	s a response	or note to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
(0, (a)	4	- Foderated compaigns		140	6,818.				COCHOID OIL OII
Contributions, Gifts, Grants and Other Similar Amounts		a Federated campaigns			0,010.				
ij d		b Membership dues							
ts, An		c Fundraising events							
ia i					604 219				
ns, Sim		e Government grants (contri		· —	604,218.				
er (f All other contributions, gifts, g			10 100 071				
현된		similar amounts not included			18,129,071.				
a de		g Noncash contributions included in li			676,811.	10 710 107			
ŏä		h Total. Add lines 1a-1f			<u></u>	18,740,107.			
					Business Code				
Se	2	a							
e Z	ı	b							
S c	(c							
ran 3ev		d							
Program Service Revenue	•	e							
Δ.	1	f All other program service r	evenu	e					
	3	Investment income (includ	•	,	*				
		other similar amounts)				150,588.			150,588.
	4	Income from investment of			proceeds				
	5	Royalties	·····						
				(i) Real	(ii) Personal				
	6		6a	11,554.					
			6b	0.					
		c Rental income or (loss)	6с	11,554.					
		d Net rental income or (loss)				11,554.	11,554.		
	7	a Gross amount from sales of		(i) Securities	(ii) Other				
		assets other than inventory	7a	682,079.	1,410.				
		b Less: cost or other basis							
ne			7b	676,810.					
Ver		c Gain or (loss)		5,269.	-222.				
ther Revenue		d Net gain or (loss)				5,047.			5,047.
her	8	a Gross income from fundraisin							
δ		including \$		of					
		contributions reported on l							
		Part IV, line 18							
		b Less: direct expenses							
		c Net income or (loss) from f			_				
	9	a Gross income from gaming							
		Part IV, line 19		I					
				9b					
		c Net income or (loss) from o			D				
	10	a Gross sales of inventory, le		I					
		and allowances		I					
		~		10k) .				
_	-	c Net income or (loss) from s	sales o	f inventory					
SI		COMMUNICATION CONTRACT NO	71237		Business Code	120 222		100 020	
eor Te	11		A EW		900099	120,239.		120,239.	271
llan (en		b OTHER INCOME			300033	371.			371.
Miscellaneous Revenue	•	c							
Σ̈́		d All other revenue				120 610			
		e Total. Add lines 11a-11d			P	120,610. 19,027,906.	11,554.	120,239.	156,006.
	12	Total revenue. See instruction	IIS			10,041,300.	11,554.	140,439.	130,000.

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 comple Check if Schedule O contains a respons		-	•	X
Do i	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	lotal 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				
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	4,727,396.	4,727,396.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	040 600	00 701	712 617	26 261
	trustees, and key employees	849,699.	99,721.	713,617.	36,361.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	9,315,742.	5,352,306.	3,032,721.	930,715.
7 8	Other salaries and wages Pension plan accruals and contributions (include	5,515,744.	3,332,300.	5,052,721.	230,113.
•	section 401(k) and 403(b) employer contributions)	295,535.	163,547.	108,081.	23,907.
9	Other employee benefits	665,043.	267,233.	323,224.	74,586.
10	Payroll taxes	661,193.	287,079.	292,811.	81,303.
11	Fees for services (nonemployees):	7 - 7 - 7 - 7	, , , , , ,		
	Management				
	Legal	514,678.	209,910.	273,970.	30,798.
	Accounting	107,654.	34,081.	67,873.	5,700.
	Lobbying				
	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 O.)	5,298,196.	2,584,100.	1,047,493.	1,666,603.
12	Advertising and promotion	50,255.	1,148.	9,500.	39,607.
13	Office expenses	746,322.	183,516.	331,614.	231,192.
14	Information technology				
15	Royalties				
16	Occupancy	733,634.	328,318.	332,831.	72,485.
17	Travel	701,178.	444,593.	212,060.	44,525.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,939.	3,035.	2,322.	582.
20	Interest	5,959.	3,033.	2,322.	502.
21 22	Payments to affiliates Depreciation, depletion, and amortization	185,387.	80,970.	84,006.	20,411.
23	Insurance	105,866.	47,482.	47,135.	11,249.
24	Other expenses. Itemize expenses not covered		, , , , , , , , , , , , , , , , , , , ,		
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROVISION FOR LOSS	144,658.	1,387.	0.	143,271.
b	BANK AND CREDIT CARD	127,869.	8,597.	14,524.	104,748.
С	DUES, LICENSES AND FEES	34,878.	1,115.	22,689.	11,074.
d	FOREIGN EXCHANGE LOSS	13,983.	9,584.	4,399.	0.
е	All other expenses	183,752.	90,536.	91,904.	1,312.
25	Total functional expenses. Add lines 1 through 24e	25,468,857.	14,925,654.	7,012,774.	3,530,429.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				5 QQQ (0040)

Page **11** 58-2060131

. 4	ILA	Check if Schedule O contains a response or	note to a	ny line in this Part X			
		·			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,156.	1	2,609.
	2	Savings and temporary cash investments			17,349,734.	2	17,759,845.
	3	Pledges and grants receivable, net			3,519,386.	3	1,500,001.
	4	Accounts receivable, net			61,645.	4	57,629.
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ubstantial	contributor, or 35%			
		controlled entity or family member of any of	these per	sons		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	ibed in se	ction 4958(c)(3)(B) L		6	
S	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		ı		8	
Ä	9	Prepaid expenses and deferred charges			373,667.	9	330,475.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,143,676.			
	b	Less: accumulated depreciation	10b	822,697.	424,238.	10c	320,979.
	11	Investments - publicly traded securities	1,111,754.	11	1,322,929.		
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, li	1,179,291.	13	1,125,704.		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e			24,021,871.	16	22,420,171.
	17	Accounts payable and accrued expenses			3,345,600.	17	1,970,999.
	18	Grants payable	390,242.	18	4,901,076.		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
Ø	22	Loans and other payables to any current or f	ormer offi	cer, director,			
Liabilities		trustee, key employee, creator or founder, su	ubstantial	contributor, or 35%			
abil		controlled entity or family member of any of	these per	sons		22	
Ë	23	Secured mortgages and notes payable to un	related th	ird parties		23	
	24	Unsecured notes and loans payable to unrela	ated third	parties	0.	24	1,425,382.
	25	Other liabilities (including federal income tax	, payables	to related third			
		parties, and other liabilities not included on li	ines 17-24). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			3,735,842.	26	8,297,457.
		Organizations that follow FASB ASC 958,	check he	re 🕨 🗓			
Ses		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions			6,739,719.	27	6,785,619.
Ba	28	Net assets with donor restrictions			13,546,310.	28	7,337,095.
п		Organizations that do not follow FASB AS					
Ē		and complete lines 29 through 33.					
SO	29	Capital stock or trust principal, or current fur	nds			29	
set	30	Paid-in or capital surplus, or land, building, o				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			20,286,029.	32	14,122,714.
_	33	Total liabilities and net assets/fund balances			24,021,871.	33	22,420,171.

Form **990** (2019)

Pai	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,027,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,468,	
3	Revenue less expenses. Subtract line 2 from line 1	3	-6	,440,	951.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20	,286,	029.
5	Net unrealized gains (losses) on investments	5		277,	636.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	14	,122,	714.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Total

(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

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

2019

Open to Public Inspection

Name of the organization **Employer identification number** WATER ORG 58-2060131 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). 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 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	16,029,028.	26,773,151.	30,027,360.	23,960,491.	18,740,107.	115,530,137.
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	16,029,028.	26,773,151.	30,027,360.	23,960,491.	18,740,107.	115,530,137.
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)						49,053,704.
6	Public support. Subtract line 5 from line 4.						66,476,433.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	16,029,028.	26,773,151.	30,027,360.	23,960,491.	18,740,107.	115,530,137.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	54,302.	106,782.	216,408.	339,520.	150,588.	867,600.
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.)	315,882.	741,160.	290,448.	139,442.	371.	1,487,303.
11	Total support. Add lines 7 through 10						117,885,040.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	x year as a sectior	1 501(c)(3)	
_	organization, check this box and stor	here	······				>
Sec	tion C. Computation of Publi	c Support Per	centage			г г	
	Public support percentage for 2019 (li		•	* * * * * * * * * * * * * * * * * * * *		14	56.39 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	57.49 %
16a	33 1/3% support test - 2019. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			▶□
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac				· · · · · · · · · · · · · · · · · · ·		
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the		•				
	organization meets the "facts-and-circ						▶∐
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

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

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

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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		T	T	T	T	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	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						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)						<u> </u>
	Total support. (Add lines 9, 10c, 11, and 12.)	41	Cont			- 504(-)(0)	
14	First five years. If the Form 990 is for	-			•		
Se	check this box and stop here ction C. Computation of Publi						P
	Public support percentage for 2019 (I			column (f))		15	%
	Public support percentage from 2018					16	<u>%</u>
	ction D. Computation of Inves	·				1 10 1	70
	Investment income percentage for 20			ne 13 column (f))		17	%
18	Investment income percentage from					18	/ 6
	a 33 1/3% support tests - 2019. If the						
	more than 33 1/3%, check this box ar						. —
ŀ	33 1/3% support tests - 2018. If the						
•	line 18 is not more than 33 1/3%, che	· ·				•	
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		
3c		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
9b		
0-		
9c		
10a		
10b		

	dule A (Form 990 or 990-EZ) 2019 WATER.ORG	58-2060131	Pa	age 5
Pai	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		
	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		
<u>Sec</u>	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		
<u>Sec</u>	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		
<u>Sec</u>	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		
<u>Sec</u>	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 year (see inst	uctions).		
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 instructions)		
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			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990 or 990-EZ) 2019 WATER.ORG	58-2060131 Page 6		
Pa	rt V │ Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on N	lov. 20, 1970 (explain in	Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	tions 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 integrated	d Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	rt V Type III Non-Fur	nctionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D - Distributions			,	Current Year
1	1 Amounts paid to supported organizations to accomplish exempt purposes				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of in	ncome from activity			
3	Administrative expenses pai	d to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exe	empt-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 sup	oported organizations to which th	e organization is responsive		
	(provide details in Part VI). S	See instructions.			
9	Distributable amount for 201	19 from Section C, line 6			
10	Line 8 amount divided by lin	e 9 amount		T	
			(i)	(ii)	(iii)
Secti	ion E - Distribution Allocatio	ons (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 201	9 from Section C, line 6			
2	Underdistributions, if any, fo	r years prior to 2019 (reason-			
	able cause required- explain	in Part VI). See instructions.			
3	Excess distributions carryov	er, if any, to 2019			
a	From 2014				
b	From 2015				
С	From 2016				
d	From 2017				
е	From 2018				
f	Total of lines 3a through e				
g	Applied to underdistribution	s of prior years			
	Applied to 2019 distributable				
i_		,			
<u>j</u>	Remainder. Subtract lines 3				
4	Distributions for 2019 from S	Section D,			
	line 7:	\$			
	Applied to underdistribution				
	Applied to 2019 distributable				
	Remainder. Subtract lines 4				
5	Remaining underdistribution				
	•	a from line 2. For result greater			
	than zero, explain in Part VI				
6	•	s for 2019. Subtract lines 3h			
		t greater than zero, explain in			
7	Part VI. See instructions.	over to 2020. Add lines 2i			
7	Excess distributions carryonand 4c.	JVGI LU ZUZU. MUU IIIIES OJ			
8	Breakdown of line 7:				
	Excess from 2015				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2010				

Schedule A (Form 990 or 990-EZ) 2019

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER INCOME
2015 AMOUNT: \$ 15,012.
2016 AMOUNT: \$ 4,024.
2017 AMOUNT: \$ -129.
2018 AMOUNT: \$ 26.
2019 AMOUNT: \$ 371.
FEE REVENUE
2015 AMOUNT: \$ 300,870.
2016 AMOUNT: \$ 737,136.
2017 AMOUNT: \$ 290,577.
2018 AMOUNT: \$ 139,416.

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

	WATER.ORG 5	8-2060131			
Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	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				
	zation is covered by the General Rule or a Special Rule . n 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See in	nstructions.			
General Rule					
-	anization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 com any one contributor. Complete Parts I and II. See instructions for determining a contributor's total c	• •			
Special Rules					
sections 509 any one con	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-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, 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 \ \rightarrow \frac{1}{2} 1					
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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

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

	<u> </u>
Name of organization	Employer identification number
WATER.ORG	58-2060131

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 1	Name, address, and ZIP + 4	\$1,168,400.	Person X Payroll Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 2	Name, address, and ZIP + 4	Total contributions \$ 2,298,483.	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
3		\$509,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. <u>4</u>	Name, address, and ZIP + 4	\$ 2,070,733.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 5	Name, address, and ZIP + 4	Total contributions \$ 2,111,647.	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
6 <u>6</u>	Name, audi 655, dilu ZIF + 4	\$ 1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
WATER.ORG	58-2060131

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	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
8		\$\$\$\$	Person Payroll Noncash X (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 noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll 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 noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

58-2060131

Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	2,825 SHARES OF OTKA, INC STOCK	_	
		\$\$	05/21/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 _ _ _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \	
(a)		(c)	
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
		_ _	
		- \$	

Name of or	ganization				Employer identification number				
WATER OR	G				58-2060131				
Part III) through (e) and the followir charitable, etc., contributions of \$	na line entry. For a	rganizations	nat total more than \$1,000 for the year				
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	ription of how gift is held				
		(e) Transf	er of gift						
	Transferee's name, address, and ZIP + 4			elationship of tra	nsferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	ription of how gift is held				
-		(e) Transf	er of gift						
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	ription of how gift is held				
	(e) Transfer of gift								
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of tra	nsferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	ription of how gift is held				
		(e) Transf	er of gift						
-	Transferee's name, address, ar	nd ZIP + 4	R	elationship of tra	nsferor to transferee				

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

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

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

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

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

) (see separate instructions), then Section 501(c)(4), (5), or (6) organizat	ione: Complete Bart III			
	ne of organization	ions. Complete Fait III.		Empl	oyer identification number
	WATER.ORG				58-2060131
Pa	art I-A Complete if the org	anization is exempt unde	r section 501(c) o	r is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures	. •	> \$	
Pa	art I-B Complete if the org	anization is exempt unde	r section 501(c)(3)		
2 3	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a section	incurred by organization manager n 4955 tax, did it file Form 4720 fo	s under section 4955 or this year?	> \$	Yes No
	Was a correction made?				Yes No
	o If "Yes," describe in Part IV. art I-C Complete if the org	anization is exempt unde	r section 501(c)	excent section 501/c	1/31
	Enter the amount directly expended	•			
2 3 4	Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and emmade payments. For each organization received that were propolitical action committee (PAC). If	ization's funds contributed to other. Add lines 1 and 2. Enter here and a second seco	er organizations for sec d on Form 1120-POL, of all section 527 polit from the filing organiza separate political orgar	tion 527 \$ \$ \$ ical organizations to which tion's funds. Also enter the ization, such as a separate	Yes No the filing organization amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

	t II-A Complete if the org section 501(h)).			npt under section	n 501(c)(3) and file	d Form 5768 (ele	ction under
	neck ▶ ☐ if the filing organiza expenses, and shar	e of exces	s lobbying (- · ·	n Part IV each affiliated (group member's name	e, address, EIN,
B ()	Limi	ts on Lobb	ying Expe			(a) Filing organization's totals	(b) Affiliated group totals
	Total lobbying expenditures to influ	uence publ	ic opinion (grassroots lobbying)			
b	Total lobbying expenditures to influ	uence a leg	islative boo	dy (direct lobbying)			
С	Total lobbying expenditures (add li	nes 1a and	l 1b)			0.	
d	Other exempt purpose expenditure	es					
е	e Total exempt purpose expenditures (add lines 1c and 1d)						
f	f Lobbying nontaxable amount. Enter the amount from the following table in both columns.						
	If the amount on line 1e, column (a) o	ount is:					
	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 \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.						
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.						
l	Over \$17,000,000		\$1,000,	000.			
						0.	
_	Grassroots nontaxable amount (en					0.	
	Subtract line 1g from line 1a. If zero		-t o		·····		
	Subtract line 1f from line 1c. If zero	,			_		
J	If there is an amount other than ze		r line in or			Г	Yes No
	reporting section 4911 tax for this		4-Voor Ave	eraging Period Under	Section 501(h)		res NO
	(Some organizations the	nat made a	a section 5		have to complete all of	the five columns be	low.
		Lobk	ying Expe	nditures During 4-Ye	ar Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2	2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
c	Total lobbying expenditures						
	Grassroots nontaxable amount						
	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures					Cabadala O /F	990 or 990-E7) 2019

Schedule C (Form 990 or 990-EZ) 2019

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	No No	Am	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			
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j Total. Add lines 1c through 1i a 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			
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?			
art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or se	ction	
501(c)(6).			
West and the district (OO) and the state of		Yes	1
Were substantially all (90% or more) dues received nondeductible by members?		+	\vdash
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 y		 	-
answered "Yes." Dues, assessments and similar amounts from members	1	T	
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			
	I		
b Carryover from last year	2b		
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	2b 2c		
b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	2b 2c		
 b Carryover from last year c Total 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 	2b 2c		
b Carryover from last year c Total 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	2b 2c 3		
 b Carryover from last year c Total 3 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 	2b 2c 3		

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

WATER.ORG

Employer identification number 58 - 2060131

Pai	t I Organizations Maintaining Donor Advised	d Funds or Othe	r Similar Funds	or Accour	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.			
		(a) Donor ad	vised 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 v	writing that the assets	s held in donor advis	sed funds	
	are the organization's property, subject to the organization's				Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that	grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or fo	r any other purpose	conferring	
D :	impermissible private benefit?				
Pai	TII Conservation Easements. Complete if the org	ganization answered	'Yes" on Form 990,	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization		ly).		
	Preservation of land for public use (for example, recreated	tion or education)		-	important land area
	Protection of natural habitat		Preservation o	f a certified hi	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation con	tribution in the form	of a conserva	tion 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					
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c	
d	Number of conservation easements included in (c) acquired a			ure	
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or terminated by the	e organization	during the tax
	year ▶				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per		ection, handling of		
	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations	, and enforcing con	servation ease	ements during the year
					
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	l enforcing conserva	ition easemen	ts during the year
	> \$				
8	Does each conservation easement reported on line 2(d) above				
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footn	note to the organization	on's financial statem	ents that desc	cribes the
Dai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical 1	reactires or O	thar Simila	ιτ Δεερίε
ı aı	Complete if the organization answered "Yes" on Form	-	reasures, or o	uici Oiiiiid	ii Addeta.
10	If the organization elected, as permitted under FASB ASC 95		rovonuo etetement e	and halanaa a	hoot works
ıa	of art, historical treasures, or other similar assets held for pub	•			
	,	,	,		public
	service, provide in Part XIII the text of the footnote to its finan				t works of
D	If the organization elected, as permitted under FASB ASC 95	· ·			
	art, historical treasures, or other similar assets held for public	exhibition, education	i, or research in furt	nerance of pu	blic service,
	provide the following amounts relating to these items:			_	Φ.
	(i) Revenue included on Form 990, Part VIII, line 1				\$
•		acurac ar ather simil			\$
2	If the organization received or held works of art, historical treat			ıı gairi, provide	5
_	the following amounts required to be reported under FASB A	-			¢
a	Revenue included on Form 990, Part VIII, line 1				\$
IJ	Assets included in Form 990, Part X				Ψ

Sche	dule D (Form 990) 2019 WATER.ORG						58	8-2060	131	Pa	age 2
	t III Organizations Maintaining Co	ollections of Ar	t, Hist	orical Tre	easures, o	r Othe	r Similar As	ssets	(contin		
3	Using the organization's acquisition, accession	n, and other record	s, check	any of the t	following tha	t make s	ignificant use		•	,	
	collection items (check all that apply):										
а	Public exhibition	c	j	Loan or exc	hange progr	am					
b	Scholarly research	e	, .	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	n how th	ey further th	ne organizatio	on's exer	mpt purpose ir	Part X	III.		
5	During the year, did the organization solicit or	receive donations	of art, his	storical treas	sures, or oth	er similar	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang	jements. Comple	ete if the	e organizatio	n answered	"Yes" on	Form 990, Pa	ırt IV, Iir	ne 9, or		
	reported an amount on Form 990, Part										
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for o	contribution	s or other as	sets not	included				_
	on Form 990, Part X?							. Ш	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing t	able:							
								,	Amount		
С	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on Fo						ity?	Ш	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.										
rai	t V Endowment Funds. Complete if							haal.	/ - \ F - · · ·		h a a l :
4.	Basinging of way balance	(a) Current year	(a) ⊢	Prior year	(c) Two yea	rs dack	(d) Three years	раск	(e) Four	years	раск
_	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
-	Other expenditures for facilities										
f	and programs Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent vear end halance	e (line 10	r column (a)) pelq as.			I			
a	Board designated or quasi-endowment	,	% %	g, coluitiii (a,	jj ricia as.						
	Permanent endowment										
c											
_	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.									
За	Are there endowment funds not in the posses	•	ation tha	t are held ar	nd administe	red for th	ne organization	1			
	by:	· ·					· ·			Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat								3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment f	unds.							
Par	t VI Land, Buildings, and Equipme										
	Complete if the organization answered			/, line 11a. S	See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o			t or other		ccumulated	((d) Book	value	9
		basis (investr	nent)	basis	(other)	de	preciation				
	Land										
	Buildings							-			
	Leasehold improvements				142 676		000 607	-		200	070
	Equipment			1	,143,676.		822,697	+		320,	979.
е	Other					I					

Schedule D (Form 990) 2019

320,979.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

	'Yes" on Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost	or end-of-vear market value
(a) Description of security or category (including name of sec	(b) Book value	(c) Method of Valuation. Cost	or end-or-year market value
) Financial derivatives			
) Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12			
Part VIII Investments - Program Relate	d.		
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) WATERCREDIT FUND I	1,125,704	COST	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	3.) 1,125,704		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13 Part IX Other Assets.	5.)		
		44 LO E 000 B LV " 45	
Complete if the organization answered		11d. See Form 990, Part X, line 15.	(h) Doole value
	Yes" on Form 990, Part IV, line (a) Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1)		11d. See Form 990, Part X, line 15.	(b) Book value
		11d. See Form 990, Part X, line 15.	(b) Book value
(1)		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	(a) Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7)	(a) Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (Part X) Other Liabilities.	(a) Description		>
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X. col. (complete if the organization answered in the organization answered in the organization of light light	(a) Description		>
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (Column (b) must equal For	(a) Description		>
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (Column (b) must equal For	(a) Description		>
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (complete if the organization answered (a) Description of liability (1) Federal income taxes (2)	(a) Description		>
(1) (2) (3) (4) (5) (6) (7) (8) (9) Datal. (Column (b) must equal Form 990, Part X, col. (column (b) must equal Fo	(a) Description		>
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (Column (b) must equal For	(a) Description		>
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (column X) Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	(a) Description		>
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (Column (b) must equal For	(a) Description		>
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (column X) Part X Other Liabilities. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	(a) Description		>
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (Part X) Other Liabilities. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	(a) Description		>
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (Part X) Other Liabilities. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	(a) Description		>

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

Pai	t XI Reconciliation of Revenue per Audited Financial Sta		evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1				1	19,324,232.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	0.55		
а	Net unrealized gains (losses) on investments		277,636.		
b	Donated services and use of facilities		18,468.		
С.	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	•			206 104
e	Add lines 2a through 2d			2e	296,104.
3	Subtract line 2e from line 1			3	19,028,128.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
a	Investment expenses not included on Form 990, Part VIII, line 7b		-222.	-	
b	Other (Describe in Part XIII.)			4-	-222.
c	Add lines 4a and 4b			4c	19,027,906.
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial St	.) atements With I	Expenses per F	5 Return	19,027,900.
·	Complete if the organization answered "Yes" on Form 990, Part IV, lii		Expended per i	iotaiii.	
1	Total expenses and losses per audited financial statements			1	25,487,547.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			•	20,107,017.
a	Donated services and use of facilities	2a	18,468.		
b	Prior year adjustments			•	
c	Other losses			1	
d	Other (Describe in Part XIII.)		222.	1	
e	Add lines 2a through 2d			2e	18,690.
3	Subtract line 2e from line 1			3	25,468,857.
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.)				
С				4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1			5	25,468,857.
	rt XIII Supplemental Information.	,			
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b a	nd 2b; Part V, line 4	; Part X, li	ne 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional informa	ation.		
PART	YX, LINE 2:				
WATE	R.ORG IS EXEMPT FROM INCOME TAXES UNDER SECTION 501 OF THE	HE INTERNAL			
REVE	ENUE CODE AND A SIMILAR PROVISION OF STATE LAW. HOWEVER, I	WATER.ORG IS			
SUBC	FECT TO FEDERAL INCOME TAX ON ANY UNRELATED BUSINESS TAXA	BLE INCOME.			
IINIGI	DESCRIPTION OF THE ANY ARE RECORDED IN ACCORDANCE I	WIMI EACD			
UNCE	ERTAIN TAX POSITIONS, IF ANY, ARE RECORDED IN ACCORDANCE I	WITH FASE			
N C C C	NINTERNAL CHANDADDS CODIFICATION (ASC) TODIC 740 INCOME TA	VEC WUTCU			
ACCC	DUNTING STANDARDS CODIFICATION (ASC) TOPIC 740, INCOME TAX	AES, WHICH			
PFOI	JIRES THE RECOGNITION OF A LIABILITY FOR TAX POSITIONS TA	кем филф ро			
KEQC	TRES THE RECOGNITION OF A DIABIDITY FOR TAX FOSTITIONS TAX	KEN THAT DO			
мот	MEET THE MORE-LIKELY-THAN-NOT STANDARD THAT THE POSITION	WILL BE			
	MEDIT THE MORE BIRDET THAN NOT STRANGED THAT THE TOSTITON	WIDD DD			
SUSI	TAINED UPON EXAMINATION BY THE TAXING AUTHORITIES. THERE	IS NO			
LIAE	BILITY FOR UNCERTAIN TAX POSITIONS RECORDED AT SEPTEMBER	30, 2020 OR			
2019).				

Schedule D (Form 990) 2019 Part XIII Supplemental Infor	WATER.ORG		58-206013	1 Page 5
Part XIII Supplemental Infor	mation _(continued)			
PART XI, LINE 4B - OTHER ADJU	STMENTS:			
LOSS ON SALE OF FIXED ASSETS		-222.		
PART XII, LINE 2D - OTHER ADD	USTMENTS:			
LOSS ON SALE OF FIXED ASSETS		222.		

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

➤ Attach to Form 990.

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

2019
Open to Public Inspection

Name of the organization

Employer identification number

WATER . ORG 58-2060131 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (e) If activity listed in (d) (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region EAST ASIA AND THE PACIFIC 30 GRANT MAKING 942,776. EAST ASTA AND THE PACIFIC 30 PROGRAM SERVICES WATERCREDIT 488,855. 2 SOUTH AMERICA 3 GRANT MAKING 1 360,562. WATERCREDIT SOUTH AMERICA 3 PROGRAM SERVICES 291,069. 1 SOUTH ASIA 2 23 GRANT MAKING 2,942,032. SOUTH ASIA 2 23 PROGRAM SERVICES WATERCREDIT 769,218. 9 SUB-SAHARAN AFRICA 2 GRANT MAKING 482,026. WATERCREDIT & DIRECT 9 IMPACT SUB-SAHARAN AFRICA PROGRAM SERVICES 127,537. 2 14 130 6,404,075. 3 a Subtotal **b** Total from continuation 0 0 558,925. sheets to Part I Totals (add lines 3a

14

6,963,000.

and 3b)

 Schedule F (Form 990)
 WATER ORG
 58-2060131
 Page 1

Schedule F (Form 990)	WATER ORG			58-2060131	Page 1
Part I Continuatio	n of Activities	s per Region	(Schedule F (Form 990), Part I, line 3)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING					
ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	WATERCREDIT	558,925.
					EE0 005
Totals		<u> </u>			558,925.

WATER.ORG

Page 2

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EAST ASIA AND THE						
		PACIFIC	WATER PROJECTS	10,103.	WIRE	0.		
		EAST ASIA AND THE						
			WATER PROJECTS	13,765.	 WIRE	0.		
				, -				
		EAST ASIA AND THE						
		PACIFIC	WATER PROJECTS	118,660.	WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	WATER PROJECTS	5,720.	WIRE	0.		
		EAST ASIA AND THE						
			WATER PROJECTS	19,541.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	WATER PROJECTS	40,851.	MIDE	0.		
		PACIFIC	WAIER PROJECTS	40,651.	WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	WATER PROJECTS	35,461.	WIRE	0.		
		EAST ASIA AND THE						
			WATER PROJECTS	87,640.	WIRE	0.		

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
3	Enter total number of other organizations or entities

0 72

Scriedule F (FOITH 990)								Fage
Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	_
1	(b) IRS code section		(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Name of organization	and EIN (if applicable)	(c) Region	grant	of cash grant	1 '''	non-cash	of non-cash	valuation (book, FN
	una Env (ii appiioabio)		grant	or odorr grant	Guori Giobarcomoni	assistance	assistance	appraisal, other)
		EAST ASIA AND THE						
		PACIFIC	WATER PROJECTS	8,332.	WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	WATER PROJECTS	8,270.	WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	WATER PROJECTS	48,039.	WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	WATER PROJECTS	18,843.	WIRE	0.		
		racific	WATER TROOECTS	10,043.	WIKE	0.		
		EAST ASIA AND THE						
			NAMED DO THOMA	0 726	WIDE			
		PACIFIC	WATER PROJECTS	8,736.	MIKE	0.		
		EAST ASIA AND THE		15 055				
		PACIFIC	WATER PROJECTS	17,277.	WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	WATER PROJECTS	6,765.	WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	WATER PROJECTS	29,844.	WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	WATER PROJECTS	40,000.	WIRE	0.		

Scriedule F (FOITH 990)	• • • • • • • • • • • • • • • • • • • •							raye
Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1	(b) IRS code section		(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Name of organization	and EIN (if applicable)	(c) Region	grant	of cash grant	1	non-cash	of non-cash	valuation (book, FN
	and Lin (ii applicable)		grant	or casir grant	Casif disbursement	assistance	assistance	appraisal, other)
		EAST ASIA AND THE						
		PACIFIC	WATER PROJECTS	40,778.	WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	WATER PROJECTS	7,000.	WIRE	0.		
				, -		-		
		EAST ASIA AND THE						
			WATER PROJECTS	21,135.	WIRE	0.		
		11101110	mildi incodele	21,100.	W1112	· .		
		EAST ASIA AND THE						
		PACIFIC	WATER PROJECTS	98,410.	WIDE	0.		
		FACIFIC	WATER PRODECTS	30,410.	WIKE	0.		
		EAST ASIA AND THE		45 200				
		PACIFIC	WATER PROJECTS	45,382.	MIKE	0.		
		L						
		EAST ASIA AND THE	L	25 222	L			
		PACIFIC	WATER PROJECTS	35,830.	WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	WATER PROJECTS	13,040.	WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	WATER PROJECTS	71,784.	WIRE	0.		
		SOUTH AMERICA	WATER PROJECTS	79,321.	WIRE	0.		

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	1)	r ago z
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	WATER PROJECTS	23,220.	WIRE	0.		
		SOUTH AMERICA	WATER PROJECTS	33,202.	WIRE	0.		
		SOUTH AMERICA	WATER PROJECTS	23,220.	WIRE	0.		
		SOUTH AMERICA	WATER PROJECTS	12,257.	WIRE	0.		
		SOUTH AMERICA	WATER PROJECTS	11,828.	WIRE	0.		
		SOUTH AMERICA	WATER PROJECTS	6,050.	MIDE	0.		
		SOUTH AMERICA	WAIDE PRODUCTS	6,030.	WIKE	0.		
				40.016				
		SOUTH AMERICA	WATER PROJECTS	40,016.	MIKE	0.		+
		SOUTH ASIA	WATER PROJECTS	59,609.	WIRE	0.		
		SOUTH ASIA	WATER PROJECTS	18,286.	WIRE	0.		

ochedule F (Form 990)	•							raye a
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		SOUTH ASIA	WATER PROJECTS	20,431.	WIRE	0.		
		SOUTH ASIA	WATER PROJECTS	16,633.	WIRE	0.		
		SOUTH ASIA	WATER PROJECTS	33,202.	WIDE	0.		
		BOUTH ASTA	WATER PRODECTS	33,202.	WIRE	0.		
		SOUTH ASIA	WATER PROJECTS	75,732.	WIRE	0.		
		SOUTH ASIA	WATER PROJECTS	75,036.	WIRE	0.		
		SOUTH ASIA	WATER PROJECTS	57,755.	WIRE	0.		
		SOUTH ASIA	WATER PROJECTS	58,328.	WIRE	0.		
		SOUTH ASIA	WATER PROJECTS	304,510.	WIRE	0.		
				, ,				
		SOUTH ASIA	WATER PROJECTS	137,737.	WIRE	0.		

								raye 2
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	_
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM' appraisal, other)
								,
		SOUTH ASIA	WATER PROJECTS	69,575.	WIRE	0.		
		SOUTH ASIA	WATER PROJECTS	333,751.	WIRE	0.		
		SOUTH ASIA	WATER PROJECTS	19,360.	WIRE	0.		
		SOUTH ASIA	WATER PROJECTS	5,533.	WIRE	0.		
		SOUTH ASIA	WATER PROJECTS	143,848.	WTRE	0.		
		GOLUMI AGTA	MARIER DECITIONS	101 515				
		SOUTH ASIA	WATER PROJECTS	101,515.	WIRE	0.		
		SOUTH ASIA	WATER PROJECTS	32,294.	WIRE	0,		
		SOUTH ASIA	WATER PROJECTS	63,842.	WIRE	0.		
		SOUTH ASIA	WATER PROJECTS	64,266.	 WIRE	0.		

scriedule F (Form 990)	•							raye i
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	_
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM' appraisal, other)
		SOUTH ASIA	WATER PROJECTS	105,030.	WIRE	0.		
		SOUTH ASIA	WATER PROJECTS	102,288.	WIRE	0.		
		SOUTH ASIA	WATER PROJECTS	50,871.	WIDE	0.		
		SOUTH ASTA	WATER PRODECTS	30,071.	WIRE	0.		
		SOUTH ASIA	WATER PROJECTS	41,491.	WIRE	0.		
		SOUTH ASIA	WATER PROJECTS	132,051.	WIRE	0.		
		SOUTH ASIA	WATER PROJECTS	63,304.	WIDE	0		
		SOUTH ASIA	WATER PROJECTS	63,304.	WIRE	0.		
		SOUTH ASIA	WATER PROJECTS	523,762.	WIRE	0.		
		SOUTH ASIA	WATER PROJECTS	124,509.	WIRE	0.		
		SOUTH ASIA	WATER PROJECTS	194,382.	WIRE	0.		

1 (a) Name of organization (b) IRS code section and EIN (If applicable) (c) Region (d) Purpose of grant (e) Amount (f) Manner of of cash grant cash disbursement (f) Manner of	Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or E	Entities Outside the U	Jnited States.	(Schedule F (Form 9	90), Part II, line 1	1)	r ugo z
SOUTH ASIA WATER PROJECTS 54,223, WIRE 0. SUB-SAHARAN APRICA WATER PROJECTS 40,000, WIRE 0. CENTRAL AMERICA AND THE CARIBBEAN WATER PROJECTS 109,810, WIRE 0. SUB-SAHARAN APRICA WATER PROJECTS 46,312, WIRE 0. SUB-SAHARAN APRICA WATER PROJECTS 36,596, WIRE 0. SUB-SAHARAN APRICA WATER PROJECTS 12,468, WIRE 0. SUB-SAHARAN APRICA WATER PROJECTS 12,468, WIRE 0.			(c) Region	(d				non-cash	of non-cash	(i) Method of valuation (book, FMV, appraisal, other)
SOUTH ASIA WATER PROJECTS 54,223, WIRE 0. SUB-SAHARAN AFRICA MATER PROJECTS 40,000, WIRE 0. CENTRAL AMERICA AND THE CARIBBEAN WATER PROJECTS 109,810, WIRE 0. SUB-SAHARAN AFRICA WATER PROJECTS 46,312, WIRE 0. SUB-SAHARAN AFRICA WATER PROJECTS 36,596, WIRE 0. SUB-SAHARAN AFRICA WATER PROJECTS 12,468, WIRE 0. SUB-SAHARAN AFRICA WATER PROJECTS 12,468, WIRE 0.										
SUB-SAHARAN AFRICA CENTRAL AMERICA AND THE CARIBBEAN WATER PROJECTS SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA WATER PROJECTS 46,312.WIRE 0. SUB-SAHARAN AFRICA WATER PROJECTS 36,596.WIRE 0. SUB-SAHARAN AFRICA WATER PROJECTS 12,468.WIRE 0.			SOUTH ASIA	WATER P	PROJECTS	34,620.	WIRE	0.		
SUB-SAHARAN AFRICA CENTRAL AMERICA AND THE CARIBBEAN WATER PROJECTS SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA WATER PROJECTS 46,312. WIRE 0. SUB-SAHARAN AFRICA WATER PROJECTS 36,596. WIRE 0. SUB-SAHARAN AFRICA WATER PROJECTS 12,468. WIRE 0.										
AFRICA MATER PROJECTS 40,000. WIRE 0. CENTRAL AMERICA AND THE CARIBBEAN WATER PROJECTS 109,810. WIRE 0. SUB-SAHARAN AFRICA WATER PROJECTS 46,312. WIRE 0. SUB-SAHARAN AFRICA NATER PROJECTS 36,596. WIRE 0. SUB-SAHARAN AFRICA NATER PROJECTS 12,468. WIRE 0. SUB-SAHARAN AFRICA WATER PROJECTS 12,468. WIRE 0.			SOUTH ASIA	WATER P	PROJECTS	54,223.	WIRE	0.		
CENTRAL AMERICA AND THE CARIBBEAN WATER PROJECTS SUB-SAHARAN AFRICA WATER PROJECTS 46,312.WIRE 0. SUB-SAHARAN AFRICA WATER PROJECTS 36,596.WIRE 0. SUB-SAHARAN AFRICA WATER PROJECTS 12,468.WIRE 0. SUB-SAHARAN AFRICA WATER PROJECTS 40,635.WIRE 0.			SUB-SAHARAN							
AND THE CARIBBEAN WATER PROJECTS 109,810. WIRE 0. SUB-SAHARAN AFRICA WATER PROJECTS 46,312. WIRE 0. SUB-SAHARAN AFRICA WATER PROJECTS 36,596. WIRE 0. SUB-SAHARAN AFRICA WATER PROJECTS 12,468. WIRE 0. SUB-SAHARAN AFRICA WATER PROJECTS 40,635. WIRE 0.			AFRICA	WATER P	PROJECTS	40,000.	WIRE	0.		
SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA WATER PROJECTS 12,468. WIRE 0.				MAMED D	DDO TEGER	100 910	WIDE			
AFRICA WATER PROJECTS 46,312. WIRE 0. SUB-SAHARAN AFRICA WATER PROJECTS 36,596. WIRE 0. SUB-SAHARAN AFRICA WATER PROJECTS 12,468. WIRE 0. SUB-SAHARAN AFRICA WATER PROJECTS 40,635. WIRE 0.			AND THE CARIBBEAN	WATER P.	ROJECTS	109,610.	WIRE	0.		
SUB-SAHARAN AFRICA WATER PROJECTS 12,468. WIRE 0. SUB-SAHARAN AFRICA WATER PROJECTS 40,635. WIRE 0.				WATER P	PROJECTS	46,312.	WIRE	0.		
SUB-SAHARAN AFRICA WATER PROJECTS 12,468.WIRE 0. SUB-SAHARAN AFRICA WATER PROJECTS 40,635.WIRE 0.										
AFRICA WATER PROJECTS 12,468.WIRE 0. SUB-SAHARAN AFRICA WATER PROJECTS 40,635.WIRE 0.			AFRICA	WATER P	PROJECTS	36,596.	WIRE	0.		
SUB-SAHARAN AFRICA WATER PROJECTS 40,635.WIRE 0.				MAMED D	DDO TEGER	12 460	WIDE			
AFRICA WATER PROJECTS 40,635.WIRE 0.			ML K T C A	WATER P.	-KOUECTS	12,408.	MIKE	0.		
SUB-SAHARAN				WATER P	PROJECTS	40,635.	WIRE	0.		
AFRICA WATER PROJECTS 44,931.WIRE 0.			SUB-SAHARAN AFRICA	WATED D	PROJECTS	<i>Δλ</i> Q 3 1	WIRE	0		

Scriedule F (FOITH 990)								raye z
Part II Continuation o	of Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) Pagion	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SUB-SAHARAN AFRICA	WATER PROJECTS	32,192.	WIRE	0.		
			MILEN TROSECIE	32,132.				

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 (ash disbursement (b) Region (b) Region (c) Number of recipients (d) Amount of cash disbursement (d) Amount of cash disbursement (d) Amount of noncash assistance (d) Region (b) Region (b) Region (c) Region (d) Amount of recipients (d) Amount of cash disbursement (d) Region (d)

58-2060131

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) 2019

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 2:
FOR EACH ORGANIZATION RECEIVING PROGRAM GRANT FUNDING, MONTHLY REPORTS
ARE REQUIRED TO BE SUBMITTED, WHICH CONTAIN AN ACCOUNTING OF THE AMOUNTS
EXPENDED, COMPARED TO ORIGINAL BUDGETS, AND AN EXPLANATION OF ANY
VARIANCES. REQUESTS FOR CHANGES IN BUDGET MUST BE SUBMITTED IN WRITING
WITH EXPLANATION. MONITORING AND EVALUATION OF PROJECT WORK IS ASSESSED
WITH IN-PERSON VISITS TO THE COMMUNITY SITES.
PART I, LINE 3:
THE ACCRUAL METHOD IS USED TO ACCOUNT FOR EXPENDITURES.
PART II LINE 1 :
THE ACCRUAL METHOD IS USED FOR THE ORGANIZATIONS FINANCIAL STATEMENTS.

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

Department of the Treasury

WATER.ORG

Employer identification number 58-2060131

P	art I Questions Regarding Compensation	060131		
	arti daconono riegaranig compensation		Yes	No
10	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		res	140
la	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	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 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 X Compensation survey or study			
	Form 990 of other organizations 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		4a	х	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			Х
С				Х
	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?	5 a		Х
b	Any related organization?	5b		Х
	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		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
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		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990
(1) GARY WHITE	(i)	288,415.	45,392.	258.	8,000.	21,658.	363,723.	0.
CEO AND CO-FOUNDER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JENNIFER SCHORSCH	(i)	250,763.	43,299.	138.	12,143.	18,279.	324,622.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) VEDIKA BHANDARKAR	(i)	207,047.	34,776.	0.	0.	0.	241,823.	0.
MANAGING DIRECTOR, INDIA	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DAVID FRIEDMAN	(i)	181,336.	26,566.	258.	8,516.	15,066.	231,742.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) RICHARD THORSTEN	(i)	185,737.	26,344.	90.	7,453.	6,568.	226,192.	0.
CHIEF PROGRAMS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JOSH GUNKEL	(i)	155,589.	23,348.	60.	7,579.	20,618.	207,194.	0.
DIRECTOR OF TECHNOLOGY	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) NICOLE WICKENHAUSER	(i)	163,311.	23,319.	60.	6,363.	7,091.	200,144.	0.
DIRECTOR OF STRATEIC ALLIANCE	(ii)	0.	0.	0.	0.	0.	0,	0.
(8) JULIE LAGUARDIA	(i)	158,095.	23,940.	0.	4,788.	6,458.	193,281.	0.
SR STRATEGIST, BRAND PARTNERSHIPS	(ii)	0.	0.	0.	0.	0.	0,	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019 WATER.ORG 58-2060131 Page 3
Part III Supplemental Information

Tart in Supplemental information
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.
PART I, LINE 4A:
DAVID FRIEDMAN: \$47,846; JULIE LAGUARDIA: \$59,850. THESE TWO INDIVIDUALS
RECEIVED A SEVERANCE PAYMENT DURING TAX YEAR 2019. THE PAYMENT IS INCLUDED
IN PART VII, COLUMN D (E) AND SCHEDULE J, PART II, COLUMN B(III).
PART I, LINE 7:
NON-FIXED PAYMENTS IN THE FORM OF A BONUS ARE DETERMINED BASED ON PERSONAL
AND ORGANIZATIONAL PERFORMANCE AND THE DISCRETION OF THE BOARD OF
DIRECTORS.

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 Employer identification number WATER.ORG 58-2060131

Par	t 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	21	676,811.	FMV			
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								
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 organiz	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	33, Part IV, [Donee Acknowledg	jement 29			0	
					,		Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	sed for			
	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 p	olicy that re	quires the review o	of any nonstandard contribut	ions?	31	Х	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	cked,			
	describe in Part II.							

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

Schedule M (Form 990) 2019

SCHEDULE 0

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury

Internal Revenue Service

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.

2019Open to Public

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

WATER.ORG 58-2060131 PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AFFORDABLE LOANS. FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES: INDIA, INDONESIA, BANGLADESH, PERU KENYA, PHILIPPINES, ETHIOPIA FORM 990, PART VI, SECTION B, LINE 11B: THE ANNUAL 990 TAX RETURN IS FIRST REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD, THEN BY THE FULL BOARD OF DIRECTORS. THE COMPLETE FORM 990, TOGETHER WITH ALL SUPPLEMENTAL SCHEDULES IS PROVIDED TO THE BOARD IN ADVANCE OF THE MEETING SO THAT EACH BOARD MEMBER HAS ADEQUATE TIME TO REVIEW. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE REQUIRED TO NOTIFY THE ORGANIZATION OF ANY CONFLICT OF INTEREST. THIS NOTIFICATION SHOULD BE IN ADVANCE OF THE CONFLICT. IF KNOWN OR AS SOON AS THE CONFLICT HAS BEEN IDENTIFIED. WHEN A CONFLICT HAS BEEN DETERMINED, THE BOARD MEMBER OR OFFICER INVOLVED ABSTAINS FROM VOTING AND THE ORGANIZATION OBTAINS INDEPENDENT, OUTSIDE BIDS FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION OF OFFICERS AND KEY EMPLOYEES IS DETERMINED BY CONSULTATION REGIONAL OR NATIONAL WAGE SURVEYS, DEPENDING ON THE APPROPRIATENESS TO THE POSITION. THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE AND THE BOARD. ALL OTHER KEY EMPLOYEES COMPENSATION IS DETERMINED BY THE CHIEF EXECUTIVE OFFICER

Name of the organization WATER.ORG		Employer identification number 58-2060131
ASSESSED USING COMPARABLE DATA AND MARKET SALARY SU	RVEYS AND THEN SUBMITTED	
TO BOARD FOR ANNUAL APPROVAL.		
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVIN	G COPY OF FORM 990:	
AK,AL,AR,AZ,CA,CO,CT,DC,FL,GA,HI,IL,KS,KY,LA,MA,MD,	ME,MI,MN,MS,NC,ND,NV,NH	
NJ,NM,NY,OH,OK,OR,PA,RI,SC,TN,UT,VA,WI,WV		
FORM 990, PART VI, SECTION C, LINE 19:		
ORGANIZATIONAL AND FINANCIAL DOCUMENTS OF THE ORGAN	IZATION, INCLUDING	
ANNUAL TAX RETURN AND AUDIT REPORTS ARE POSTED ON O	UR WEBSITE WWW.WATER.ORG	
WITHIN 30 DAYS OF THE ISSUANCE OF THE DOCUMENTS. OT	HER GOVERNANCE DOCUMENTS	
AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON	REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:		
MISCELLANEOUS:		
PROGRAM SERVICE EXPENSES	2,579,285.	
MANAGEMENT AND GENERAL EXPENSES	823,820.	
FUNDRAISING EXPENSES	1,633,602.	
TOTAL EXPENSES	5,036,707.	
IT CONSULTING:		
PROGRAM SERVICE EXPENSES	4,815.	
MANAGEMENT AND GENERAL EXPENSES	223,673.	
FUNDRAISING EXPENSES	33,001.	
TOTAL EXPENSES	261,489.	

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization WATER.ORG	Employer identification number 58-2060131
AS OF THE DATE OF FILING THIS FORM 990, THE ORGANIZATION IS IN THE	
PROCESS FINALIZING ITS AUDITED FINANCIAL STATEMENTS FOR THE FISCAL YEAR	
ENDED SEPTEMBER 30, 2020. THE AMOUNTS REFLECTED ON FORM 990 ALIGN WITH	
THE DRAFT AUDIT REPORT THAT IS EXPECTED TO BE FINALIZED IN AUGUST 2021.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

WATER.ORG						58-2060131		
Part I Identification of Disregarded Entities. Complete	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	r (d) Total inco	me End-of-year		Direct c	(f) controlling ntity)
Identification of Related Tax-Exempt Organization	tions. Complete if the organization	prowored "Ves" on Form 900	Part IV line 34 h	possuso it had one	or more	rolated tax exercises	mot	
organizations during the tax year.		answered res on roini 990	, Fait IV, IIIIe 54, t	ecause it had one	or more	Telated tax-exel	iipi	
(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	Dired	(f) ct controlling entity	(g) Section 512(b)(13 controlled entity?	
				501(c)(3))			Yes	No

		0 11 1611 1 1 1	"' " " " " " " " " " " " " " " " " " "	D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
David III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990), Part IV, line 34, becaus	e it had one or more related
Part III	organizations treated as a partnership during the tax year.				
	g				

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	1	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partn	al or P 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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?
		couritry)						Yes	No

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

Page 3

Yes No

1a

1b

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

b Gift, grant, or capital contribution to related organization(s)

, 0										
c Gift, grant	, or capital contribution from related organization(s)				1c					
d Loans or l	pan guarantees to or for related organization(s)				1d					
e Loans or I	pan guarantees by related organization(s)				1e					
f Dividends	from related organization(s)				1f					
	sets to related organization(s)				1g					
h Purchase of assets from related organization(s)										
i Exchange of assets with related organization(s)										
j Lease of facilities, equipment, or other assets to related organization(s)										
•										
k Lease of facilities, equipment, or other assets from related organization(s)										
I Performance of services or membership or fundraising solicitations for related organization(s)										
m Performance of services or membership or fundraising solicitations by related organization(s)										
	facilities, equipment, mailing lists, or other assets with related organization				1n					
					10					
· ·										
p Reimburs	ement paid to related organization(s) for expenses				1p					
a Reimburs	p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses									
4					1q					
r Other tran	sfer of cash or property to related organization(s)				1r					
	sfer of cash or property from related organization(s)				1s					
	ver to any of the above is "Yes," see the instructions for information on wl				1 1					
		-								
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount inv	olved					
	C	type (a-s)								
1)										
-,										
2)										
3)										
-,										
4)										
-,										
5)										
6)										
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Schedule R (Form 990) 2019 WATER.ORG 58-2060131 Page **4**

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.

triat was not a related organization. See in	1	_		·	\neg	(0)				<i>(</i> 2)	, ,	. T	
(a)	(b)	(c)	(d)	(e) Are all	a I	(f)	(g)		h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partners s 501(c)(3 orgs.?	sec.	Share of	Share of	Dispr	ropor- nate	Code V-UBI	Gene	ral or	Percentage
of entity		(state or foreign	lexcluded from tax under	orgs.?	?)	total	end-of-year	alloca	tions?	of Schedule K-1	partr	ner?	ownership
		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes N		income	assets	Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes	No	
					\Box								
WATERCREDIT INVESTMENT FUND 1,	1												
LLC - 30-0819072, 117 W 20TH	1												
	FUND MANAGEMENT	DELAWARE	RELATED		х	43,139.	1,149,801.		х	0.		x	11.03%
TRIBLI, MINDID CITI, NO 04100	TOND PRINTIGENERY		KBBITTBB		╬	45,155.	1,140,001.			· ·			11.030
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Form 990-T	E	Exempt Organization Business Income Tax Return OMB No. 1545-0047									
			nd proxy tax unde					2040			
	For ca	endar year 2019 or other tax yea					·	ZU 19			
Department of the Treasury Internal Revenue Service	•	Go to www. Do not enter SSN number	irs.gov/Form990T for in rs on this form as it may					Open to Public Inspection for 501(c)(3) Organizations Only			
A Check box if address changed		Name of organization (L	Check box if name cl	hanged	and see instructions.)		(Emple	oyer identification number oyees' trust, see ctions.)			
B Exempt under section	Print	WATER.ORG						58-2060131			
X 501(c)(3)	Type	Number, street, and room		k, see ir	structions.			ated business activity code nstructions.)			
408(e) 220(e)	.,,,,	117 W 20TH STREET					-				
408A 530(a) 529(a)		City or town, state or prov KANSAS CITY, MO		r foreig	n postal code		54161	.0			
C Book value of all assets at end of year		F Group exemption numb		<u> </u>							
		G Check organization type				401(a		Other trust			
H Enter the number of the	-			1		e the only (or first) ur					
		RACT SERVICE REVE				, complete Parts I-V.					
		ce at the end of the previou	is sentence, complete Pa	rts I an	d II, complete a Schedul	e M for each addition	al trade	or			
business, then completeI During the tax year, was			effiliated group or a param	t ouboi	idiany controlled group?		Ye	s X No			
		ifying number of the paren		it-Subsi	lulary controlled group?		Ye	S A NO			
J The books are in care of			t corporation.		Teleni	none number > 8	16-87	7-8400			
		le or Business Inc	ome		(A) Income	(B) Expense		(C) Net			
1a Gross receipts or sale	es				()	(/		(1)			
b Less returns and allow			c Balance	1c							
2 Cost of goods sold (S	Schedule	A, line 7)		2							
		om line 1c		3							
		h Schedule D)		4a							
		art II, line 17) (attach Form		4b				_			
c Capital loss deduction	n for trus	sts		4c							
5 Income (loss) from a	partners	ship or an S corporation (at	tach statement)	5							
6 Rent income (Schedu				6							
		ne (Schedule E)		7							
		nd rents from a controlled o	-	8							
		on 501(c)(7), (9), or (17) or		9							
		me (Schedule I)		10							
11 Advertising income (S	Schedule	J)	ጥ ድ Μድእም 1	11	120,239.			120,239.			
		s; attach schedule) STA		12	120,239.			120,239.			
		gh 12 o t Taken Elsewher e						120,237.			
(Deductions	must b	e directly connected wi	th the unrelated busin	ess ind	come.)						
		rectors, and trustees (Sche					14				
							15	100,000.			
							16				
							17				
		ee instructions)					18				
19 Taxes and licenses20 Depreciation (attach		562)			20		19				
		n Schedule A and elsewhere					21b				
							22				
		mpensation plans					23				
							24				
25 Excess exempt expe	nses (So	chedule I)					25				
26 Excess readership c	osts (Sc	nedule J)					26				
27 Other deductions (at	ttach sch	edule)			SEE STATEME	NT 2	27	19,870.			
		14 through 27					28	119,870.			
		ncome before net operating					29	369.			
·	-	oss arising in tax years beg	-	-							
							30	0.			
31 Unrelated business t	taxable ii	ncome. Subtract line 30 fro	m line 29				31	369.			

Form 990	D-T (2019)	WATER.ORG						58-206013	1	Page 2
Part	111 7	Total Unrelated Business Taxab	ole Income							
32	Total of	unrelated business taxable income computed	from all unrelated trades or business	es (see instru	uctions)		L	32		369.
33	Amount	s paid for disallowed fringes					. L	33		
34	Charitab	ole contributions (see instructions for limitation	n rules)				. L	34		0.
35		related business taxable income before pre-20						35		369.
36	Deducti	on for net operating loss arising in tax years b	eginning before January 1, 2018 (see	instructions)		L	36		
37	Total of	unrelated business taxable income before spe	cific deduction. Subtract line 36 from	line 35			L	37		369.
38	Specific	deduction (Generally \$1,000, but see line 38 i	nstructions for exceptions)				L	38	1,	000.
39	Unrelat	ed business taxable income. Subtract line 38	3 from line 37. If line 38 is greater tha	n line 37,						
							<u>. </u>	39		0.
Part		Tax Computation								
40	Organiz	ations Taxable as Corporations. Multiply line	e 39 by 21% (0.21))	▶	40		0.
41	Trusts 1	Taxable at Trust Rates. See instructions for ta								
			1041)				▶ ₋	41		
42		ax. See instructions						42		
43	Alternat	ive minimum tax (trusts only)					. _	43		
44	Tax on	Noncompliant Facility Income. See instruction	ns				. -	44		
45	Total. A	dd lines 42, 43, and 44 to line 40 or 41, which	ever applies					45		0.
Part		Tax and Payments		1			_			
		tax credit (corporations attach Form 1118; tru					-			
							-			
		business credit. Attach Form 3800					-			
		or prior year minimum tax (attach Form 8801 o					\dashv			
		edits. Add lines 46a through 46d						46e		
47	Subtrac	t line 46e from line 45	5 0011	0000				47		0.
48		xes. Check if from: Form 4255 Form 4255				(attach schedule		48		
49	lotal ta	x. Add lines 47 and 48 (see instructions)	005 D. D H				· -	49		0.
50		et 965 tax liability paid from Form 965-A or For			1			50		
		tts: A 2018 overpayment credited to 2019			a		-			
D	20 19 es	timated tax payments		51			\dashv			
C	Tax uep	osited with Form 8868	(aga instructions)	51			\dashv			
		organizations: Tax paid or withheld at source withholding (see instructions)					\dashv			
		or small employer health insurance premiums					\dashv			
		redits, adjustments, and payments:			"		\dashv			
y				tal 🕨 51						
52		ayments. Add lines 51a through 51g		1.01	y i		\dashv	52		
53		ed tax penalty (see instructions). Check if Forn						53		
54		1. If line 52 is less than the total of lines 49, 50				b		54		
55		yment. If line 52 is larger than the total of lines		aid				55		
56		e amount of line 55 you want: Credited to 202				funded		56		
Part		Statements Regarding Certain		mation						
57	At any t	ime during the 2019 calendar year, did the org	anization have an interest in or a sign	ature or othe	er authority				Yes	No
	over a f	inancial account (bank, securities, or other) in	a foreign country? If "Yes," the organ	ization may h	ave to file					
	FinCEN	Form 114, Report of Foreign Bank and Financi	al Accounts. If "Yes," enter the name	of the foreigr	country					
	here	SEE STATEMENT 3							х	
58	During t	the tax year, did the organization receive a dist	ribution from, or was it the grantor o	f, or transferd	or to, a forei	gn trust?				х
	If "Yes,"	see instructions for other forms the organizati	ion may have to file.							
59	Enter th	e amount of tax-exempt interest received or ac	ccrued during the tax year > \$							
		der penalties of perjury, I declare that I have examined rrect, and complete. Declaration of preparer (other than					wledge	and belief, it is true	,	
Sign		neet, and complete. Declaration of preparer (other than		n preparet nas	any knowledg	c. 	May	the IRS discuss this	return ··	vith
Here			CFO					the IRS discuss this reparer shown belov		nui -
		Signature of officer	Date Title				instru	uctions)? X Ye	s	No
		Print/Type preparer's name	Preparer's signature	Date		Check	if	PTIN		
Paid	l					self- employ	ed			
	arer	LAUREN NOWAKOWSKI	LAUREN NOWAKOWSKI	08/13,	/21			P01796934		
-	Only	Firm's name ► RSM US LLP				Firm's EIN		42-07143	325	
	3	210 PARK AVE S	UITE 1725							

Phone no. 405-239-7961

Firm's address

OKLAHOMA CITY, OK 73102

Form 990-T (2019) WATER.ORG 58-2060131 Page 3

Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory v	aluation N/A				
1 Inventory at beginning of year				Inventory at end of year	r		6	
2 Purchases				Cost of goods sold. Su				
3 Cost of labor	3			from line 5. Enter here	and in I	Part I,		
4a Additional section 263A costs				line 2			7	
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes No
b Other costs (attach schedule)				property produced or a	cquired	I for resale) apply to		
5 Total. Add lines 1 through 4b	5			the organization?				
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Per	sonal Property L	ease	d With Real Prop	erty	·)
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued				O(a) Daductions discould		aka da shika ka ba a sa a ba
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	` ' of rent for	personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) ar	conne nd 2(b)	(attach schedule)
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)				0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	instru	ctions)				
			2	2. Gross income from or allocable to debt-	(0)	3. Deductions directly cont to debt-finance		perty
1. Description of debt-fi	nanced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)								
(2)								
(3)								
(4)								
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	e adjusted basis allocable to inced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%			+	
(2)				%				
(3)				%				
(4)				%				
						inter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Totals				.		0		0.
Total dividends-received deductions in							\top	0.

Form **990-T** (2019)

Schedule F - Interest,					Controlled O					struction	
1. Name of controlled organiz	zation	2. Emidentific	cation	3. Net unr	elated income instructions)	4. Total of specified payments made		5. Part of column 4 included in the cont organization's gross		rolling	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Orga	nizations	ı		1							
7. Taxable Income		unrelated incom see instructions		9. Total	of specified payr made	nents	10. Part of colu in the controlli gross	mn 9 tha ing orgar s income	nization's	11 . Dowit	eductions directly connected th income in column 10
(1)											
(2)											
(3)											
(4)											
	•						Add colun Enter here and line 8, o		e 1, Part I,		ndd columns 6 and 11. here and on page 1, Part I, line 8, column (B).
Totals									0.		0
Schedule G - Investm	ent Incor	me of a S	Section	501(c)(7), (9), or (17) Org	ganization				
(see ins	structions)				Γ		0		Т		T =
1. De	scription of inco	ome			2. Amount of	income	 Deduction directly connected (attach sched 	cted	4. Set-	asides schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)							(attach sched	iuie)			(coi. 3 pius coi. 4)
(2)											
(3)											
(4)											
(4)					Enter here and	on page 1					Enter here and on page
					Part I, line 9, co						Part I, line 9, column (B).
Totals				>		0.					0
Schedule I - Exploited (see inst	d Exempt tructions)	Activity	Incom	e, Other	Than Adv	ertisin/	g Income				
·			n -		4. Net incon	ne (loss)					7 -
1. Description of exploited activity	unrelated	Gross d business ne from business	directly with pr of un	oduction related ss income	from unrelated business (co minus colum gain, comput through	trade or olumn 2 n 3). If a e cols. 5	 Gross inco from activity is not unrelate business inco 	hat ed	attribu	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(1) (2) (3)											
(3)											
(4)											
	page 1	ere and on 1, Part I, , col. (A).	page	ere and on 1, Part I, , col. (B).							Enter here and on page 1, Part II, line 25.
	>	0.		0.							0
Schedule J - Advertis											
Part I Income From	Periodio	als Repo	orted o	n a Cons	solidated	Basis					
1. Name of periodical		2. Gross advertising income	adv	3. Direct vertising costs	or (loss) (c col. 3). If a g	tising gain ol. 2 minus ain, comput nrough 7.	5. Circula e income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)											
(1) (2) (3)											
(3)											
(4)											
Totals (carry to Part II, line (5))	•		0.	C							0

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 . Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form **990-T** (2019)

FORM 990-T	OTHER	INCOME	STATEMENT 1
DESCRIPTION			AMOUNT
MANAGEMENT FEE			120,239.
TOTAL TO FORM 990-T, PAGE	1, LINE 12		120,239.
FORM 990-T	OTHER	DEDUCTIONS	STATEMENT 2
DESCRIPTION			AMOUNT
OFFICE EXPENSE			19,870.
TOTAL TO FORM 990-T, PAGE	1, LINE 27		19,870.

NAME OF FOREIGN COUNTRY IN WHICH

ORGANIZATION HAS FINANCIAL INTEREST

NAME OF COUNTRY

INDIA
INDONESIA
BANGLADESH
PERU
KENYA
PHILIPPINES
ETHIOPIA

FORM 990-T

STATEMENT 3