990 Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2022 Open to Public Inspection

Department of the Treasury Internal Revenue Service

A	For the 2022 c	alendar year, or tax year beginning		, and ending									
В	Check if applicable:	C Name of organization					D	Employer	identification number				
	Address change	THE WATER PR	OJECT,	INC.									
\equiv	Name change	Doing business as						26-1	455510				
\equiv	•	Number and street (or P.O. box if mail is not delivered to street address) 17 DEPOT ST, 2ND FLOOR Room/suite E Telephone number 603-369-3858											
-	Initial return						 	603-	369-3858				
	Final return/ terminated	City or town, state or province, country, and ZIP or foreign	•										
\Box	Amended return		i 0330:	1				Gross rece	eipts \$ 7,283,199				
님		F Name and address of principal officer:					H(a) Is this a group	return for su	ibordinates? Yes X No				
Ш	Application pending	R. PETER CHASSE					- ,		H., H.,				
		17 DEPOT ST, 2ND FLOO					H(b) Are all subord						
		CONCORD	NH	03301			If "No," at	ttach a list. S	See instructions				
1	Tax-exempt status:	X 501(c)(3) 501(c) () (insert r		4947(a)(1) or	527								
J	Website: H	TTPS://THEWATERPROJECT	ORG_				H(c) Group exemp						
ĸ	Form of organization:	X Corporation Trust Association	Other			L Ye	ar of formation: 20	07	M State of legal domicile: NH				
F	Part I Su	mmary											
	1 Briefly de	scribe the organization's mission or most signif	icant activ	ities:									
ø		Schedule O											
auc													
Governance													
š	2 Check th	s box if the organization discontinued its	operations	or disposed of mo	re than 2	5% of	its net assets.						
დ დ	3 Number	of voting members of the governing body (Part						3	8				
		of independent voting members of the governing							7				
ij		nber of individuals employed in calendar year 2							20				
Activities	1				1 - 1	69							
⋖		elated business revenue from Part VIII, column	(C). line 1	2				7a	0				
	1	ated business taxable income from Form 990-			7b	0							
	, , , , , , , , , , , , , , , , , , ,		Ĺ	Prior Year		Current Year							
<u>o</u>	8 Contribut	ons and grants (Part VIII, line 1h)				L	7,230	,041	7,158,657				
Revenue	9 Program	(D. () (III. I' 0)							0				
eve	10 Investme	nt income (Part VIII, column (A), lines 3, 4, and						,453	32,577				
œ	11 Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c,						,748	150				
		enue – add lines 8 through 11 (must equal Part					7,242	,242	7,191,384				
	13 Grants a	nd similar amounts paid (Part IX, column (A), li	nes 1–3)				2,606	,065	3,417,064				
	1	paid to or for members (Part IX, column (A), lin	- 41			1			0				
G	15 Colorino	other compensation, employee benefits (Part I	1,488	,893	2,165,563								
sesued	16a Professio	nal fundraising fees (Part IX, column (A), line				П			31,352				
per	b Total fun	draising expenses (Part IX, column (D), line 25		846,9	75								
ŭ		penses (Part IX, column (A), lines 11a–11d, 11					537	,383	951,487				
		enses. Add lines 13–17 (must equal Part IX, co					4,632	,341	6,565,466				
	1	less expenses. Subtract line 18 from line 12				···	2,609	,901	625,918				
ъ							Beginning of Curre		End of Year				
Net Assets or	20 Total ass	ets (Part X, line 16)				L	8,538		9,028,293				
Ass	21 Total liab	ilities (Part X, line 26)				L	88	,522	204,026				
훌	22 Net asse	ts or fund balances. Subtract line 21 from line 2	20				8,450	,267	8,824,267				
THE STREET		gnature Block											
	Inder penalties of	perjury, I declare that I have examined this return, in	ncluding ac	companying schedu	les and sta	atement	ts, and to the best	of my kno	wledge and belief, it is				
t	rue, correct, and c	omplete. Declaration of preparer (other than officer	is based o	n all information of v	hich prep	arer ha	s any knowledge.		. / i				
	1	Petrol (cs						6	0/6/23				
Si	gn Signature	of officer						Date	/ '				
		PETER CHASSE		PRE	SIDE	T							
		rint name and title											
	Print/Typ	e preparer's name	reparer's sign:	ature 1			Date	Check	if PTIN				
Pa	id _{Jenni:}	Fer Webb, CPA	111				06/06/	23 self-em	ployed P01714019				
Pr	eparer Firm's na	Herrian C Dame	P V				Firr	m's EIN	02-0428003				
Us	e Only	62 Stark Street	•										
	Firm's ac	Manchachan XII	0310	1-1970			Pho	one no.	603-669-5477				
Ma		s this return with the preparer shown above? S							Yes No				

Pa	rt III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	ee Schedule O	
	·	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program	
3	comisso?	Yes X No
	If "Yes," describe these changes on Schedule O.	,
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
	0 100 000	
4a	(Code:) (Expenses \$ 3,436,976 including grants of \$ 2,175,672) (Revenue \$	S)
2	ee Schedule O	
	·	
	·	
	(Code:) (Expenses \$ 1,244,664 including grants of \$ 917,359) (Revenue	
S	See Schedule O	
	(Code:) (Expenses \$ 545,756 including grants of \$ 324,033) (Revenue See Schedule O	\$)
40	Other program services (Describe on Schedule O.)	
	(Expenses \$ 99,423 including grants of \$) (Revenue \$)
	Total program service expenses 5,326,819	

Checklist of Required Schedules No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X 1 complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 X assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III 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 X debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments X or in quasi endowments? If "Yes," complete Schedule D, Part V 10 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X 11a complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 X 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **b** 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 X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X 15 for any 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 16 X 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Part VIII, lines 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? 19 X If "Yes," complete Schedule G, Part III X 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b 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 X

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Checklist of Required Schedules (continued)		Vec	No
Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		168	140
Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
organization's current and former officers, directors, trustees, key employees, and highest compensated			
employees? If "Yes," complete Schedule J	23	X	
\$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			X
	24b		
	04-		
	240		
	252		x
	23a		
	25h		х
	200		
	26		х
	27		X
A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
"Yes," complete Schedule L, Part IV	28a		X
A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
"Yes," complete Schedule L, Part IV		77	X
	29	_ A	-
	20		x
		-	X
	31	_	- 22
	32		x
	33	х	
	-		†
	34		x
Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	35b		
	36		X
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
art V Statements Regarding Other IRS Filings and Tax Compliance			X
Check if Schedule O contains a response or note to any line in this Part V			
1.145		Yes	No
Enter the number reported in box 5 of 1 of the 1000s. Enter 5 is not approach.	\dashv		
Effet the humber of Forms W-2G included on line 18. Effet 40 in Not applicable			
	1.0		
reportable gaming (gambling) winnings to prize winners?			0 (2022)
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 // "Yes," complete Schedule /, Parts I and III Did the organization answer "Yes" to Part VII, Section A. line 3.4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A. line 3.4, or 5 about compensation of the organization around and the part of the	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), tine 27 II "Yes." complete Schedule (, Parts I and II) 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or \$ about compensation of the organizations current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule V, I is section A, line 3, 4, or \$ about compensation of 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 240 through 24d and complete Schedule V, If "Yes," or lone 725. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d. Did the organization maintain an escreav account other than a refunding escorety at any time during the year? 24d. Did the organization an atias an "in the share of "issuer for bonds outstanding at any time during the year? 24d. Section 59f(c)(3), 50f(c)(4), and 50f(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction what outer protected on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the ransaction has not been reported on any of the organization with a disqualified person in a prior year, and that the ransaction has not been reported on any of the organization with the organization with the organization complete schedule L, Part II and the organization report any of messes persons? If "Yes," complete Schedule L, Part II and the organization provide a grant of order assistance to any quarrent of fromer off	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. column (A), line 27 if "Yes" complete Schedule (, Parts I and I) 22 Debt the organization assert "Yes" for Part IX. Section, 18 in 23, 4 or \$5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees Part ("Per", complete Schedule (, Parts I and I) 23 IX. Debt the organization have a tax exempt bond issue with an outstanding principal amount of more than \$150,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes", answer lines 24b 24b 25b 24d shrough 24d and complete Schedule K. If Yes, 'go to line 25s 24d shrough 24d and complete Schedule K. If Yes, 'go to line 25s 24d shrough 24d and complete Schedule K. If Yes, 'go to line 25s 25d 24d shrough 24d and complete Schedule K. If Yes, 'go to line 25s 25d 24d shrough 24d and complete Schedule K. If Yes, 'go to line 25s 25d 24d shrough 24d and yes are successed and the second and yes are successed and yes are s

(10000000000000000000000000000000000000	rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ed)			Yes	No
	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	20			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b_	X	
3a				20		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth					
	a financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)	?	4a	X	
b	If "Yes," enter the name of the foreign country Kenya					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acce	ounts ((FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	າ?		5b		Х
С	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					
	• • • • • • • • • • • • • • • • • • • •			6a_		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo	ds				77
						X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			_	177	
	required to file Form 8282?	1			X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				v
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit control					X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract					X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form					X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			8		
9	Sponsoring organizations maintaining donor advised funds.			9a		
а					<u> </u>	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?					
10	Section 501(c)(7) organizations. Enter:	10a				
a	Initiation fees and capital contributions included on Part VIII, line 12	10b				
b		100				
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a	1			
a	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources	1				
b		11b				
12a	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 7			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1			
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 organization is licensed to issue qualified health plans	13b	,			
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule of	o				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerate					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	come?		16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activiti				1	
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?					
	If "Yes," complete Form 6069.					

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

X	

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8			
	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.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	the second secon			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		X
5	The second secon			_		X
6	District the state of the state			6		X
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		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the f	ollowing:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	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			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	rnal R	evenue	Code.)		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	ne form	?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	o confli	cts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
·	describe on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			1 40	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	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?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
_	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, AZ, CA, CO, CT, DC,	Œ,FI	GA,H	I,IA,ID		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (sec	tion 501	(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X Another's website X Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of intere	st policy	' ,			
. •	and financial statements available to the public during the tax year.	•				
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s				
	. PETER CHASSE 17 DEPOT ST, 2ND FLOOR					
	ONCORD NH 033	01		603-36	9-3	3858

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

C C C C C C C C	Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.													
Comparison Com		Average hours per week	off	k, unle	Posi heck i ss pei nd a di	ition more t rson is irector	s both truste	an e)	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation			
SOLO		hours for related organizations below	ndividual trustee or director	nstitutional trustee	Officer	ormer ghest compensated nployee sy employee		-ormer	1099-MISC/	1099-MISC/	organization and			
PRESIDENT	(1)R. PETER CHASSE													
CHAIRMAN					X				166,001	0	27,531			
CHAIRMAN	(2) TODD BOURGEOIS													
Color			v		v				0	0	0			
DIRECTOR/TREASURER		0.00	^		^									
DIRECTOR/TREASURER	(5) AMI TAKOALIA	0.50	3											
DIRECTOR/SECRETARY	DIRECTOR/TREASURER		X		X				0	0	0			
DIRECTOR/SECRETARY	(4) DAVID SACRA													
Color		1								0	_			
DIRECTOR		0.00	X		X				<u> </u>	U	0			
DIRECTOR	(5) ADAM CHACE	0.50												
O	DIBECTOR		x						0	0	0			
DIRECTOR 0.50		0.00												
O		0.50				İ								
DIRECTOR 0.00 X 0 0 0 0 0 0 0 0	DIRECTOR	0.00	X						0	0	0			
DIRECTOR 0.00 X 0 0 0 0	(7) JEANNE MCKINLEY													
O											_			
DIRECTOR		0.00	X	-			-		0	U	0			
DIRECTOR 0.00 X 0 0 0 0	(8) RONALD WAMALA	0.50												
(9) STAN PATYRAK 50.00 EXECUTIVE VP 0.00 X 164,333 0 27,490 (10) THERESA CRICK 50.00 SR DIR- PHILANTHROPY 0.00 X 114,260 0 12,401 (11) DANIEL KIM 50.00 DIR OF FINANCE/OPS 0.00 X 113,107 0 24,753	DIRECTOR		x						0	0	0			
SR DIR- PHILANTHROPY 0.00 X 114,260 0 12,401														
SR DIR- PHILANTHROPY	(0, 0 ====)	50.00			ļ									
SR DIR- PHILANTHROPY 0.00 X 114,260 0 12,401		0.00				<u> </u>	X		164,333	0	27,490			
SR DIR- PHILANTHROPY 0.00 X 114,260 0 12,401 (11) DANIEL KIM 50.00 X 113,107 0 24,753	(10) THERESA CRICK													
(11) DANIEL KIM 50.00 DIR OF FINANCE/OPS 0.00 X 113,107 0 24,753		1					v		11/ 260	_	12 401			
DIR OF FINANCE/OPS 0.00 X 113,107 0 24,753		0.00	-	-	-	1	^	-	114,200		12,101			
DIR OF FINANCE/OPS 0.00 X 113,107 0 24,753	(II)DANTED KIM	50.00												
	DIR OF FINANCE/OPS	1					X		113,107	0				

Par	t VII Section A. Officers	, Directors, Trus	stees	s, Ke	y En	ıplo	yees	s, a	and Highest Compensated	Employees (continued)	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below	bo	x, unle	Posicheck in the contract of t	tion nore son i	s both	an ee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		dotted line)	o o	tee			sated				
(12) CHRISTOPHER C	ARVACHE 40.00									
FUL	L STACK DEVELOPER	0.00					x		105,254	0	24,214
	Subtotal Total from continuation she									5	116,389
	Total (add lines 1b and 1c) Total number of individuals (in- reportable compensation from	cluding but not lir	nited						662,955		116,389
3 4 5	Did the organization list any fo employee on line 1a? <i>If</i> "Yes," For any individual listed on line organization and related organindividual Did any person listed on line 1 for services rendered to the organization and control of the organization and control of the organization line 1 for services rendered to the organization and control of the organization line 1 for services rendered to the organization line 1 for services rendered to the organization list any fo	complete Sched e 1a, is the sum of nizations greater to a receive or accr ganization? If "Yo	ule J of rep han ue co	for sortal \$150 	such ble co 0,000 ensat	indivomp ? If	vidua ensa "Yes, from	lition," c	n and other compensation from the state of the such the state of the such the state of the state	om the dividual	4 X
Section 1	ion B. Independent Contractor Complete this table for your five	re highest compe	nsat	ed in	depe	nde	nt co	ntr	actors that received more that	an \$100,000 of	
	compensation from the organic	(A) d business address	mpe	nsau	1011 10	or trie	Cale	T	Descri	(B) iption of services	(C) Compensation
	M OLIVER LLENSTOWN	NI	I (32	275	27	MO	NF	ROE AVE CONTRACTOR		243,175
2	Total number of independent or received more than \$100,000	contractors (inclu	ding	but i	not lir	niteo	d to t	hos	se listed above) who	1	

Par	t VII	Stateme Check if	n t of Sche	Revenue dule O conta	ins a	respons	se or note	to any l	ine in thi	s Part VIII						
						1			(A) revenue	(B) Related or e	xempt	(C) Unrela	ited	Reve	(D) enue excl	luded
										function rev	renue	business r	revenue		m tax un tions 512	
at st		Federated campa			1a											
E a		Membership dues			1b											
Am Am	С	Fundraising even	ts		1c											
틸림	d	Related organizat	ions		1d											
n, Si		Government grants (con			1e											
utio		All other contributions, g and similar amounts not			1f	7,	158,657									
Contributions, Gifts, Grants and Other Similar Amounts	•	Noncash contributions in lines 1a-1f			1g	s 1.	535,461									
and Co		Total. Add lines 1		=					L58,657							
							Business Code									
<u>ب</u>	2a									ļ						
<u>و</u> چَ	b															
n Si	С															
Program Service Revenue	d													-		
Pr	е													 	-	
		All other program														
\dashv		Total. Add lines 2 Investment incom													<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
		other similar amo							43,240						43	3,240
		Income from inve			ond r	proceeds			•							
	5	Royalties														
				(i) Real			Personal									
	6a	Gross rents	6a													
	b	Less: rental expenses	6b]								
	С	Rental inc. or (loss)	6с													
		Net rental income	e or (lo	ss)												
	/a	Gross amount from sales of assets (i) Securities) Other										
		other than inventory	7a	81,	152	!										
e l	b	Less: cost or other														
Ver		basis and sales exps.	7b		815											
ag		Gain or (loss)	7c	-10,					-10,663	2					<u>-1</u>	0,663
Other Revenue		Net gain or (loss)			· · · · · ·	T			-10,000							,,000
ŏ	ъа	Gross income from														
		(not including \$ of contributions rep		n line												
		1c). See Part IV, lir			8a											
	h	Less: direct expe			8b											
		Net income or (Id		om fundraising ev												
		Gross income from														
		activities. See Pa	_		9a											
	b	Less: direct expe	enses		9b											
	ı	Net income or (lo			ties											
	10a	Gross sales of ir														
		returns and allow			10a			-								
		Less: cost of goo			10b											
		Net income or (le	oss) tro	om sales of inver	ιτο ry .		Business Code									
Snc	112	OTHER INCO	ме				900099		150	0	150		***************************************		<u>unioniminimini</u>	
ane nue	11a b															
Miscellaneous Revenue	c															
Aisc Re	d	All other revenue													manganan a	
_		Total. Add lines	11a–1	1d	<u></u>				150							
	12	Total revenue.	See in	structions				7,	191,38	4	150		C)	32	2,577

Form 990 (2022)

Statement of Functional Expenses Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) Program service (C) Do not include amounts reported on lines 6b, 7b, Management and Total expenses 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and 3,417,064 3,417,064 foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 81,517 40,758 40,758 trustees, and key employees 163,033 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 121,783 419,520 1,545,245 1,003,942 Other salaries and wages Pension plan accruals and contributions (include 6,436 25,023 80,472 49,013 section 401(k) and 403(b) employer contributions) 76,396 149,877 19,647 245,920 Other employee benefits 80,527 13,234 37,132 130,893 Payroll taxes Fees for services (nonemployees): Management 10,970 21,605 10,635 Legal 5,822 13,630 38,352 18,900 Accounting 31,352 31,352 Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column 62,064 68 5,955 68,087 (A) amount, list line 11g expenses on Schedule O.) 3,117 357 7,936 11,410Advertising and promotion 12 206,211 718 52,992 259,921 Office expenses 13 21,305 2,464 38,616 62,385 Information technology Royalties 15 Occupancy 16 39,453 101,751 58,583 3,715 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 4,544 19,451 37,283 61,278 Depreciation, depletion, and amortization 12,107 2,662 14,769 Insurance 23 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 O.) 10 1,039 134,458 135,507 PAYMENT PROCESSING FEES 6,594 23,272 58,347 88,213 FACILITIES & EQUIPMENT 1,681 13,850 29,323 13,792 WEBSITE SERVICES 12,768 28,728 18,773 4,868 1,137 TELEPHONE & INTERNET 6,816 40,113 4,569 e All other expenses 391,672 846,975 5,326,819 6,565,466 Total functional expenses. Add lines 1 through 24e 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)

26-1455510 Page **11** THE WATER PROJECT, INC. Form 990 (2022) **Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 498,689 266,951 Cash—non-interest-bearing 3,867,269 5,416,918 Savings and temporary cash investments 2 215,225 479,288 3 Pledges and grants receivable, net 3 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 29,232 23,808 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 1,499,956 basis. Complete Part VI of Schedule D 10a 1,353,522 146,434 379,029 **b** Less: accumulated depreciation 10b 1,999,696 2,928,920 Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 108,535 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 8,538,789 9,028,293 Total assets. Add lines 1 through 15 (must equal line 33) 16 16 88,522 119,327 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 84,699 of Schedule D 88,522 204,026 Total liabilities. Add lines 17 through 25. Organizations that follow FASB ASC 958, check here **Net Assets or Fund Balances** and complete lines 27, 28, 32, and 33. 8,298,732 8,479,960 Net assets without donor restrictions

9,028,293 Form **990** (2022)

8,824,267

344,307

151,535

8,450,267

8,538,789

30

31

32

30

31

Net assets with donor restrictions

and complete lines 29 through 33.

Organizations that do not follow FASB ASC 958, check here

Total liabilities and net assets/fund balances

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

orm	990 (2022) THE WATER PROJECT, INC. 26-1455510			Page 12
Pa	rt XI 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		91,384
2	Total expenses (must equal Part IX, column (A), line 25)	2		55,466
3	Revenue less expenses. Subtract line 2 from line 1	3		25,918
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		50,267
5	Net unrealized gains (losses) on investments	5	-25	51,918
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		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	10	8,82	24,267
Рa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		 	····-
				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 on			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>
	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	X
	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	X
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	manufactured and the provide and provide an explain why an explanation of the control of the con		3b	I I

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Part I

Department of the Treasury

THE WATER PROJECT, INC.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

Employer identification number 26-1455510

1		A church, conv	vention of churches, or assoc	ciation of churches described in	section 17	70(b)(1)(A	۸)(i).							
2		A school desc	ribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 9	990).)									
3		A hospital or a	cooperative hospital service	organization described in secti	on 170(b)	(1)(A)(iii).								
4		A medical rese	earch organization operated i	in conjunction with a hospital de:	scribed in	section 1	70(b)(1)(A)(iii). Enter the hospi	tal's name,						
		city, and state	•											
5	П			a college or university owned or										
		-	o)(1)(A)(iv). (Complete Part II											
6				vernmental unit described in sec	tion 170(I	o)(1)(A)(v).							
7	X	An organization		ubstantial part of its support from										
8		A community	trust described in section 17	'0(b)(1)(A)(vi). (Complete Part II	l.)									
9	П	•		ribed in section 170(b)(1)(A)(ix		in conjun	ction with a land-grant college							
		or university o university:	r a non-land-grant college of	agriculture (see instructions). E	nter the na	me, city, a	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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)												
11	П			clusively to test for public safety			a)(4).							
12	Н			clusively for the benefit of, to pe				of						
		one or more p	publicly supported organization	ns described in section 509(a)((1) or sect	ion 509(a)(2). See section 509(a)(3). C	heck						
		the box on line	es 12a through 12d that desc	ribes the type of supporting orga	anization a	nd comple	ete lines 12e, 12f, and 12g.							
	а	the suppo	orted organization(s) the power	rated, supervised, or controlled beer to regularly appoint or elect a	majority of	orted orga the direc	nization(s), typically by giving tors or trustees of the							
				mplete Part IV, Sections A an			d arganization(a) by baying							
	b	control or	supporting organization sup management of the supporti ion(s). You must complete l	ervised or controlled in connecti ng organization vested in the sa Part IV. Sections A and C	me persor	supported is that cor	itrol or manage the supported							
	_			upporting organization operated	in connect	ion with a	and functionally integrated with.							
	С.	its suppor	ted organization(s) (see instr	ructions). You must complete l	Part IV, Se	ctions A	D, and E.	.						
	d	that is not	t functionally integrated. The	. A supporting organization oper organization generally must sati- ust complete Part IV, Section	sfy a distril	oution req	uirement and an attentiveness)						
	е	Check thi	s box if the organization rece	ived a written determination fror- functionally integrated supportin	n the IRS t	hat it is a								
	f	Enter the num	nber of supported organizatio	ns										
	g	Provide the fo	llowing information about the	e supported organization(s).										
(ne of supported rganization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you docu	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)						
					Yes	NO								
(A)														
(B)	+													
(C))													
(D))													
(E)														
,-,														
Tot														
For	Pape	rwork Reductio	n Act Notice, see the Instructi	ions for Form 990 or 990-EZ.			:	Schedule A (Form 990) 2022						

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.)

Sect	ion A. Public Support	y					
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, , , , , , , , , , , , , , , , , , , ,					
	membership fees received. (Do not	0 000 501	2 066 024	E 400 013	7 220 041	7 150 657	25,955,566
	include any "unusual grants.")	2,899,721	3,266,234	5,400,913	7,230,041	7,158,657	25,955,566
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	2,899,721	3,266,234	5,400,913	7,230,041	7,158,657	25,955,566
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)						2,783,202
6	Public support. Subtract line 5 from line 4						23,172,364
	tion B. Total Support	1 () 2010	420040	(-) 0000	(4) 2024	(a) 2022	(f) Total
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	2,899,721	3,266,234	5,400,913	7,230,041	7,158,657	25,955,566
8	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from				10.453	42.040	140 106
	similar sources	22,996	39,515	23,992	10,453	43,240	140,196
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				1,748	150	1,898
	(Explain in Part VI.)				1,740	155	26,097,660
11	Total support. Add lines 7 through 10	(aga instructions)				12	1,898
12	Gross receipts from related activities, etc. (First 5 years. If the Form 990 is for the org		cond third fourth	or fifth tax year as	a section 501(c)(3)		
13	organization, check this box and stop here						
Sec	tion C. Computation of Public Su	ipport Percent					
14	Public support percentage for 2022 (line 6,			(f))		14	88.79%
15	Public support percentage from 2021 Sche						87.71%
	33 1/3% support test—2022. If the organ			3. and line 14 is 33	1/3% or more, che	ck this	
104	box and stop here. The organization quali						X
b	33 1/3% support test—2021. If the organ	ization did not chec	k a box on line 13	or 16a, and line 15	is 33 1/3% or more	e, check	
	this box and stop here . The organization of						
17a	10%-facts-and-circumstances test—20	22. If the organizati	on did not check a	box on line 13, 16a	, or 16b, and line 1	4 is	
	10% or more, and if the organization meets						
	Part VI how the organization meets the fac						
	organization						
b	10%-facts-and-circumstances test—20	21. If the organizati	on did not check a	box on line 13, 16a	1, 16b, or 1/a, and	line	
	15 is 10% or more, and if the organization	meets the facts-an	g-circumstances te	SI, CHECK THIS DOX 8	and stop nere. Exp	riaii I rtod	
	in Part VI how the organization meets the f						
	organization		- II 40 40- 40-	170 or 17h obsel	this boy and see		L
18	Private foundation. If the organization did						Γ
	instructions						

Schedule A (Form 990) 2022 Part III Support 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.)

Sect	tion A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid 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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the or	ganization's first, se	econd, third, fourth,	or fifth tax year as	a section 501(c)(3	3)	
	organization, check this box and stop here						<u></u>
Sec	ction C. Computation of Public S						
15	Public support percentage for 2022 (line 8					1	
16	Public support percentage from 2021 Sche					16	%
	ction D. Computation of Investme			anlumas (A)		17	%
17	Investment income percentage for 2022 (I						
18	Investment income percentage from 2021	Schedule A, Part I	ii, iine 1/	14 and line 15 is n	nore than 33 1/20/		
19a	33 1/3% support tests—2022. If the orga	inization did not che	The organization at	irit, and ime to is it ialifies as a publish	rore man 33 1/3/0	, and line zation	
1.	17 is not more than 33 1/3%, check this bo 33 1/3% support tests—2021. If the orga						
b	line 18 is not more than 33 1/3%, check th	inization did Not Chi	ore. The organization	n qualifies as a nul	blick supported or	ganization	
20	Private foundation. If the organization did	is not check a hovid	on line 14 19a or 1	9b. check this box	and see instruction	ns	
20	r rivate roundation. If the organization did	a not one on a box t	mio 17, 10a, 01 1	, 555K till5 55X			

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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		
5c		
6		
7 8		
9a		
9b		
9c		
10a		

Par	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 on lines 11b and	
-	11c below, the governing body of a supported organization?	11a
b	A family member of a person described on line 11a above?	11b
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	
•	provide detail in Part VI .	11c
Secti	on B. Type I Supporting Organizations	
3001.	on Britypo reappointing organizations	Yes No
4	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	
1	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	
	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 officers, directors, or trustees were allocated among the	1
^	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2
C 41	supervised, or controlled the supporting organization.	4
secti	on C. Type II Supporting Organizations	Yes No
		Tes 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	1
<u> </u>	the supported organization(s).	
Sect	ion D. All Type III Supporting Organizations	Van Na
		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 on line 2, above, 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
Sect	ion E. Type III Functionally Integrated Supporting Organizations	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	
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 governmental entity (see instru	
2	Activities Test. Answer lines 2a and 2b 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		
	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 lines 3a and 3b below.	
а	The state of the state of the state of the officers directors or	
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a
b	and the state of t	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b

Schedu	le A (Form 990) 2022 THE WATER PROJECT, INC.		26-1455	510 Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizati	ons	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 2	20, 197	0 (explain in Part VI). See	
	instructions. All other Type III non-functionally integrated supporting organizations must c	omplet	e Sections 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	1		
	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):			
a	Average monthly value of securities	1a		
t	Average monthly cash balances	1b		
-	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-functionally integrated Type	pe III s	upporting organization	
	(see instructions).			

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (ii) (iii) (i) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 **a** From 2017 **b** From 2018 **c** From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D. line 7: a Applied to underdistributions of prior years **b** Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2018 **b** Excess from 2019 ... c Excess from 2020 d Excess from 2021 e Excess from 2022

26-1455510 THE WATER PROJECT, INC. Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI 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.) Part II, Line 10 - Other Income Detail 1,898 OTHER INCOME

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Employer identification number Name of the organization 26-1455510 THE WATER PROJECT, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year _____ Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Assets included in Form 990, Part X.

following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

Sched	ule D (Form 990) 2022 THE WATE		NC		<u> 26-14</u>				Page 2
	t III Organizations Maintainin	g Collections of A	rt, Historical Tre	asures, or	Other S	Similar Ass	ets (c	ontinue	d)
3	Using the organization's acquisition, accessi collection items (check all that apply):								
а	Public exhibition	d Lo	an or exchange progr	am					
b	Scholarly research	e 🗌 Ot	her						
С	Preservation for future generations		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
4	Provide a description of the organization's co	ollections and explain hov	v they further the orga	nization's exe	mpt purpo	se in Part			
	XIII.								
5	During the year, did the organization solicit of	or receive donations of art	t, historical treasures,	or other simil	ar				
	assets to be sold to raise funds rather than t							Yes	No
Pa	rt IV Escrow and Custodial Ar								
	Complete if the organization 990, Part X, line 21.	on answered "Yes" o	on Form 990, Part	t IV, line 9,	or repor	ted an amo	unt or	Form	
1a	Is the organization an agent, trustee, custod	ian or other intermediary						Yes	No
h	If "Yes," explain the arrangement in Part XIII								
ь	ii Tes, explain the arrangement in Fact XIII	and complete the following	ng table.					Amount	
_	Paginning halanga					1c			
						4.1			
	Additions during the year					40			
	Distributions during the year					46			
T 0-	Ending balance Did the organization include an amount on F	Corm 000 Part V line 21	for accrow or custodi	al account lial	hility?			Yes	No
	If "Yes," explain the arrangement in Part XIII								· -
		i. Check here ii the explai	nation has been provide	ueu on rant A					
Fa	rt V Endowment Funds. Complete if the organization	on answered "Ves" o	n Form 990 Par	f I\/ line 1()				
	Complete if the organization	(a) Current year	(b) Prior year	(c) Two year		(d) Three years	back	(e) Four	years back
_			2,000,000	(c) (wo year	3 Daok	(a) Three years	Buok	(0)	,
	Beginning of year balance	1,999,696	2,000,000	2 00	0,000				
	Contributions			2,00	0,000				
	Net investment earnings, gains, and losses	-240,200	-304						
	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance	1,759,496	1,999,696		0,000				
2 a	Provide the estimated percentage of the cur Board designated or quasi-endowment	rrent year end balance (lii 100.00 %	ne 1g, column (a)) hel	d as:					
b	Permanent endowment %	6							
	Term endowment %								
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.							
3a	Are there endowment funds not in the poss		n that are held and adi	ministered for	the			_	
-	organization by:	J							Yes No
	(i) Unrelated organizations							3a(i)	X
								3a(ii)	X
h	If "Yes" on line 3a(ii), are the related organizations	zations listed as required	on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the								
THE PERSON NAMED IN COLUMN 1	art VI Land, Buildings, and Eq Complete if the organizati	uipment.		t IV. line 1	1a. See	Form 990. F	Part X	line 10	
	Description of property	(a) Cost or other ba				ccumulated	T	(d) Book v	
	Description of property	(investment)	(othe			preciation			
	Land								
	Land		a	48,727		40,184	1	90	8,543
	Buildings	i e		-0, .2 /			1		
	Leasehold improvements		2	80,840		54,665	5	32	26,175
	Equipment			70,389		51,585			8,804
	Other						1		3,522
Tota	I. Add lines 1a through 1e. (Column (d) must	t edual Form 990. Part X.	columni (b), line TUC.)					-, -,	,

ents – Other Securities. e if the organization answered "Yes" on Description of security or category (including name of security) rests wal Form 990, Part X, col. (B) line 12.) ents – Program Related. e if the organization answered "Yes" on (a) Description of investment	(b) Book value	(c) Method of value Cost or end-of-year ma	X, line 13.
Description of security or category (including name of security) rests wal Form 990, Part X, col. (B) line 12.) ents — Program Related. e if the organization answered "Yes" on	(b) Book value	, line 11c. See Form 990, Part (c) Method of value Cost or end-of-year ma (c) Method of value	X, line 13.
(including name of security) rests wal Form 990, Part X, col. (B) line 12.) rents — Program Related. e if the organization answered "Yes" on	Form 990, Part IV	Cost or end-of-year ma	X, line 13.
rests wal Form 990, Part X, col. (B) line 12.) ents – Program Related. e if the organization answered "Yes" on		, line 11c. See Form 990, Part	X, line 13.
ual Form 990, Part X, col. (B) line 12.) ents – Program Related. e if the organization answered "Yes" on		(c) Method of valu	uation:
ual Form 990, Part X, col. (B) line 12.) ents – Program Related. e if the organization answered "Yes" on		(c) Method of valu	uation:
ual Form 990, Part X, col. (B) line 12.) ents – Program Related. e if the organization answered "Yes" on		(c) Method of valu	uation:
ual Form 990, Part X, col. (B) line 12.) ents – Program Related. e if the organization answered "Yes" on		(c) Method of valu	uation:
ual Form 990, Part X, col. (B) line 12.) ents – Program Related. e if the organization answered "Yes" on		(c) Method of valu	uation:
ual Form 990, Part X, col. (B) line 12.) ents – Program Related. e if the organization answered "Yes" on		(c) Method of valu	uation:
ual Form 990, Part X, col. (B) line 12.) ents – Program Related. e if the organization answered "Yes" on		(c) Method of valu	uation:
ual Form 990, Part X, col. (B) line 12.) ents – Program Related. e if the organization answered "Yes" on		(c) Method of valu	uation:
ual Form 990, Part X, col. (B) line 12.) ents – Program Related. e if the organization answered "Yes" on		(c) Method of valu	uation:
ual Form 990, Part X, col. (B) line 12.) ents – Program Related. e if the organization answered "Yes" on		(c) Method of valu	uation:
ents – Program Related. e if the organization answered "Yes" on		(c) Method of valu	uation:
ents – Program Related. e if the organization answered "Yes" on		(c) Method of valu	uation:
e if the organization answered "Yes" on		(c) Method of valu	uation:
		(c) Method of valu	uation:
		Cost or end-of-year ma	arket value
gual Form 990, Part X, col. (B) line 13.)			
ssets.			
te if the organization answered "Yes" on	Form 990, Part IV	<u>, line 11d. See Form 990, Part</u>	X, line 15.
(a) Description			(b) Book value
iabilities.	F 000 Dort IV	/ line 11e er 11f See Form 00	0 Port V
te if the organization answered "Yes" on	Form 990, Part IV	, line The or Th. See Form 99	U, Part A,
(a) Description of liability			(b) Book value
s			04.60
JITY			84,699
qual Form 990, Part X, col. (B) line 25.)			84,699
1		Liabilities. Ite if the organization answered "Yes" on Form 990, Part IV (a) Description of liability Its	Liabilities. Ite if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 99 (a) Description of liability

Part XI Reconciliation of Revenue per Audited Financial S Complete if the organization answered "Yes" on Form		ie per Return.	
1 Total revenue, gains, and other support per audited financial statements		1	6,939,466
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a -2	251,918	
b Donated services and use of facilities			
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	-251,918
3 Subtract line 2e from line 1		_	7,191,384
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	7,191,384
Part XII Reconciliation of Expenses per Audited Financial	Statements With Expe	nses per Return.	
Complete if the organization answered "Yes" on Form 1 Total expenses and losses per audited financial statements		1	6,565,466
	2a		
a Donated services and use of facilities			
b Prior year adjustments c Other losses			
c Other losses d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1			6,565,466
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)			
		4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			6,565,466
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Part \	/, line 4; Part X, line	
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	rovide any additional information	ın.	
Part V, Line 4 - Intended Uses for Endo	wment Funds		
	ODC/MAMEDDDOMTS	בי דכ יישב	
THE WATER PROMISE (WWW.THEWATERPROJECT.	ORG/WATERPROMIS	E) 12 1UE	
ODCANTEAUTONIC COMMITTMENT TO SUSTAINART	T.TTV THROUGH ON	GOING MONITO	ORING.
ORGANIZATION'S COMMITMENT TO SUSTAINABI	HIII IIIKOOGII OI		
EVALUATION, TRAINING, SERVICE, MAINTENA	NCE, REPAIR, AN	D SUPPORT PI	ROGRAMS TO
EVALUATION, TRAINING, DERVICE, Particular		TT.T.T.T.T.T.T.T.	
COMMUNITIES AND SCHOOLS TO HELP ENSURE	SAFE, RELIABLE	WATER ACCES	SOVER
TIME.			
THE WATER PROJECT ESTABLISHED THE WATER	PROMISE ENDOWN	ENT AS A LAS	STING
THE WATER PROJECT EDIADITIONS THE WITER			
PARTNERSHIP BETWEEN PARTICIPATING DONOR	S, THE WATER PE	OJECT, AND	
COMMUNITIES IN NEED OF RELIABLE WATER.			
THE WATER PROMISE ENDOWMENT FUELS SUSTA	TNARTI.TTY DROCE	AMS AND BRT	NGS
THE WATER PROMISE ENDOWMENT FORMS SOSIA			

Part XIII Supplemental Information (continued)
SECURITY AND SCALE TO A 'CLEAN WATER IN PERPETUITY' VISION WITHIN EACH
COMMUNITY WE HAVE PARTNERED WITH, ARE CURRENTLY PARTNERING WITH, AND WILL
PARTNER WITH IN THE FUTURE.
·
·

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990.

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

2022

OMB No. 1545-0047

Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

THE WATER PROJECT, INC.

Employer identification number 26–1455510

Form	n 990, Part IV, line ´	14b			
1 For grantmake	ers. Does the organiza	tion maintain records to	substantiate the amount of its	grants and	
other assistance	e, the grantees' eligibil	ity for the grants or ass	istance, and the selection criter	ia used to	
					X Yes No
				of its grants and other assistance	
		the organization's proc	cedures for monitoring the use t	or its grants and other assistance	
outside the Unit	ed States.				
3 Activities per Re	egion. (The following F	Part I, line 3 table can be	e duplicated if additional space	is needed.)	
(a) Region	(b) Number	(c) Number of	(d) Activities conducted in the	(e) If activity listed in (d) is a program service,	(f) Total expenditures for
	of offices in the region	employees, agents, and	region (by type) (such as, fundraising, program services,	describe specific type of	and investments
		independent contractors	investments, grants to recipients located in the region)	service(s) in the region	in the region
		in the region	1		
SUB-SAHARAN	AFRICA - KEN	YA			0.455.650
(1)			PROGRAM PTNR SUPPO	ORT SEE PART V	2,175,672
SUB-SAHARAN	AFRICA - SIE	RRA LEONE			017 250
(2)			PROGRAM PTNR SUPPO	ORT SEE PART V	917,359
SUB-SAHARAN	AFRICA - UGF	NDA			204 022
(3)			PROGRAM PTNR SUPPO	ORT SEE PART V	324,033
MIDDLE EAST	AND NORTH A	1			01 770
(4)	1	1	PROGRAM SERVICES	SEE PART V	81,778
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(40)					
(13)					
(4.4)					
(14)					
(4E)					
(15)					
(16)					
(16)					
(17)					
3a Subtotal		1 1			3,498,842
b Total from continuation					
sheets to Part I					
c Totals (add					
lines 3a and 3b)		1 1			3,498,842
					= /= 000\ 0000

(i) Method of valuation (book, FMV, appraisal, other) CASH CASH CASH Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form of noncash assistance (h) Description 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed (g) Amount of noncash assistance disbursement (f) Manner of WIRED WIRED WIRED 324,033 2,175,672 917,359 26-1455510 (e) Amount of cash grant SUB-SAHARAN AFRICA - SIERRA LEONE SUB-SAHARAN AFRICA - UGANDA SUB-SAHARAN AFRICA - KENYA (q) Purpose of SEE PART V SEE PART V SEE PART V THE WATER PROJECT, (c) Region (b) IRS code section and EIN (if applicable) Schedule F (Form 990) 2022 (a) Name of organization Part II (2) 8 (4) <u>(2</u>) (9) 8 6

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

(E)

(12)

(10)

(4 4)

(15)

Schedule F (Form 990) 2022

m

THE WATER PROJECT, INC.

Schedule F (Form 990) 2022

Part III Grants and

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26-1455510

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.

Ine 16. Part III can be duplicated if additional space is freeded. (a) Type of grant or assistance (b) Region (c) Number of (d) Ar	(b) Region	(c) Number of	(d) Amount of	(e) Manner of	(f) Amount of	(g) Description	(h) Method of valuation
		recipients	cash grant	cash	noncash assistance	of noncash assistance	(book, FMV,
(1)							
(2)							
/-/							
(3)							
9							
(5)							
(9)							
(2)							
6							
(6)							
(10)							
(13)	,						
(11)							
(13)							
(15)							
(15)							
(16)							
(12)							
(18)							
						Schedule	Schedule F (Form 990) 2022

Schedule F (Form 990) 2022

Part V Supplemental Information

9710 06/06/2023 10:22 AM

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 - Procedures for Monitoring the Use of Grant Funds

THE WATER PROJECT, WITH OUR NETWORK TEAMS AND PARTNERS, CO-BUILDS WATER,

SANITATION, AND HYGIENE (WASH) PROGRAMS IN GEOGRAPHICALLY FOCUSED PROGRAM

AREAS. THE WATER PROJECT REQUIRES IN-COUNTRY PARTNERS TO SUBMIT FINANCIAL,

BOARD, LOCAL REGISTRATION, AND ORGANIZATIONAL DOCUMENTATION YEARLY.

ADDITIONALLY, PARTNERS ARE REQUIRED TO SUBMIT YEARLY PROPOSALS AND BUDGETS,

WHICH BOTH ORGANIZATIONS CLOSELY COLLABORATE ON.

THE WATER PROJECT IS PHYSICALLY PRESENT IN PROGRAM AREAS THROUGH REGIONAL OFFICES (SERVICE HUBS), REGULAR FIELD/PARTNER VISITS, AND UNANNOUNCED PROJECT SITE VISITS/AUDITS. ADDITIONALLY, REGULAR (NORMALLY WEEKLY) CALLS WITH EACH PARTNER FOCUS ON PROGRAM AND ORGANIZATIONAL PROGRESS AND CHALLENGES, ONGOING TRAINING, AND RESOURCING.

THE WATER PROJECT REQUIRES MULTIPLE, FORMAL REPORTING FOR EVERY WATER PROJECT. INITIAL ASSESSMENT DATA IS COLLECTED DURING PROGRAM/PROJECT DESIGN PROCESSES, WHICH IS VETTED BY THE WATER PROJECT PROGRAM STAFF. MID-TERM REPORTS AND EVALUATIONS ARE ALSO REQUIRED TO TRACK THE PROGRESS OF EVERY WATER PROJECT AND COMPARE OUTPUTS TO BUDGETED PLANS. END OF PROJECT COMPLETION REPORTS ARE SUBMITTED UPON INSTALLATION OF EVERY WATER PROJECT. EACH PHASE OF THE ABOVE REPORTING INCLUDES GPS COORDINATES, PHOTOGRAPHS, DESCRIPTION OF TRAININGS AND WATER PROJECT INSTALLATION, AND INTERVIEWS OF COMMUNITY MEMBERS BEING IMPACTED.

EACH PROGRAM HAS A MONITORING AND EVALUATION/OPERATIONS AND MAINTENANCE PROGRAM IN PLACE. REPORTING ON ONGOING MONITORING AND SUPPORT OF WATER

THE WATER PROJECT, Schedule F (Form 990) 2022

Part V **Supplemental Information**

9710 06/06/2023 10:22 AM

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.

PROJECTS IS ACTIVELY SHARED WITH THE WATER PROJECT. THE WATER PROJECT MAKES						
ALL PROJECT REPORTING VISIBLE TO EACH DONOR, ONLINE.						
Part I, Line 3 - Activities per Region						
Region	Ez	penditures	Invest	ments		
		2,175,672				
SUB-SAHARAN AFRICA - SIERRA LEONE						
SUB-SAHARAN AFRICA - UGANDA	\$	324,033	\$	0		
MIDDLE EAST AND NORTH AFRICA	\$	81,778	\$	0		
	.,					
Part V - Additional Information						
PART I, LINE 3, COLUMN (E) AND PART II, LINE 1, COLUMN (D)						
WATER PROJECTS ARE INSTALLED AND REPAIR	ED W	ITHIN DEFIN	ED REGIO	ONAL WASI	H	
PROGRAMS. ALL PROGRAMS INCLUDE COMMUNIT	Y VE	TTING AND E	NGAGEMEI	NT, HYGII	ENE	
TRAINING, WATER PROJECT IMPLEMENTATION,	POS'	r-construct	ION COM	MUNITY		
ENGAGEMENT, MULTI-YEAR MONITORING AND E	VALU	ATION, AND	MAINTEN	ANCE/REPA	AIR	
INITIATIVES.						
PART I, LINE 3, SUB-LINE 5, MIDDLE EAST	AND	NORTH AFRI	CA			
THE WATER PROJECT'S MIDDLE EAST OFFICE,	LOC	ATED WITHIN	THE IN	TERNATIO	NAL	

HUMANITARIAN CITY IN DUBAI, SERVES AS AN EXTENSION OF THE WATER PROJECT'S GLOBAL PROGRAM DEVELOPMENT AND SUPPORT EFFORTS. THIS REGIONAL OFFICE LEVERAGES/ESTABLISHES NEW PARTNERSHIPS, EXPANDS THE REACH OF THE WATER PROJECT INTO THE IMMEDIATE REGION, AND PROVIDES PROGRAM SUPPORT TO THE

26-1455510 Schedule F (Form 990) 2022 THE WATER PROJECT, INC. **Supplemental Information** Part V 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. Se	e instructions.	
WATER	PROJECT'S	GLOBAL	PROGRAMS.
			······································

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number Name of the organization 26-1455510 THE WATER PROJECT, INC. Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity from activity fundraiser listed in organization or entity (fundraiser) control of contributions? col. (i) BLUE NORTH STRATEGIES INC Yes No 1 123 WOOLWICH ST 31,352 58,170 CONSULTING Х 89,522 **CA** N1H 3V1 **GUELPH** 2 8 10 58,170 89,522 31,352 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. All states

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with

gross receipts greater than \$5.000. 1 Gross receipts		arnee receinte o	reater than \$5 000			
1 Gross receipts		gross receipts g		(b) Event #2	(c) Other events	1 ' '
2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rentriacility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 12 Cash prizes 13 Shoncash prizes 14 Cash prizes 15 Noncash prizes 16 Rentriacility costs 17 Food and beverages 18 Emertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Set income summary. Subtract line 10 from line 3, column (d) 11 Set income summary. Subtract line 10 from line 3, column (d) 12 Cash prizes 13 Noncash prizes 14 Rentriacility costs 15 Other direct expenses 15 Other direct expenses 16 Volunteer labor 17 Direct expense summary. Add lines 2 through 5 in column (d) 18 Net gaming income summary. Subtract line 7 from line 1, column (d) 19 Enter the state(s) in which the organization conducts gaming activities a is the organization licensed to conduct gaming activities in each of these states? 10 Direct expense arming licenses revoked, suspended, or terminated during the tax year? 10 Vere any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Vere any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Vere any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Vere any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Vere any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?			(event type)	(event type)	(total number)	1 ' ' '
2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rentriacility costs 7 Food and beverages 8 Emertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Seaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (e) Brigs (b) Put labelshalar. (c) Brigs (c) Brigs (d) Put labelshalar. (d) Cherr gaming (d) Total gaming (see (d)) (e) Total gaming (enne					
3 Gross incorne (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 12 Gaming, Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. 9 Other direct expenses 10 Direct expense summary. Subtract line 10 from line 3, column (d) 11 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expenses summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization incensed to conduct gaming activities: a Is the organization incensed to conduct gaming activities in each of these states? Yes No	Rev	1 Gross receipts				
10 1 1 1 1 1 1 1 1 1		2 Less: Contributions				
4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. 9 (a) Shoot briggeregesee bring 1 Gross revenue 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a is the organization lecensed to conduct gaming activities: a is the organization lecensed to conduct gaming activities: a is the organization lecensed to conduct gaming activities: a ls the organization lecensed to conduct gaming activities: a ls the organization lecensed to conduct gaming activities: a ls the organization lecensed to conduct gaming activities: b lf "No," explain:		1				
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6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 11 Net Income summary. Subtract line 10 from line 3, column (d) 12 Cash prizes 15,000 on Form 990-EZ, line 6a. (e) Direct expenses summary. Subtract line 10 from line 3 through 9 in column (d) 1 Gross revenue (e) Other gaming (e) Other		4 Cash prizes				
7 Food and beverages 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 2 Cash prizes 1 Gross revenue 2 Cash prizes 3 Noncash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a is the organization licensed to conduct gaming activities in each of these states?		5 Noncash prizes				
7 Food and beverages 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 2 Cash prizes 1 Gross revenue 2 Cash prizes 3 Noncash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a is the organization licensed to conduct gaming activities in each of these states?	Ø	6 Pont/facility costs				
9 Other direct expenses 10 Direct expenses summary. Add lines 4 through 9 in column (d) 1 Net income summary. Subtract line 10 from line 3, column (d) Caming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant (c) Direct expension (c) Other gaming (ed) Col. (a) through oot. (c) 1 Gross revenue	ense	Nentraciiity costs				
9 Other direct expenses 10 Direct expenses summary. Add lines 4 through 9 in column (d) 1 Net income summary. Subtract line 10 from line 3, column (d) Caming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant (c) Direct expension (c) Other gaming (ed) Col. (a) through oot. (c) 1 Gross revenue	t Exp	7 Food and beverages				
9 Other direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Caming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull labs/instant (c) Dither gaming (d) Total gaming (edd ool, (a) through cot. (c)) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs 5 Other direct expenses summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? Yes No. 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No.	Direc	8 Entertainment				
10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabalinstant bingo/progressive bingo (c) Other gaming (dd) Total gaming (add cot. (a) through col. (c)) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs No No No No 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?						
11 Net income summary. Subtract line 10 from line 3, column (d)		9 Other direct expenses				
Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabe/instant bingo/progressive bingo (c) Other gaming (add col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Ves % Yes % Yes % No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?						
\$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant (c) Other gaming (d) Total gaming (add col. (a) through col. (b) (b) Pull tabs/instant (c) Other gaming (d) Total gaming (add col. (a) through col. (c) (d) Total gaming (add col. (a) through col. (c) (e) Other gaming (d) Total gaming (add col. (a) through col. (c) (d) Total gaming (add col. (a) through col. (c) (e) Other gaming (d) Total gaming (add col. (a) through col. (c) (e) Other gaming (d) Total gaming (add col. (a) through col. (c) (e) Other gaming (d) Total gaming (add col. (a) through col. (c) (e) Other gaming (d) Total gaming (add col. (a) through col. (c) (e) Other gaming (d) Total gaming (add col. (a) through col. (c) (e) Other gaming (d) Total gaming (add col. (a) through col. (c) (e) Other gaming (d) Total gaming (add col. (a) through col. (c) (e) Other gaming (d) Total gaming (add col. (a) through col. (c) (e) Other gaming (d) Total gaming (add col. (a) through col. (c) (e) Other gaming (d) Total gaming (add col. (a) through col. (c) (e) Other gaming (d) Total gaming (add col. (a) through col. (c) (e) Other gaming (d) Total gaming (add col. (a) through col. (c) (e) Other gaming (d) Total gaming (add col. (a) through col. (c) (e) Other gaming (d) Total gaming (add col. (a) through col. (c) (e) Other gaming (d) Other		Part III Gaming. Com	plete if the organization an	swered "Yes" on Form 990.	Part IV. line 19, or repor	ted more than
1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses We a No			P	•		
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes		\$15,000 on Fo	orm 990-EZ, line 6a.			T
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes	- anue	\$15,000 on Fo	orm 990-EZ, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add
3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 7 Pes % Yes % Yes % Yes % No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?	Revenue	\$15,000 on Fo	orm 990-EZ, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add
4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes % 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: Yes No. Yes No. Yes No.	Revenue	\$15,000 on Fo	orm 990-EZ, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add
5 Other direct expenses		\$15,000 on Fo	orm 990-EZ, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add
Yes % Yes % Yes % No		\$15,000 on Fo	orm 990-EZ, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add
6 Volunteer labor No No No No No Tirect expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? Yes No If "No," explain:	Expenses	\$15,000 on Fo	orm 990-EZ, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add
8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No.	Expenses	\$15,000 on Fo	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No.	Expenses	\$15,000 on Fo	(a) Bingo Yes	(b) Pull tabs/instant bingo/progressive bingo Yes%	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No.	Expenses	\$15,000 on Fo	Yes %	(b) Pull tabs/instant bingo/progressive bingo Yes % No	(c) Other gaming Yes % No	(d) Total gaming (add col. (a) through col. (c))
a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No.	Expenses	\$15,000 on Fo	Yes % No Add lines 2 through 5 in column of	(b) Pull tabs/instant bingo/progressive bingo Yes % No (d)	(c) Other gaming Yes % No	(d) Total gaming (add col. (a) through col. (c))
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No.	Direct Expenses	\$15,000 on Formal \$15,000 on F	Yes % No Add lines 2 through 5 in column of the many. Subtract line 7 from line 1, c	(b) Pull tabs/instant bingo/progressive bingo Yes % No No (d) Olumn (d)	(c) Other gaming Yes % No	(d) Total gaming (add col. (a) through col. (c))
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No.	6 Direct Expenses	\$15,000 on Formal \$15,000 on F	Yes % No Add lines 2 through 5 in column of the analys. Subtract line 7 from line 1, column of the analys. Subtract line 7 from line 1, column of the analys.	(b) Pull tabs/instant bingo/progressive bingo Yes % No No ctivities:	(c) Other gaming Yes % No	(d) Total gaming (add col. (a) through col. (c))
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	, 6 Direct Expenses	\$15,000 on Fo	Yes % No Add lines 2 through 5 in column of the action of	(b) Pull tabs/instant bingo/progressive bingo Yes % No No ctivities: n of these states?	(c) Other gaming Yes % No	(d) Total gaming (add col. (a) through col. (c))
	, 6 Direct Expenses	\$15,000 on Fo	Yes % No Add lines 2 through 5 in column of the second conduct gaming activities in each conduct gaming activities gamin	(b) Pull tabs/instant bingo/progressive bingo Yes % No (d) olumn (d) ctivities: n of these states?	(c) Other gaming Yes % No	(d) Total gaming (add col. (a) through col. (c))
	Direct Expenses	\$15,000 on Formal \$15,000 on F	Yes % No Add lines 2 through 5 in column of the second conduct gaming activities in each conduct gaming activities in each	(b) Pull tabs/instant bingo/progressive bingo Yes % No No ctivities: n of these states?	(c) Other gaming Yes % No	(d) Total gaming (add col. (a) through col. (c))

Sche	dule G (Forr	n 990) 2022	THE	WATER	PROJECT,	INC.	26-1455510	Page 3
11								Yes No
12	le the orga	nization a grantor	henefic	iany or truste	e of a trust or a m	ember of a	partnership or other entity	
12								Yes No
13		e percentage of ga					13a	%
а							496	%
b	An outside	facility						/0
14	Enter the r	name and address	of the p	erson who p	repares the organ	ization's gar	ming/special events books and	
	records:							
	Name							
	Address							
	, radicoo ,							
4 E o	Doon the	organization have a	contra	ct with a thir	d narty from whom	the organiz	zation receives gaming	
15a								Yes No
	revenue?						and the	
b							\$ and the	
		gaming revenue re						
С	If "Yes," e	nter name and add	ress of	the third par	ty:			
	Name							
	Address							
16	Gaming m	nanager information	n:					
	J	J						
	Name							
	Gaming n	nanager compensa	ition	\$				
	Carriing II	lanager compensa	111011	*				
	Description	on of services provi	ded					
	Description	in or services provi						
	Direc	ctor/officer		Employee	☐ Ind	ependent co	ontractor	
		cioi/officer		Lilipioyee		opondom o		
4-	N 4 I - 4							
17	Mandator	y distributions:			منام ما ما منات ما دراد دراد	tributions fro	om the gaming proceeds to	
а							om the gaming proceeds to	Yes No
	retain the	state gaming licen	se?					
b							other exempt organizations or	
manan		he organization's o	wn exe	mpt activities	during the tax yea	ar \$	which has Dort I line 2h columns (iii) and ()	v): and
P	art IV	Supplementa	I Info	rmation.	Provide the ex	pianations	s required by Part I, line 2b, columns (iii) and (v	n, and
				10b, 15b,	15c, 16, and 1	/b, as ap	pplicable. Also provide any additional informatio	vi i.
		See instructio	ns.					
								
-							Schedule	G (Form 990) 2022

SCHEDULE J (Form 990)

Compensation Information

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

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

Open to Public Inspection Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

26-1455510 THE WATER PROJECT, INC. **Questions Regarding Compensation** Part I

				Yes	No	
1a	Check the appropriate box(es) if the organization provided a	any of the following to or for a person listed on Form				
	990, Part VII, Section A, line 1a. Complete Part III to provide					
	First-class or charter travel	Housing allowance or residence for personal use				
	Travel for companions	Payments for business use of personal residence				
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees				
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)				
b	If any of the boxes on line 1a are checked, did the organiza	tion follow a written policy regarding payment				
	or reimbursement or provision of all of the expenses descril					
			1b			
2	Did the organization require substantiation prior to reimburs	ing or allowing expenses incurred by all				
	directors, trustees, and officers, including the CEO/Executiv					
			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					
	related organization to establish compensation of the CEO/	Executive Director, but explain in Part III.				
	X 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 VI	I, Section A, line 1a, with respect to the filing				
	organization or a related organization:					
а	Receive a severance payment or change-of-control payme	nt?	4a		X	
b		qualified retirement plan?	4b		X	
С		npensation arrangement?	4c		X	
	If "Yes" to any of lines 4a-c, list the persons and provide the	e applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organi					
5	For persons listed on Form 990, Part VII, Section A, line 1a	i, did the organization pay or accrue any				
	compensation contingent on the revenues of:					
			5a		X	
b	Any related organization?		5b			
	If "Yes" on line 5a or 5b, describe in Part III.					
6	For persons listed on Form 990, Part VII, Section A, line 1a	a, did the organization pay or accrue any				
	compensation contingent on the net earnings of:				×	
	The organization?	6a		X		
b			6b			
	If "Yes" on line 6a or 6b, describe in Part III.					
_		did the consideration are ide only portived				
7	For persons listed on Form 990, Part VII, Section A, line 1a		7		x	
_		e in Part III	–			
8	Were any amounts reported on Form 990, Part VII, paid or					
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe					
	in Part III		8		X	
^	If "Yes" on line 8, did the organization also follow the rebut	table presumption procedure described in	***************************************	1		
9	II TES OFFIITE O, UIU THE OFGATIIZATION AISO TOHOW THE TEDUL	table procediption procedure accombos in	9	1	1	

Schedule J (Form 990) 2022

PartII

Page 2

THE WATER PROJECT, INC.

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 26-1455510

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	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	99-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990
R PETER CHASSE	() 166,001			8,400	19,131	193,532	0
ESIDENT		0	0	0		0	0
RAK VP	(i) 164,333 (ii) 0	0 0	0 0	8,359	19,131	191,823	0 0
	(i)						
	(E) (E)						
	(u)						
	(II)						
	(ii)						
	E (E)						
	(ii)						
	(0)						
	(u)						
	(i)						
	(II) (I)						
	(ii)						
	(E)						
	(u)						
						S	Schedule J (Form 990) 2022

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9710	

Provide title: Supplemental information of descriptions required for Part II, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 6, and for Part II. Also complete this part for any additional information.	Schedule J (Form 990) 2022 TF	THE WATER PROJECT, INC.	26-1455510 Page 3
	Supplemental information, explicational information	Information lanation, or descriptions required for Part I, line	1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8,

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

OMB No. 1545-0047

Employer identification number

ZUZZ

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Go to www.irs.gov/Form990 for instructions and the latest information.

26-1455510 THE WATER PROJECT, INC. Part I Types of Property (c) (d) (b) (a) Noncash contribution Method of determining Check if Number of contributions or amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g Art — Works of art 1 2 Art — Historical treasures Art — Fractional interests 3 Books and publications Clothing and household 5 goods 6 Cars and other vehicles 7 Boats and planes Intellectual property 8 166,269 FAIR MARKET VALUE Securities — Publicly traded X 8 9 Securities — Closely held stock 10 11 Securities — Partnership, LLC, or trust interests Securities — Miscellaneous 12 13 Qualified conservation contribution — Historic structures Qualified conservation 14 contribution — Other Real estate — Residential 15 Real estate — Commercial 16 17 Real estate — Other Collectibles 18 Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 1,369,192 FAIR MARKET VALUE 472 Other (CRYPTOCURRENCY) 25 Other (______) 26 27 Other (_____) 28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 1 which the organization completed Form 8283, Part V, Donee Acknowledgement No Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be 30a used for exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X 32a h If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Schedule M (Fo	orm 990) 2022 THE	WATER 1	PROJECT	, INC.		26-1455	510	Page 2
Part II	Supplementa the organization	Information is reporting	n. Provide th g in Part I, c	ne information olumn (b), t	he number of co	intributions, the i	32b, and 33, and wh number of items rec	ether eived,
	or a combinati	on of both. A	lso complete	e this part fo	or any additional	information.		
Part 1	, Line 32h	- Thir	d Party	Used to	o Process	Noncash Co	ntributions	
THE W	ATER PROJEC	T USES	CRYPTO I	EXCHANG	E PLATFORM	S, GEMINI	AND COINBASE	E, TO
ACCEPT	AND SELL	CRYPTOC	URRENCY	CONTRI	BUTIONS.			
			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
,								

SCHEDULE O (Form 990)

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.

2022

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

26-1455510

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

THE WATER PROJECT, INC. Form 990 - Organization's Mission THE WATER PROJECT, INC. UNLOCKS HUMAN POTENTIAL BY BUILDING AND CONNECTING GLOBAL NETWORKS OF LOCAL LEADERS, COMMUNITIES OF GENEROUS SUPPORTERS, AND AN INFORMED PUBLIC TO PROVIDE SUSTAINABLE WATER AND SANITATION PROGRAMS TO NEEDLESSLY SUFFERING COMMUNITIES IN DEVELOPING COUNTRIES. DONATIONS ARE LINKED TO SPECIFIC WATER PROJECTS THROUGH ONLINE REPORTING, WHICH ALLOWS DONORS TO SEE HOW SPECIFIC WATER PROGRAMS IMPACT COMMUNITIES AND VIEW THE ONGOING FUNCTIONALITY OF THOSE PROJECTS. Form 990, Part I, Line 6 THE WATER PROJECT'S VOLUNTEER PROGRAM CONSISTS OF DIRECT, IN-OFFICE SUPPORT AND A GLOBAL COMMUNITY OF ADVOCATES CHOOSING TO USE THEIR OWN NETWORKS AND INFLUENCE TO RAISE FINANCIAL SUPPORT FOR WATER PROJECTS THROUGH OUR PEER-TO-PEER FUNDRAISING PLATFORM. IN 2022, 68 ADVOCATES RAISED FINANCIAL SUPPORT FOR WATER PROJECTS FROM WITHIN THEIR OWN NETWORKS.

Form 990, Part III, Line 4a - First Accomplishment

IN PARTNERSHIP WITH WESTERN WATER AND SANITATION FORUM, FRIENDS OF TIMOTHY FOUNDATION, AND THE WATER PROJECT'S REGIONAL SERVICE HUB, THE WATER PROJECT

CO-DEVELOPED AND STRENGTHENED REGIONAL WATER, HYGIENE, AND SANITATION

WESTERN KENYA WASH PROGRAM:

SOUTHEASTERN KENYA WASH PROGRAM:

IN PARTNERSHIP WITH AFRICA SAND DAM FOUNDATION, THE WATER PROJECT CO-DEVELOPED AND STRENGTHENED REGIONAL WATER, HYGIENE, AND SANITATION (WASH)

Page 1 of 6

THE WATER PROJECT, INC.

Employer identification number

26-1455510

PROGRAMS IN SOUTHEASTERN KENYA, RESULTING IN THE IMPLEMENTATION OF HAND-DUG
WELLS, SUBSURFACE DAMS, SOLAR-POWERED WATER DISTRIBUTION NETWORKS, AND
RAINWATER HARVESTING TANKS. SCHOOL WASH PROJECTS ALSO INCLUDED THE
CONSTRUCTION OF HANDWASHING STATIONS.

IN 2022, 60 NEW PROJECTS WERE IMPLEMENTED. ADDITIONALLY, 2 SOLAR-POWERED
WATER DISTRIBUTION NETWORK PROJECTS WERE STARTED, WITH ANTICIPATED

COMPLETION IN EARLY 2023. ALL PROGRAMS INCLUDE COMMUNITY VETTING AND
ENGAGEMENT, HYGIENE TRAINING, WATER PROJECT IMPLEMENTATION, POSTCONSTRUCTION COMMUNITY ENGAGEMENT, MULTI-YEAR MONITORING/EVALUATION, AND
SERVICE/MAINTENANCE/REPAIR INITIATIVES.

THE WATER PROJECT'S SOUTHEASTERN KENYA PROGRAM INCLUDES IN-PERSON (DATA COLLECTION USING SMARTPHONES) AND CALL-BASED MONITORING PROGRAMS TO COLLECT REAL-TIME DATA ON PAST AND PRESENT WATER POINTS. THE WATER PROJECT'S OPERATION AND MAINTENANCE PROGRAM PROVIDES ONGOING COMMUNITY SUPPORT TO RESOLVE NON/UNDER-FUNCTIONING WATER POINTS.

IN 2022, 1829 MONITORING EVENTS OCCURRED ACROSS 462 WATER POINTS,
TRIGGERING 81 SERVICE/MAINTENANCE/REPAIR EVENTS.

RIGOROUS AND ONGOING ONLINE REPORTING LINKS GIVERS WITH ALL OF THE ABOVE
ACTIVITY, SHOWING HOW EACH DONATION MAKES A TANGIBLE IMPACT IN THE WATER
PROGRAM AND COMMUNITY.

Form 990, Part III, Line 4b - Second Accomplishment
PORT LOKO, SIERRA LEONE WASH PROGRAM:

Page 2 of 6

Form 990, Part III, Line 4c - Third Accomplishment
WESTERN UGANDA WASH PROGRAM:

Page 3 of 6

THE WATER PROJECT, INC.

Employer identification number

26-1455510

IN PARTNERSHIP WITH THE WATER TRUST, THE WATER PROJECT CO-DEVELOPED AND STRENGTHENED REGIONAL WATER, HYGIENE, AND SANITATION (WASH) PROGRAMS RESULTING IN THE IMPLEMENTATION OF NEW WELLS IN WESTERN UGANDA.

IN 2022, 26 NEW PROJECTS WERE IMPLEMENTED. ALL PROGRAMS INCLUDE COMMUNITY VETTING AND ENGAGEMENT, HYGIENE TRAINING, WATER PROJECT IMPLEMENTATION, POST-CONSTRUCTION COMMUNITY ENGAGEMENT, MULTI-YEAR MONITORING/EVALUATION, AND SERVICE/MAINTENANCE/REPAIR INITIATIVES.

THE WATER PROJECT'S UGANDA PROGRAM INCLUDES IN-PERSON (DATA COLLECTION USING SMARTPHONES) AND CALL-BASED MONITORING PROGRAMS TO COLLECT REAL-TIME DATA ON PAST AND PRESENT WATER POINTS. THE WATER PROJECT'S OPERATION AND MAINTENANCE PROGRAM PROVIDES ONGOING SUPPORT TO RESOLVE NON/UNDER-FUNCTIONING WATER POINTS.

IN 2022, 671 MONITORING EVENTS OCCURRED ACROSS 155 WATER POINTS, TRIGGERING 115 SERVICE/MAINTENANCE/REPAIR EVENTS.

RIGOROUS AND ONGOING ONLINE REPORTING LINKS GIVERS WITH ALL OF THE ABOVE ACTIVITY, SHOWING HOW EACH DONATION MAKES A TANGIBLE IMPACT IN THE WATER PROGRAM AND COMMUNITY.

Form 990, Part III, Line 4d - All Other Accomplishments THE WATER PROJECT IS THE RECIPIENT OF AN INVITATION-ONLY MEMBERSHIP WITHIN THE INTERNATIONAL HUMANITARIAN CITY (IHC) IN DUBAI. THE IHC IS A GLOBAL HUMANITARIAN HUB IN THE REGION, SUPPORTING DEVELOPMENT AND RELIEF EFFORTS IN THE MIDDLE EAST, ASIA, THE AMERICAS, AND AFRICA. FIXED COSTS ARE HIGHLY

Schedule O (Form 990) 2022

Employer identification number Name of the organization 26-1455510 THE WATER PROJECT, INC. SUBSIDIZED THROUGH THE UNITED ARAB EMIRATES. OUR MIDDLE EAST OFFICE SERVES AS AN EXTENSION OF THE WATER PROJECT'S GLOBAL PROGRAM DEVELOPMENT AND SUPPORT EFFORTS - LEVERAGING/ESTABLISHING NEW PARTNERSHIPS, EXPANDING THE REACH OF THE WATER PROJECT INTO THE IMMEDIATE REGION, AND PROVIDING WASH PROGRAMS SUPPORT TO THE WATER PROJECT'S GLOBAL PROGRAMS AS WELL AS CONSULTING TO OTHER RELIEF AND DEVELOPMENT ORGANIZATIONS SEEKING TO INCORPORATE WASH PROGRAMS INTO THEIR WORK. Form 990, Part V - Additional Information FORM 990, PART V, LINE 2A: EFFECTIVE APRIL 1, 2019, THE ORGANIZATION BEGAN USING A PEO COMPANY AND THEREFORE DOES NOT FILE A W-3 OR W-2 FOR ITS EMPLOYEES USING THE ORGANIZATION'S EIN. Form 990, Part V, Line 4b - Financial Accounts in Foreign Countries Kenya Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 THE BOARD MEMBERS REVIEWED THE TAX RETURN BY TELECONFERENCE. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy THE WATER PROJECT, INC. REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY THROUGH MEETINGS AND WRITTEN DISCLOSURE STATEMENTS. Page 5 of 6

Name of the organization

THE WATER PROJECT. INC

Employer identification number

26-1455510

THE WATER PROJECT, INC.
Form 990, Part VI, Line 15a - Compensation Process for Top Official
THE PROCESS FOR DETERMINING COMPENSATION IS DETERMINED BY THE BOARD OF
DIRECTORS BASED UPON SALARY SURVEYS AND OTHER RESEARCH MATERIALS. THE
PROCESS AND DELIBERATIONS ARE NOTED IN THE BOARD MINUTES.
Form 990, Part VI, Line 15b - Compensation Process for Officers
THE PROCESS FOR DETERMINING COMPENSATION IS DETERMINED BY THE PRESIDENT AND
COMPENSATION COMMITTEE BASED UPON SALARY SURVEYS AND OTHER RESEARCH
MATERIALS.
Form 990, Part VI, Line 17 - Other States Where Copy of Return is Filed
Illinois, Indiana, Kansas, Kentucky, Massachusetts, Maryland, Michigan,
Minnesota, Missouri, Mississippi, Montana, North Carolina, Nebraska,
New Hampshire, New Jersey, New Mexico, New York, Ohio, Oklahoma, Oregon,
Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee,
Texas, Utah, Virginia, Vermont, Washington, Wisconsin, West Virginia,
Wyoming
Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
PUBLIC AT THE WATER PROJECT, INC. OFFICE OR BY REQUEST.
······································
Page 6 of 6

9710 06/06/2023 10:22 AM SCHEDULE R (Form 990)

Attach to Form 990.

THE WATER PROJECT, INC.

Department of the Treasury Internal Revenue Service Name of the organization

1,164

OMB No. 1545-0047 2022

Open to Public Inspection Employer identification number 26-1455510 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships Go to www.irs.gov/Form990 for instructions and the latest information.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) WASH TECHNICAL SOLUTIONS LIMITED 17 DEPOT ST, 2ND FLOOR CONCORD NH 03301	HOLDING CO	KE		133,188	THE WATER
LIMITED ST, 2ND FLOOR NH	MAINT SVC	KE		15,169	WASH TECHN
(4)					
(5)					
Identification of Related Tax-Exempt Organizations. Cor	Complete if the orgar tax year.	ization answered "	res" on Form 990, P	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had eax year.	se it had
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) (e) Exempt Code section (f section 501(c)(3))	(f) (ity status (1c)(3)) (ity status) (1c)(3))	(g) Section 512(b)(13) controlled entity? Yes No
(1)					
(2)					
(3)					
(4)					
(5)					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.				Sche	Schedule R (Form 990) 2022

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THE WATER PROJECT, INC.

Schedule R (Form 990) 2022

26-1455510

Page 2

Schedule R (Form 990) 2022 (i) Section 512(b)(13) controlled entity? Percentage ownership Yes No 3 General or managing partner? Yes No **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. Percentage ownership Ξ Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line because it had one or more related organizations treated as a partnership during the tax year. amount in box 20 of Schedule K-1 Code V-UBI (Form 1065) end-of-year assets Share of (h)
Disproportionate
alloc.? Yes No (g) Share of end-of-year assets Share of total (f) Share of total income (C corp, S corp, Type of entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) Direct controlling entity (d)
Direct controlling
entity Legal domicile foreign country) (state or (c) Legal domicile (state or foreign country) Primary activity Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Part Part IV DAA Ξ 3 <u>ල</u> 4 4 6 <u>ල</u> Ξ

26-1455510

Schedule R (Form 990) 2022 THE WATER PROJECT, INC.

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	nanizations listed in Part	/\- \s	tenner	Yes No
				1a
a Necelption (1) interest, (iii) annualized, (iii) in January, or (11) or in a constant of capital contribution to related organization(s)				1b
				10
				1d
				1e
f Dividends from related organization(s)				1t
: 🙃				19
Purchase of assets from related organization(s)				1
Exchange of assets with related organization(s)				;=
				1j
			220110	7-7-
k Lease of facilities, equipment, or other assets from related organization(s)				4 7
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)				EL.
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				-lu
o Sharing of paid employees with related organization(s)				10
p Reimbursement paid to related organization(s) for expenses				1p
q Reimbursement paid by related organization(s) for expenses				19
r Other transfer of cash or property to related organization(s)				-
s Other transfer of cash or property from related organization(s)				18
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	including covered relation	ships and transaction thres	sholds.	
(a)	(q)	(0)	(p)	
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	nt involved
(1)				
(2)				
(3)				
(4)				
(5)				
(9)				
			Schedule F	Schedule R (Form 990) 2022

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THE WATER PROJECT, INC.

Schedule R (Form 990) 2022

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or		(e) Are all partners section 501(c)(3)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
		country)	sections 512-514)	Yes No			Yes No		Yes No	
(1)										
(2)										
(3)										
(4)										
(5)										
(9)										
(7)										
(8)										
(6)										
(10)										
(11)										
								Sched	Schedule R (Form 990) 2022	990) 2022

Schedule R (Fo	rm 990) 2022	THE WATER	PROJECT,	INC.		26-1455510	Page 5
Part VII	Supplement Provide add	ntal Information. ditional information	for responses	to questions	on Schedule R.	See instructions.	
• • • • • • • • • • • • • • • • • • • •							
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•							

4562

Department of the Treasury Internal Revenue Service Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property) Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Identifying number

26-1455510 THE WATER PROJECT, INC. Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 1,080,000 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 2 2,700,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions. 5 (b) Cost (business use only) (a) Description of property 6 Listed property. Enter the amount from line 29 _____ 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions. Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 Property subject to section 168(f)(1) election 15 15 61,278 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2022 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (h) Month and year (c) Basis for depreciation (d) Recovery (f) Method (a) Depreciation deduction (business/investment use (e) Convention (a) Classification of property placed in only-see instructions) 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property S/L 25 yrs. 25-year property S/L MM 27.5 yrs. Residential rental property 27.5 yrs. MM S/L MM S/L 39 yrs. i Nonresidential real S/L property MM Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System Class life 20a 12 yrs. S/L b 12-year MM S/L 30-year 30 yrs. MM S/L 40 yrs. d 40-year **Summary** (See instructions.) Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 61,278 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions. For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs