Form 990

Return of Organization Exempt From Income Tax

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

2014

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

For the 2014 calendar year, or tax year beginning and ending C Name of organization Check if applicable: D Employer identification number Address change THE WATER PROJECT, INC. Doing business as 26-1455510 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 17 DEPOT ST, 2ND FLOOR Initial return 603-369-3858 Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated CONCORD 03301 G Gross receipts \$ 2,133,860 Amended return Name and address of principal officer: Application pending H(a) Is this a group return for subordinates? PETER CHASSE 17 DEPOT ST, 2ND FLOOR H(b) Are all subordinates included? CONCORD If "No," attach a list. (see instructions) NH 03301 X 501(c)(3) 501(c) ( Tax-exempt status: (insert no.) 4947(a)(1) cr 527 HTTP://THEWATERPROJECT.ORG Website: H(c) Group exemption number Form of organization: | X | Corporation | Trust | Association | Year of formation: 2007 M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: THE WATER PROJECT, INC. PROVIDES SUSTAINABLE WATER AND SANITATION PROGRAMS Activities & Governance TO NEEDLESSLY SUFFERING COMMUNITIES IN SUB-SAHARAN AFRICA. 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 7 5 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 7b b Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 1,832,740 8 Contributions and grants (Part VIII, line 1h) 2,126,666 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 32 43 -3,284 7,031 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,133,740 1,829,488 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,242,736 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,393,459 14 Benefits paid to or for members (Part IX, column (A), line 4) 479,357 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 357,077 16a Professional fundraising fees (Part IX, column (A), line 11e)
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 160,471 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) \_\_\_\_\_\_ 182,639 181,967 1,904,060 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,933,175 -103,687 229,680 19 Revenue less expenses, Subtract line 18 from line 12 **End of Year Beginning of Current Year** 540,227 291,980 20 Total assets (Part X, line 16) 27,193 8,626 21 Total liabilities (Part X, line 26) 283,354 513,034 22 Net assets or fund balances. Subtract line 21 from line 20 . **Signature Block** Part II Under penalties of periury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer PRESIDENT PETER CHASSE Here Type or print name and title Print/Type preparer's name Prepare signatu Date Check Paid 08/05/15 self-employed P01439141 John A. Hession, CPA Preparer Hession & Pare, Firm's EIN 02-0428003 Firm's name **Use Only** 62 Stark Street 603-669-5477 031077 1970 Manchester, NH Firm's address

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes

		rage
Part III	Statement of Program Service Accomplishments	ভ
4 Prinfly	Check if Schedule O contains a response or note to any line in this Part III	X
	describe the organization's mission:	
THE W	VATER PROJECT, INC. PROVIDES SUSTAINABLE WATER AND SANITATI	ON PROGRAMS
TO NE	EDLESSLY SUFFERING COMMUNITIES IN SUB-SAHARAN AFRICA.	
		•••••
		••••••
2 Did the	organization undertake any significant program services during the year which were not listed on the	
prior Fo	orm 990 or 990-EZ?	Yes X No
if "Yes,	" describe these new services on Schedule O.	···· 🗀 ··· 🗀 ···
	organization cease conducting, or make significant changes in how it conducts, any program	
services	es?	Yes X No
If "Yes."	" describe these changes on Schedule O.	[ ] 163 Es 140
	be the organization's program service accomplishments for each of its three largest program services, as measured by	
	ses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
the total	al expenses, and revenue, if any, for each program service reported.	
4a (Code:	) (Indicated A	
	GH PARTNERSHIPS WITH BRIDGE WATER PROJECT, WESTERN WATER A	
SANIT	ATION FORUM, AFRICAN SAND DAM FOUNDATION, AND PAMOJA TRUST	IN KENYA,
	ATER PROJECT, INC. HELPED TO CO-CREATE PROGRAMS THAT RESUL	
	LLATION OF NEW WELLS, REHABILITATION OF BROKEN WELLS, CONS	
	RFACE DAMS, CONSTRUCTION OF IMPROVED HAND-DUG WELLS AND UR	
	***************************************	
• • • • • • • •		T ACTIVITIES
* * * * * * * * * * * * * * * * * * * *	DING SANITATION AND HYGIENE TRAINING, COMMUNITY MOBILIZATI	
	TERM CARE PLANNING FOR EACH WATER PROJECT THROUGH MULTI-YE	
* * * * * * * * * * * * * * * * * * * *	ORING PROGRAMS. IN 2014, TWP FUNDED A TOTAL OF 58 WATER PR	OJECTS IN
KENYA	ke	
4b (Code:	) (Expenses \$ 99,252 including grants of \$ 80,000 ) (Revenue \$	
	GH A PARTNERSHIP WITH LIVING WATER INTERNATIONAL, THE WATE	R PROJECT,
	FUNDS SUPPORTED THE INSTALLATION OF NEW WELLS IN RURAL RWA	
• • • • • • • •	OUT EXTENSIVE COMMUNITY DEVELOPMENT ACTIVITIES INCLUDING	
* * * * * * * * * * * * * * * * * * * *	YGIENE TRAINING, COMMUNITY MOBILIZATION AND LONG-TERM CARE	· • • • • • • • • • • • • • • • • • • •
		. <b> </b>
	ACH WATER PROJECT THROUGH MULTI-YEAR MONITORING PROGRAMS.	TM ZOTA,
TWP F	UNDED A TOTAL OF 4 WATER PROJECTS IN RWANDA.	
•		
4c (Code:	) (Expenses \$ 632,810 including grants of \$ 510,065 ) (Revenue \$	
•	GH A PARTNERSHIP WITH LIVING WATER INTERNATIONAL AND THE W.	ATER TRUST,
	ATER PROJECT, INC. SUPPORTED THE INSTALLATION OF NEW WELLS	
	ATER HARVESTING TANKS FOR SCHOOLS AND COMMUNITIES IN RURAL	· · <u>· · · · · · · · · · · · · · · · · </u>
	***************************************	
*	CARRY OUT EXTENSIVE COMMUNITY DEVELOPMENT ACTIVITIES INCL	
	ATION AND HYGIENE TRAINING, COMMUNITY MOBILIZATION AND LONG	
	ING FOR EACH WATER PROJECT THROUGH MULTI-YEAR MONITORING P	ROGRAMS. IN
2014,	TWP FUNDED A TOTAL OF 41 WATER PROJECTS IN UGANDA.	
• • • • • • • • • • • • • • • • • • • •		
• • • • •		
• • • • • • • • • • • • • • • • • • • •		
• • • • • • • • • • • • • • • • • • • •		•••••
4d Other pro	rogram services (Describe in Schedule O.)	
(Expense		)
	ogram service expenses \(\) 1,541,796	

P	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			1
	candidates for public office? If "Yes," complete Schedule C, Part I	3	l	x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	.		<u> </u>
	election in effect during the tay year? If "Ves." complete Schodulo C. Bort II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	.		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	Ì		
	Part III	5	l	x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	·   -		<del></del> -
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	- 1		
	"Voe " semplete Calcadale D. D11	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	·		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	·		<del></del>
_	complete Schedule D. Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	<u> </u>		<del></del>
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
		9		x
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	10		x
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	******	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.		******	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? if "Yes,"		4,5	l
_	complete Schedule D, Part VI	11a	X	<del></del>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X_
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			l
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			1
	Schedule D, Parts XI and XII	12a	X	
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		X
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?	1 - 4 - 1		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	l
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
-	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			
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	1939 (2014) THE WATER PROJECT, INC. 20-1455510			age 4
<u></u>	Checklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		res	NO
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	·		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employaes? If "Ves " complete Schedule I	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Cabadata V. 164bla 2 and black 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
•	to defease any tay event heads?	24c		
đ		24d		
25a		240		
LJa		250		x
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	1		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			v
	If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	ı		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	***********	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	1		
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	- 1	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
••		31		X
32	Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
-		32		X
33	complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	\ <u>\\\</u>		
JJ		33		X
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	"		
34		34		X
0r-	or IV, and Part V, line 1			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	338		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35b		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	300		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		x
•	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete. Schedule R,			•
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		<b></b> .	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	(2014)

	Check if Schedule O contains a response or note to any line in this Par	t V				П
		1	1		Yes	No
1a	and the state of t	<u>1a</u>	0			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	. <u>l 1b</u>	0			
C	and any and any and any area of the political payments to vendors and	1				
	reportable gaming (gambling) winnings to prize winners?			<u>1c</u>		
2a	The state of the s					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	7			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax re			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedu	ıle O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or oth	er author	rity		I	1
	over, a financial account in a foreign country (such as a bank account, securities account, or other	r financial	1			
	account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financi	al Accou	nts			
	(FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year	?		5a	T	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tran		•••••••••	5b		X
C	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					
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contrib		• • • • • • • • • • • • • • • • • • • •			
	gifts were not tax deductible?			6b	İ	
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	or accds				
	and services provided to the payor?	-		7a	1	X
b	If "Voo " did the agreement or matter that demonstrate the real of the good or continue matter that defends on the continue of the good or continue matter that demonstrate the continue of the good or continue matter that demonstrate the continue of the good or continue or continue of the continue of the good of the g			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it		***************************************			
	required to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		1?	7e	1	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co		••••••	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file	•	99 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organ			7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund mainta					
•	sponsoring organization have excess business holdings at any time during the year?	-		8		·
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the amount in a continue continue to a c			9a	<b></b>	······
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?					
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	[			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources	.				
-	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo		?	12a	*********	*******
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	3 1				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>			
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		<u> </u>
-	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	Futurable assessed of assessed on hand	420				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	. —		14a		X
	If "Yes " has it filed a Form 720 to report these payments? If "No." provide an explanation in Sched			14b		

Form 990 (2014) THE WATER PROJECT, INC. 26-1455510 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI  $|\mathbf{X}|$ Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year \_\_\_\_\_\_ If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 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? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a X b Each committee with authority to act on behalf of the governing body? X 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 in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? b 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? X 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records: >

17 DEPOT ST, 2ND FLOOR

NH 03301

CONCORD

R. PETER CHASSE

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Form 990 (20		26-1455510	Page 7
Part VII	Compensation of Officers, Directors, Trustee	es, Key Employees, Highest Compensated	Employees, and
	Independent Contractors		
	Check if Schedule O contains a response or not	e to any line in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and High		
1a Complete organization's	this table for all persons required to be listed. Report compensation		
<ul> <li>List all o compensation</li> </ul>	of the organization's current officers, directors, trustees (whet . Enter -0- in columns (D), (E), and (F) if no compensation wa	ner individuals or organizations), regardless of amount o s paid.	of
<ul><li>List all o</li></ul>	f the organization's current key employees, if any. See instru	ctions for definition of "key employee."	
<ul> <li>List the who received:</li> </ul>	organization's five current highest compensated employees ( reportable compensation (Box 5 of Form W-2 and/or Box 7 of nd any related organizations.	other than an officer, director, trustee, or key employee	)

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				s both	en.	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) R. PETER CHASSE	50.00										
RESIDENT	50.00 0.00			x				129,725	o	19,98	
(2) MICHAEL BALLOU		<b> </b>	<u> </u>				$\vdash$				
SECRETARY&OPERATIONS	35.00 0.00			x				32,198	o	4,70	
(3) ROB HUDIBURG											
reasurer	0.50 0.00			x				o	O		
(4) DAVID MYERS											
CHAIRMAN	0.50			x				0	o		
(5)											
(6)											
(7)											
(8)											
(9)											
10)											
11)											
	I	l Ì				1					

Part VII Section A. Off (A) Name and title		(B) Average hours per week (list any hours for	(C) Position (do not check more than of box, unless person is both officer and a director/trust					one 1 an lee)	(D) Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
		related organizations below dotted line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1089-MISC)		organization and related organizations
(12)					T	<u> </u>	<u> </u>				
	•••••										
(13)							l				
	•••••		1				ļ				
(14)				Т				H			
	•••••••••••••••••••••••••••••••••••••••										
(15)	<del>78 '</del>				<del>                                     </del>						
	•••••••••••••••••••••••••••••••••••••••										
(16)							-	_			
(17)		,	-		<del></del>						
(18)											.,,
(19)				-		_					
1b	Sub-total		<u> </u>			<u> </u>	Li	<b>&gt;</b>	161,923		24,696
С	Total from continuation shee	ets to Part VII, S	Secti	ion A				>			
_ <u>d</u>	Total (add lines 1b and 1c)  Total number of individuals (in	cluding but not li		d to	thos	e lisi	ed a	bove	161,923	\$100,000 of	24,696
_	reportable compensation from					C 113					Yes No
3 4	Did the organization list any fo employee on line 1a? If "Yes," For any individual listed on line organization and related organ	complete Scheo	dule of re	J for porta	suci able	h ind com	ividu pens	al atio	n and other compensation	from the	3 X
5	individual  Did any person listed on line 1	a receive or acc	 rue c	comp	ens	ation	fron	o, c  n an	y unrelated organization or	individual	4 X
Sect	for services rendered to the or ion B. Independent Contracto	ganization? If "Y	es,"	com	plete	Scl	redu	ie J	for such person		5 X
1	Complete this table for your five	e highest comp	ensa	ted i	nder	end	ent c	ontr	actors that received more t	han \$100,000 of	
	compensation from the organiz	zation. Report co (A) business address	ompe	ensa	tion	for th	ne ca	lend		in the organization's tax ye (B) ion of services	ear. (C) Compensation
	wane an	Dusiness audiess							резир	aut of scivices	Companyason
							<del></del>				
				_					<del></del>		
2	Total number of independent or received more than \$100,000	ontractors (inclu	ding	but	not I	imite	ed to	thos	se listed above) who		

P	art V		ment of Reve	nue O con	tains a	response	or note to any line	in this Part VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated car	mpaigns	1a						512-514
වූ යු	b	Membership o		1b						
ξ	C	Fundraising e	vents	1c						
<u> </u>	d	Related organ	izations	1d						
Sis,	е		(contributions)	1e						
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contribution and similar amounts	ns, gifts, grants, s not included above	1f	2.	126,666				
	g	Noncash contribution	ons included in lines 1a-							
<u>လူ ဗို</u>	h		es 1a–1f				2,126,666			
Program Service Revenue						Busn. Code				
evel	2a	• • • • • • • • • • • • • • • • • • • •	•••••			-				
<u>8</u>	b	• • • • • • • • • • • • • • • • • • • •								
3	С	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •							
S	d									
ᆵ	е	::	• • • • • • • • • • • • • • • • • • • •							
õ	f		ram service rever			L				
<u></u>	g		es 2a-2f						i	T
	3		come (including o	lividen	ds, intere	est,	1			4.5
	١,	and other simi					43			43
	4 Income from investment of tax-exempt bond proceeds ►  5 Royalties									
	9	Royallies	(i) Real	<del></del>		Personal				
	6a	Gross rents	(i) Real		(ii) F	-crsona:				
	b	Less: rental exps.								
	C	Rental inc. or (loss)								
	١.	d Net rental income or (loss)								
		Gross amount from	(i) Securities	<del></del>		Other				
		sales of assets other than inventory		_	(1.7					
	b	Less: cost or other								
		basis & sales exps.								
	С	Gain or (loss)								
			ss)				***************************************	***************************************		
•			om fundraising even							
ž		(not including \$								
eve		•	eported on line 1c).							
Š			18							
Other Revenue	b	Less: direct ex	penses	_ p[						
0	С	Net income or	(loss) from fundr	aising	events .					
	9a		om gaming activities							
		See Part IV, line	19	. a						
İ			penses	. bL						
			(loss) from gami	ng ac <u>ti</u>	vities	<b>&gt;</b>				
	10a		inventory, less							
	_	returns and all	•••••			7,151				
		Less: cost of g		. b_		120	E 424	7 021		
	C		(loss) from sales	OT INV	entory	Busn, Code	7,031	7,031		
	11a					. Suall. C000				
	b									<del> </del>
				••••		-				
	d		ue							
			s 11a-11d			<b>&gt;</b>	<u></u>			
			. See instruction				2,133,740	7,031	0	43

Part X Statement of Functional Expenses

	Statement of Functional Exp	mplete all columns. All other	er organizations must comp	lete column (A).	
	Check if Schedule O contains a responent include amounts reported on lines 6b,	nse or note to any line in th  (A)  Total expenses	is Part IX  (B)  Program service	(C) Management and	(D) Fundraising
	3b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
•	and domestic governments. See Part IV, line 21	756,065	756,065		
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	406 681	406 677		
	individuals. See Part IV, lines 15 and 16	486,671	486,671		
4 5	Benefits paid to or for members  Compensation of current officers, directors,				
5	trustees, and key employees	161 022	77 640	64 076	10 450
6	Compensation not included above, to disqualified	161,923	77,648	64,816	19,459
U	persons (as defined under section 4958(f)(1)) and		:		
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	236,084	125,771	27,448	82,865
8	Pension plan accruals and contributions (include	230,001	143;111	41,770	02,005
J	section 401(k) and 403(b) employer contributions)	2,940	865	1,658	417
9	Other employee benefits	47,185	24,064	10,853	12,268
10	Payroll taxes	31,225	15,967	7,232	8,026
11	Fees for services (non-employees):	34,223	13,30,	1,222	0,020
а	Management				
b	1 1	6,840		6,840	
C	Accounting	7,951		7,951	· · · · · · · · · · · · · · · · · · ·
ď	Lobbying	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	***************************************			
g					
Ū	(A) amount, list line 11g expenses on Schedule O.)	17,820	8,306	2,280	7,234
12		2,837			2,837
13	Office expenses	14,771		6,455	8,316
14	Information technology	2,320	1,392	464	464
15	Royalties				
16	Occupancy				
17	Travel	14,798	14,798		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	2 246		2 046	
22	Depreciation, depletion, and amortization	3,846		3,846 1,976	
23	Insurance	1,976		1,3/0	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	BANK FEES	38,113		38,113	
a b	WEBSITE SERVICES	25,400	15,240	5,080	5,080
C	FACILITIES & EQUIPMENT	24,941	12,745	6,410	5,786
d	Отигр	7,155		7,155	
	All other expenses	13,199	2,264	3,216	7,719
25	Total functional expenses. Add lines 1 through 24e	1,904,060	1,541,796	201,793	160,471
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campalgn and fundraising solicitation. Check here ▶ if				
DAA	following SOP 98-2 (ASC 958-720)				Form 990 (2014)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash—non-interest bearing 232,182 212,605 Savings and temporary cash investments 2 11,221 2 149,265 Pledges and grants receivable, net 3 40,375 171,138 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use R Prepaid expenses and deferred charges 740 740 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

10a

10b 7,462 6,479 10c 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 Intangible assets \_\_\_\_\_ 14 14 Other assets. See Part IV, line 11 15 15 291,980 540,227 16 16 Total assets. Add lines 1 through 15 (must equal line 34) ..... 27,193 17 Accounts payable and accrued expenses 8,626 17 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors. trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 ..... 27,193 8,626 26 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 283,354 513,034 Unrestricted net assets 27 27 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 283,354 513,034 Total net assets or fund balances 33 33 291,980 540,227 Total liabilities and net assets/fund balances ......

Forn	990 (2014) THE WATER PROJECT,	INC.	26-1455510			Pa	ge <b>12</b>
Pa	Reconciliation of Net Assets						-
	Check if Schedule O contains a res	sponse or note to any line in thi	is Part XI				X
1	Total revenue (must equal Part VIII, column (A), I	line 12)		111	2,1	33,	740
2	Total expenses (must equal Paπ IX, column (A), I	line 25)		2	1,9	04,	060
3	Nevenue less expenses. Subtract line 2 from line	: 1		131	2	29,	680
4	ivel assets or fund balances at beginning of year	(must equal Part X, line 33, column	າ (A))	4		83,	
5	Net unrealized gains (losses) on investments			5			
6	Donated services and use of facilities			6			
7	Investment expenses		***************************************	7			
8	riidi perida adjustinents			181			
9	Other changes in net assets or fund balances (ex	plain in Schedule O)		9			
10	Net assets or fund balances at end of year. Comb	oine lines 3 through 9 (must equal F	Part X, line				
	33, column (B))			10	5	13,0	034
Pa	t XII Financial Statements and Rep	porting					
	Check if Schedule O contains a res	sponse or note to any line in thi	s Part XII				
						Yes	No
1	Accounting method used to prepare the Form 990	D: Cash X Accrual	Other				
	If the organization changed its method of account	ting from a prior year or checked "C	Other," explain in				
	Schedule O.		•				
2a	Were the organization's financial statements com	piled or reviewed by an independer	nt accountant?		2a		X
	If "Yes," check a box below to indicate whether the						
	reviewed on a separate basis, consolidated basis,		·				
	Separate basis Consolidated basis	Both consolidated and sepa	ırate basis				
b	Were the organization's financial statements audit	ted by an independent accountant?	,		2b	X	*******
	If "Yes," check a box below to indicate whether the	- ·					
	separate basis, consolidated basis, or both:	•					
	X Separate basis Consolidated basis	Both consolidated and sepa	rate basis				
С	If "Yes" to line 2a or 2b, does the organization hav						
	of the audit, review, or compilation of its financial	•	_		2c	x	ı
	If the organization changed either its oversight pro		••••••				
	Schedule O.	,					
За	As a result of a federal award, was the organization	on required to undergo an audit or a	audits as set forth in	·			
	the Single Audit Act and OMB Circular A-133?	•			3a		X
b	If "Yes," did the organization undergo the required						
	required audit or audits, explain why in Schedule (	_	<u>-</u>	· · · · · · · · · · · · · · · · · · ·	3b		
					For	m 990	(2014)

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

Department of the Treasury Internal Revenue Service Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization Employer identification number THE WATER PROJECT, INC. 26-1455510 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (v) Amount of monetary (II) EIN (iv) is the croanization (vi) Amount of (iii) Type of organization organization listed in your governing other support (see (described on lines 1-9 support (see above or IRC section document? instructions) instructions) (see instructions)) (A) (B) (C) (D) (E)

**Total** 

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

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

Sec	ction A. Public Support	. iono to quality	diaci die teste	nated below, p	nease complete	e rait iii.)	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,022,720	1,451,681	1,680,824	1,832,740	2,126,666	8,114,631
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	1,022,720	1,451,681	1,680,824	1,832,740	2,126,666	8,114,631
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						8,114,631
Sec	tion B. Total Support						0,221,032
Caler	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	1,022,720	1,451,681	1,680,824	1,832,740	2,126,666	8,114,631
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	292	274	404	. 32	43	1,045
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						8,115,676
12	Gross receipts from related activities, etc.	(see instructions)				12	7,151
13	First five years. If the Form 990 is for the	organization's first,	second, third, fou	irth, or fifth tax yea	r as a section 501	(c)(3)	_
	organization, check this box and stop her				<u></u>		
	tion C. Computation of Public Su	<u> </u>				7	
14	Public support percentage for 2014 (line 6			n (f))			99.99%
15	Public support percentage from 2013 School		************				99.92%
16a	33 1/3% support test—2014. If the organ						<b>⊾</b> 🖾
	box and stop here. The organization quali	•					<b></b> ▶ 🗓
D	33 1/3% support test—2013. If the organishes this bay and stan have. The organishes						▶ □
17a	check this box and stop here. The organia 10%-facts-and-circumstances test—201						• U
174	10% or more, and if the organization meet	<del>-</del>					
	Part VI how the organization meets the "fa						
	organization		•	-			▶ □
b	10%-facts-and-circumstances test—201						
-	15 is 10% or more, and if the organization	-					
	Explain in Part VI how the organization me					olicly	<u></u> -
							▶ 🔲
18	Private foundation. If the organization did	d not check a box o	n line 13, 16a, 16b	o, 17a, or 17b, che	ck this box and see	•	. —
	instructions						▶ ∐

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 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.)

Sec	tion A. Public Support	quanty direct	ino tooto noteu	below, picase (	complete i ait i	1./	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		(0, 10.1	(0) 2012	(4) 2010	(6) 2514	(i) Total
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						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support				_		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	·		 			
i0a	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						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)			<u> </u>	<u> </u>	<u> </u>	<u> </u>
14	First five years. If the Form 990 is for the						. □
202	organization, check this box and stop her tion C. Computation of Public Su			• • • • • • • • • • • • • • • • • • • •	····	<u></u>	······
15	Public support percentage for 2014 (line 8			un (ft)		15	%
16	Public support percentage from 2013 Scho						%
	tion D. Computation of Investme						·····
17	Investment income percentage for 2014 (I			. column (f))		17	%
 18	Investment income percentage from 2013					1 40	%
19a	33 1/3% support tests—2014. If the orga			14, and line 15 is	more than 33 1/3	%, and line	
	17 is not more than 33 1/3%, check this be						▶ 🔲
b	33 1/3% support tests—2013. If the orga						
	line 18 is not more than 33 1/3%, check th	is box and stop h	ere. The organizat	ion qualifies as a p	publicly supported	organization	▶ 🔲
20	Private foundation, If the organization dis	not check a box	on line 14, 19a, or	19b, check this bo	x and see instruct	ions	

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 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 (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent 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 in 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 in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) 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 1		
	**********	
	*********	P0000000000000000000000000000000000000
2		
	*********	***********
3a		
3b		
	***************************************	*********
3с		
		***********
4a		
<b>-76</b>		
		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
4b		
*****	*********	**********
4c		
******		***************************************
E.	**********	************
5a		
5b		
30		
5c		
I		
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8		*******
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8		*******
8 9a		
8 9a		*******
8 9a		
9a 9b		
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8 9a 9b		
9a 9b		
9a 9b		
9a 9b 9c		
9a 9b 9c		
9a 9b 9c		
9a 9b 9c		
9a 9b 9c		

WAR.	AGE A (Folia 990 of 990-EZ) 2014 THE WATER PROJECT, INC.	26-1455510		Page
<u> ra</u>	MIV Supporting Organizations (continued)			
11	Has the organization accomted a city or contribution from any full of the	(m)	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls gift or acceptance of the second sec			
_	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		4	
b	A family member of a person described in (a) above?	11a	+	<del> </del>
		11b	_	<del> </del>
Sect	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part ion B. Type I Supporting Organizations	VI.   11c		<u> </u>
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Tvaa	T N-
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		Yes	No
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	1		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations		<u></u>	J
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	***********	************
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the price	or tax		
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	ie 💮		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	7 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 he	w		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? if "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		<u> </u>
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.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government	entity (see instructions).		
	And the Tree American Indian Indian	(	Van	Na
	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a	***********	*********
h	that these activities constituted substantially all of its activities.  Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	00000000		
b	· ·			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b	***************************************	 
2	activities but for the organization's involvement.	20		
3	Parent of Supported Organizations. Answer (a) and (b) below.  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? Provide details in Part VI.	3a	************	P
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	5000000000		
D	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard.	3b		000000000000000000000000000000000000000

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

5

Schedule A (Form 990 or 990-EZ) 2014

Income tax imposed in prior year

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Pai	Type III Non-Functionally Integrated 509(a)(3)	Tage 7		
Sect	tion D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exempt purpo		04//01/02/	
2	Amounts paid to perform activity that directly furthers exempt purpose	s of supported		
	organizations, in excess of income from activity	•••		
3_	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		, <u>, , , , , , , , , , , , , , , , , , </u>
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		
	(provide details in Part VI). See instructions.	·		
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(III)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
1	Distributable amount for 2014 from Section C, line 6		Pre-2014	Amount for 2014
2	Underdistributions, if any, for years prior to 2014			
_	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a	Section Conference in any, to 2014.			
b				
C				
d				
е	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
i				
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			•
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
b				
C				
	Excess from 2013			
•	Evenes from 2014	WARRANT STATE OF THE PROPERTY		varia (mp. 1000000000000000000000000000000000000

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (	Form 990 or 990-EZ)	2014 THE W.	ATER 1	PROJECT,	INC.		<u> 26-1455510</u>	Page 8
Part VI	Supplemental	l Information. I	Provide tl	he explanatio	ns required	by Part II, line 10; ation. (See instru	Part II, line 17a or 17	7b; and
	1 011 111, 1110 12	. 7 1100 complete	tilis part	i lor arry addir	uonai imonn	auon. (See instruc	Juoris.)	
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#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public

Name of the organization Employer Identification number THE WATER PROJECT, INC. 26-1455510 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year ..... 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year \_\_\_\_\_ 5 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? 6 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" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > 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, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, 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)? Yes No 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" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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) Revenues included in 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 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1

Sch	edule D (Form 990) 2014 THE WATE	R PROJECT,	INC	! <b>.</b>		26-1	455510		r	Page 2
P	art III Organizations Maintainin	g Collections o	f Art. F	listorical T	reasures	or Other	r Similar Asset	s (conti	nued)	age z
3	Using the organization's acquisition, access collection items (check all that apply):	ion, and other record	ds, chec	k any of the fo	llowing that	are a signific	cant use of its	. <del></del>	<u>iaca)</u>	
а	Public exhibition	4 <b></b>	Loan o	r exchange pro	narame					
b	The state of the s	ı H		·····						
С		٠ ـــ	outer .	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • •	••••••	• • • • • • • • • • • • • • • • • • • •			
4	Provide a description of the organization's co	ollections and evalui	in how th	av further the	organization	i'a avammt n	umaga in Dari			
	XIII.	onconons and explai	III IIOW EI	ley lutilier life	organization	is exempt p	urpose in Part			
5	During the year, did the organization solicit of	or receive donations	of orth	istoriaal traes.		!!				
•	assets to be sold to raise funds rather than t	o ho maintained as	oran, n	istoricai treasu	ires, or other	r sımılar		п,		٦
Ð	art IV Escrow and Custodial Arr	angemente	part or ti	ie organization	's collection	<u> </u>		LJ Y	es_	No
50000000	Complete if the organization		" to Fo	rm 990, Pa	rt IV, line	9, or repo	rted an amount	on Forr	n	
4-	990, Part X, line 21.									
18	Is the organization an agent, trustee, custod		-							_
	included on Form 990, Part X?		• • • • • • • •	• • • • • • • • • • • • • • • • • • • •				∐ Ƴ	es _	No
D	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:						
								Amou	nt	
		• • • • • • • • • • • • • • • • • • • •					1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or cus	todial accou	nt liability?		—	es 🗌	] No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.	Check here if the e	xplanation	on has been p	rovided in Pa	art XIII				<u> </u>
₽.	irt V Endowment Funds.									
	Complete if the organization	answered "Yes	<u>" to Fo</u>	<u>rm 990, Paı</u>	rt IV, line 1	10.				
	L	(a) Current year	(b	) Prior year	(c) Two ye	ars back	(d) Three years back	(e) Fo	ur years l	back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and						-			
	losses									
d	Grants or scholarships									
	Other expenditures for facilities and									
_	programs		l							
f	Administrative expenses	·					**************************************			
	End of year balance		<del> </del>					1		
ว	Provide the estimated percentage of the curr	ont year and balanc	o /lino 1	a column (a))	hold as:					
a		on year end balanc	e (une i	g, column (a))	neiu as.					
	Permanent endowment > %									
	Temporarily restricted endowment	%								
·	* * * * * * * * * * * * * * * * * * * *									
2-	The percentages in lines 2a, 2b, and 2c should be a sh	-	-4! 4b	4 b-ldd		-1 f 11				
Ja	Are there endowment funds not in the posses	ssion of the organiza	auon ma	t are neto ano	administere	a for the			Yes	No
	organization by:							0-0	res	NO
	(i) unrelated organizations						• • • • • • • • • • • • • • • • • • • •	3a(i)	$\vdash$	
D	If "Yes" to 3a(ii), are the related organizations						• • • • • • • • • • • • • • • • • • • •	<u>3b</u>	ш	
4 *****	Describe in Part XIII the intended uses of the		wment 1	runds.						
	tt VI Land, Buildings, and Equi		9 A- F-	000 Da	411/1:	4- 0 [	* 000 Dort	V line 1	^	
	Complete if the organization									
	Description of property	(a) Cost or other t		(b) Cost or o		1	cumulated reciation	(d) Book	, value	
	l d	(investment)		(othe	<del>"/</del>	usp.				
1a	Land							···		
	Buildings									
	Leasehold improvements				0 ===		= 101			<del></del>
	Equipment				9,757		5,191			<u>566</u>
	Other			<u> </u>	6,425	L	4,512			<u>913</u>
Total	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Par	t X, colu	mn (B), line 10	)c.)		<u></u> ▶ i		6,4	<u>479</u>

DAA

Cair VII	Complete if the organization answered "Yes" to	Form 990, Part IV	line 11h See Form 990 Part Y line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
(1) Financial	(including name of security)		Cost or end-of-year market value
(1) Financial (		.	
(3) Other	eld equity interests		
/41			
		•	
(C)		•	
(D)			
/E\		•	
(F)			
(Ġ)			
(H)	***************************************		
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Yes" to		
	(a) Description of investment	(b) Book value	(c) Method of valuation:
(4)			Cost or end-of-year market value
(1)			
(2)			
(4)			
(5)			<del></del>
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶		
Part IX	Other Assets.		
	Complete if the organization answered "Yes" to	Form 990, Part IV, li	
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)	, , , , , , , , , , , , , , , , , , ,		
(9)			
	(b) must equal Form 990, Part X, col. (B) line 15.)		<b>&gt;</b>
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" to	Form 990, Part IV, I	ine 11e or 11f. See Form 990, Part X,
	line 25.		
1.	(a) Description of liability	(b) Book value	
	income taxes		
(2)			_
(3)			_
(4)		-	$\dashv$
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(6) (7)			
(8)			
(9)			
	ı (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

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

DAA

₩₩	edule D (Form 990) 2014 THE WATER PROJECT, INC. 26-14555	10	Page 4
	Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	
1	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
2	Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1	2,133,860
– a			
b		1 1	
C	Recoveries of prior year grants 2c	1	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	120
3	Subtract line 2e from line 1	3	2,133,740
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		
C	Other (Describe in Part XIII.)  Add lines 4a and 4b	-	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	4c 5	2,133,740
Pa	Reconciliation of Expenses per Audited Financial Statements With Expenses per	_	2/133/110
********	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		•
1	Total expenses and losses per audited financial statements	11	1,904,180
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b			
C	Other losses 2c		
d	Other (Describe in Part XIII.)	4	
е	Add lines 2a through 2d	2e	120
3	Subtract line 2e from line 1	3	1,904,060
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b	1001	
d	Other (Describe in Part XIII.)  Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,904,060
	rt XIII. Supplemental Information.	·	
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; I	Part X, line	)
2; Pa	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; f rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
2; Pa	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; I		
Pa Pa	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; for XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  art XI, Line 2d - Revenue Amounts Included in Financials -	Othe	r
Pa Pa	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; for XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.    Art XI, Line 2d - Revenue Amounts Included in Financials -		
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Pa Pa CO	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; for XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  art XI, Line 2d - Revenue Amounts Included in Financials -  OST OF GOODS SOLD  art XII, Line 2d - Expense Amounts Included in Financials	Othe Oth	120 er
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Schedule D (Form 990) 2014

Schedule	D (Form 990) 20	14 THE	WATER I	PROJECT,	INC.		26-1455510	) Page
Part X	D (Form 990) 20	mental Info	rmation (c	ontinued)				
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### **SCHEDULE F** (Form 990)

Part I

Department of the Treasury Internal Revenue Service

# Statement of Activities Outside the United States

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

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE WATER PROJECT, INC.

Employer identification number 26-1455510

Part I	General Information Form 990, Part IV, line	າ on Activities Oເ 14b.	itside the United States.	Complete if the organization ans	wered "Yes" on
1 For grants assistance	makers. Does the organize, the grantees' eligibility for	ation maintain records or the grants or assista	to substantiate the amount of its ince, and the selection criteria us		X Yes No
2 For grants		V the organization's pr	ocedures for monitoring the use		
3 Activities p	er Region. (The following	Part I, line 3 table can	be duplicated if additional space	e is needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients tocated in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
KENYA (1)			PROGRAM SERVICES	SEE PART V	486,671
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17) 3a Sub-total					486,671
b Total from continu	ation				
c Totals (add	3h)				486,671

Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Schedule F (Form 990) 2014 THE WATER PROJECT, INC.

26-1455510

			:			מממיווסוומו סממס	יכ ופניתנית.		
<del>-</del>	(a) Name of	(b) IRS code	(c) Region	(d) Purpose of	(e) Amount of	(f) Manner of	(g) Amount of	(h) Description	valuation
	i Guaranta de la compania del compania del compania de la compania del la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania della compania de la compania della compani	(if applicable)		ਜਿਲਮ		disbursement	non-cash assistance	of non-cash assistance	(book, Filiv, appraisal, other)
ω			KENYA	SEE PART V	199,960	WIRED			CASH
(2)			KENYA	SEE PART V	209,300	WIRED			CASH
9			KENYA	SEE PART V	53,411	WIRED			CASH
9			KENYA	SEE PART V	24,000	WIRED			CASH
(9)									
(9)									
(2)									
(8)									
(6)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

Enter total number of recipient organizations listed above that are recognized as charitles by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities

Schedule F (Form 990) 2014

9710 08/05/2015 5:54 PM

Page 3 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. 26-1455510 Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2014 THE WATER PROJECT, INC.

(a) Type of grant or assistance	(b) Region	(c) Number of reciplents	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Schedule	Schedule F (Form 990) 2014

for Form 5713; do not file with Form 990)

"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions

Schedule F (Form 990) 2014

X No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds THE WATER PROJECT REQUIRES GRANT RECIPIENTS TO SUBMIT DOCUMENTATION OF INITIAL ASSESSMENT DATA COLLECTED DURING A GRANTEE'S WATER PROGRAMS DESIGN AND/OR WATER PROJECT SITE IDENTIFICATION PROCESSES. MID-TERM REPORTS AND EVALUATIONS ARE REQUESTED TO TRACK PROGRESS AND SUCCESS OF DISTINCT WATER PROJECTS. END OF PROGRAM COMPLETION CHARTS AND END OF WATER PROJECT COMPLETION NARRATIVE REPORTS ARE SUBMITTED BY PARTNERS FOR FINAL REVIEW AND APPROVAL OF ALL WORK ACCOMPLISHED. PHOTOGRAPHS AND OTHER MEDIA ALONG WITH GPS COORDINATES ARE COLLECTED FOR EVERY WATER PROJECT AND ARE USED, AMONG OTHER PURPOSES, TO IDENTIFY SITES FOR UNANNOUNCED FOLLOW-UP VISITS AND OTHER CHECKS. GRANTEES ARE REQUIRED TO SUBMIT BUDGETS AND AUDITED FINANCIAL RECORDS ON REQUEST. SOME PARTNERS SATISFY THE ABOVE MINIMUM REQUIREMENTS THROUGH MONTHLY AND QUARTERLY REPORTING. Part I, Line 3 - Activities per Region Region Expenditures 486,671 \$ KENYA Part V - Additional Information PART I, LINE 3, COLUMN (E) WATER PROJECTS ARE INSTALLED AND REPAIRED THROUGHOUT THE REGION BRINGING CLEAN, SAFE DRINKING WATER TO THE RURAL POOR. COMMUNITY DEVELOPMENT ACTIVITIES INCLUDE SANITATION AND HYGIENE TRAINING, COMMUNITY MOBILIZATION AND LONG-TERM WATER PROJECT MAINTENANCE AND MANAGEMENT SKILLS TRAINING. PARTNER ORGANIZATIONS CONDUCT LONG TERM FOLLOW-UP MEASUREMENT AND EVALUATION OF PROGRAM OUTCOMES, AND EACH PROJECT IS MONITORED TO ENSURE

S	che	dule	F	(Form	990	2014
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

DAA

## Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Name of the organization

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

THE WATER PROJECT,						2	6-1455510	
Part I General Information on Grants and	Assistance							
<ol> <li>Does the organization maintain records to substantiate the selection criteria used to award the grants or assistant assistant to the selection criteria used to award the grants or assistant to the selection part IV the organization's procedures for mo</li> </ol>	nce?						X Yes	No
Part II Grants and Other Assistance to Do Part IV, line 21, for any recipient that	mestic Organ	izations	and Domestic Go	vernments. Con duplicated if addi	tional space is r	anization ansv needed.	vered "Yes" to Form 990,	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
(1) LIVING WATER INTERNATIONAL 4001 GREENBRIAR DRIVE, SUITE 200 STAFFORD TX 77477	76-0324875	3	540,000		CASH		SEE PART IV	
(2) THE WATER TRUST 601 WEST 26TH ST. SUITE 325-25 NEW YORK NY 10001	26-0787621	3	170,065		CASH		SEE PART IV	
(3) DESIGN OUTREACH PO BOX 763 WINONA LAKE IN 46590	46-0779062	3	46,000		CASH		SEE PART IV	
(4)								
(5)								
(6)								
		i						
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(8)						· · · · · · · · · · · · · · · · · · ·		
(0)								
(9)								
<ul> <li>Enter total number of section 501(c)(3) and government</li> <li>Enter total number of other organizations listed in the lin</li> </ul>	organizations liste e 1 table	d in the line	1 table				→ 3 → 0	• • • •
For Paperwork Reduction Act Notice, see the Instructions	for Form 990.						Schedule I (Form 990) (20	)14)

APPROVAL OF ALL WORK ACCOMPLISHED. PHOTOGRAPHS AND OTHER MEDIA ALONG WITH

GPS COORDINATES ARE COLLECTED FOR EVERY WATER PROJECT AND ARE USED, AMONG

OTHER PURPOSES, TO IDENTIFY SITES FOR UNANNOUNCED FOLLOW-UP VISITS AND

LIVING WATER INTERNATIONAL (LWI) - \$540,000 GRANT

56 WATER PROJECTS WERE INSTALLED AND REPAIRED THROUGHOUT RWANDA, UGANDA,

SIERRA LEONE, AND BURKINA FASO BRINGING CLEAN, SAFE DRINKING WATER TO THE

Part III Grants and Other Assistan Part III can be duplicated if a	dditional space is needed.				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_1					
2					
3					
4					
5					
_6					
7   Part IV   Supplemental Information	Provide the information r	aguired in Bort Lline	2 Port III. column (h		
	EVELOPMENT ACTIV				ntormation.
HYGIENE TRAINING, COMMUN	ITY MOBILIZATION	N AND LONG-T	ERM WATER PRO	JECT	

THE WATER TRUST - \$170,065 GRANT

WITH THE WATER PROJECT, INC.

21 WATER PROJECTS WERE FUNDED, INSTALLED AND/OR REPAIRED THROUGHOUT UGANDA

FOLLOW-UP MEASUREMENT AND EVALUATION OF PROGRAM OUTCOMES IN COOPERATION

BRINGING CLEAN, SAFE DRINKING WATER TO THE RURAL POOR. COMMUNITY

DEVELOPMENT ACTIVITIES INCLUDE SANITATION AND HYGIENE TRAINING, COMMUNITY

DEVELOPING COUNTRIES.

### **SCHEDULE 0** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number

THE WATER PROJECT, INC.	26-1455510
Form 990, Part III, Line 4d - All Other Accomplishment	
THROUGH A PARTNERSHIP WITH LIVING WATER INTERNATIONAL,	THE WATER PROJECT,
INC. FUNDS THE INSTALLATION OF NEW WELLS AND WELL REHAR	ILITATION IN RURAL
BURKINA FASO. TEAMS CARRY OUT EXTENSIVE COMMUNITY DEVE	LOPMENT ACTIVITIES
INCLUDING SANITATION AND HYGIENE TRAINING, COMMUNITY MO	BILIZATION AND
LONG-TERM CARE PLANNING FOR EACH WATER PROJECT FUNDED.	IN 2014, TWP FUNDED
A TOTAL OF 20 WATER PROJECTS IN BURKINA FASO.	
THROUGH A PARTNERSHIP WITH LIVING WATER INTERNATIONAL,	THE WATER PROJECT,
INC. FUNDS THE INSTALLATION OF NEW WELLS AND WELL REHA	BILITATION IN RURAL
SIERRA LEONE. TEAMS CARRY OUT EXTENSIVE COMMUNITY DEVEL	OPMENT ACTIVITIES
INCLUDING SANITATION AND HYGIENE TRAINING, COMMUNITY MO	BILIZATION AND
LONG-TERM CARE PLANNING FOR EACH WATER PROJECT FUNDED.	IN 2014, TWP FUNDED
A TOTAL OF 12 WATER PROJECTS IN SIERRA LEONE.	
THE WATER PROJECT, INC. PARTNERED WITH DESIGN OUTREACH	AND WORLD VISION TO
DEVELOP A NEW PUMP DESIGN FOR USE IN BRINING CLEAN WATE	R TO COMMUNITIES IN
DEVELOPING COUNTRIES.	
PROGRAM DEVELOPMENT, EDUCATION AND ADVOCACY.	
THE WATER PROJECT, INC. WORKS DIRECTLY WITH ITS PROJECT	IMPLEMENTERS TO
MEASURE AND EVALUATE THE EFFECTIVENESS OF PREVIOUSLY FU	NDED AND INSTALLED
WATER PROJECTS. THROUGH THIS PROCESS, THE WATER PROJEC	T, INC. THEN, IN
COLLABORATION WITH THOSE PARTNERS, REFINES PROGRAM APPR	OACHES SO THEY MEET
OR EXCEED ESTABLISHED BEST PRACTICES AS WELL AS ITS OWN	CRITERIA FOR LONG

Schedule O (Form 990 or 990-EZ) (2014) Name of the organization Employer identification number THE WATER PROJECT, INC. 26-1455510 TERM PROGRAM EFFECTIVENESS. THIS PROCESS MAY INCLUDE SITE VISITS, EXTERNAL AND INDEPENDENT AUDITS OF PARTNER ACTIVITIES, REGULAR MEETINGS WITH VARIOUS STAKEHOLDERS, AND RESEARCH. THE WATER PROJECT, INC. ALSO REGULARLY DEVELOPS EDUCATIONAL MATERIALS, ARTICLES, AND CURRICULA TO EDUCATE STUDENTS AND OTHERS ACROSS ITS CONSTITUENCY ABOUT THE WATER CRISIS, ITS EFFECTS, AND WAYS IN WHICH THEY CAN HELP. THE WATER PROJECT, INC.'S WEBSITE PROVIDES A RICH SOURCE OF MATERIAL AND LINKS FOR EDUCATORS AS WELL. THE WATER PROJECT CO-DEVELOPS MULTI-YEAR MONITORING PLANS ON EACH PROJECT. 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. 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 17 - Other States Where Copy of Return is Filed Kentucky, Maryland, Massachusetts, Michigan, Mississippi, New Jersey, New Mexico, New York, North Carolina, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Utah, Virginia, Washington, Page 1 of 2

Schedule O (Form 990 or 990-EZ) (2014) Name of the organization	Page Employer Identification number
THE WATER PROJECT, INC.	26-1455510
West Virginia	
Form 990, Part VI, Line 19 - Governing I PUBLIC AT THE WATER PROJECT, INC. OFFICE	
Form 990, Part XI, Line 9 - Reconciliati	
COST OF GOODS SOLD	\$ 120
COST OF GOODS SOLD	\$ -120
	Page 2 of 2

Form 4562

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

Internal Revenue Service Name(s) shown on return Identifying number THE WATER PROJECT, INC. 26-1455510 Business or activity to which this form relates Indirect Depreciation Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 500,000 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2013 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 ..... 12 Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not 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 3,846 16 Other depreciation (including ACRS) ...... MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2014 \_\_\_\_\_\_ 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 2014 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (f) Method (g) Depreciation deduction (business/investment use (e) Convention (a) Classification of property placed in period only-see instructions) service 3-year property 5-year property 7-year property 10-year property e 15-year property 20-year property S/L 25 yrs. 25-year property MM S/L 27.5 yrs. Residential rental property 27.5 yrs. MM S/L Nonresidential real 39 yrs. property MM S/L Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. b 12-year S/L 40-vear Summary (See instructions.) Listed property. Enter amount from line 28 21 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 3,846 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 For assets shown above and placed in service during the current year, enter the

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