Form

Return of Organization Exempt From Income Tax

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

2018

Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

<u>A</u>	For the 2018 c	alendar year, or tax year beginning , and ending			
В	Check if applicable:	C Name of organization		D Employe	r identification number
	Address change	THE WATER PROJECT, INC.		1	
$\overline{\sqcap}$	Name change	Doing business as			<u>455510</u>
\exists	·	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephon	e number 369-3858
님	Initial return Final return/	17 DEPOT ST, 2ND FLOOR City or town, state or province, country, and ZIP or foreign postal code		003-	307-3030
Ш	terminated				eipts\$ 2,922,717
	Amended return	CONCORD NH 03301 F Name and address of principal officer:	T	G Gross rec	
$\overline{\Box}$	Application pending	R. PETER CHASSE	H(a) Is this a gre	oup return for s	ubordinates? Yes X No
		17 DEPOT ST, 2ND FLOOR	H(b) Are all sut	ordinates incl	uded? Yes No
		CONCORD NH 03301	1 ' '		(see instructions)
_	Tour automate at a training		⊣		
÷	Tax-exempt status: Website: ▶ H	X 501(c)(3) 501(c) ()	H(c) Group exe	emotion numbe	ur 🏲
<u>-</u>	Form of organization:		Year of formation: 2		M State of legal domicile: NH
	00000000000000000	Immary	Total Officialization.		III Oldito or rogal dormonor a table
2000	,	scribe the organization's mission or most significant activities:			·····
4	ا ما	Schedule O			
2		T			
& Governance	********				
Š	2 Check th	is box ▶ if the organization discontinued its operations or disposed of more than 2	25% of its net as	sets.	
ر مع	3 Number	of voting members of the governing body (Part VI, line 1a)		_ I _ I	
Se	4 Number	of independent voting members of the governing body (Part VI, line 1b)			3
Š	5 Total nur	nber of individuals employed in calendar year 2018 (Part V, line 2a)			12
Activities	6 Total nur	nber of volunteers (estimate if necessary)		اعا	304
•		elated business revenue from Part VIII, column (C), line 12		1 - 1	0
	b Net unre	ated business taxable income from Form 990-T, line 38		7b	2,493
			Prior Ye		Current Year
ě	8 Contribut	ions and grants (Part VIII, line 1h)	5,97	2,500	2,899,721
Revenue	9 Program	service revenue (Part VIII, line 2g)		103	22,996
Š	10 Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)		103	22,990
_	11 Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	F 97	2,603	2,922,717
_		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,632	1,973,660
		nd similar amounts paid (Part IX, column (A), lines 1–3)	1,05	3,032	1,3/3,000
	AP Caladaa	paid to or for members (Part IX, column (A), line 4)	80	5,343	1,081,816
xpenses	15 Salaties,	other compensation, employee benefits (Part IX, column (A), lines 5–10) onal fundraising fees (Part IX, column (A), line 11e) draising expenses (Part IX, column (D), line 25) ▶ 406,213		3/313	0
Ë	h Total fun	designer expenses (Part IX, column (D), line 11e)			
Ä		(D. 104 1 (A) U 44 - 44 446 04 -)	34	5,782	339,949
		penses (Part IX, column (A), lines 11a–11d, 111–24e) penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		6,757	3,395,425
		less expenses. Subtract line 18 from line 12		5,846	-472,708
5	S TO TREVEINGE	tess expenses. Subtract fine 10 from the 12	Beginning of Cu		End of Year
Net Assets or	20 Total ass	ets (Part X, line 16)		3,771	3,496,617
\$	21 Total liab	vilities (Part X, line 26)		6,822	62,376
		ts or fund balances. Subtract line 21 from line 20	3,90	6,949	3,434,241
		gnature Block			
Ĺ	Inder penalties of	perjury, I declare that I have examined this return, including accompanying schedules and stater omplete. Declaration of preparer lather than officer) is based on all information of which prepare	nents, and to the b	est of my kr	nowledge and belief, it is
	rue, correct, and c	omplete Declaration of preparer (wher than officer) is based on all information of which prepare	r nas any knowled	ye.	1-10-016
۵.		1 f f f f f f or		Date	9/63/17
	a ;	ignature of officer	IDENT	Dato	
пе	ere	R. PETER CHASSE PRES:	LDENI		
		e preparer's name Preparer's signature	Date	Check	if PTIN
Pa	``	A. Hession, CPA	06/25	19 self-en	□ "
	eparer Firm's na	The section of Board		Firm's EIN	02-0428003
Us	e Only	62 Stark Street	1		
	Firm's ad	30		Phone no.	603-669-5477
Ma		ss this return with the preparer shown above? (see instructions)			Yes No
_		uction Act Notice, see the separate instructions.			Form 990 (2018)

Forn	1 990 (2018) THE WATER	PROJECT,	INC.	2	6-1455510		Page 2
Pi	art III Statement of Prog	gram Service	Accomplishme	nts			
	Check if Schedule	O contains a	esponse or note	to any line in t	his Part III		X
1					-		
2	See Schedule O						
	***************************************	• • • • • • • • • • • • • • • • • • • •					•••••
	• • • • • • • • • • • • • • • • • • • •						
	* * * * * * * * * * * * * * * * * * * *			• • • • • • • • • • • • • • • • • • • •	,		
2	Did the organization undertake an	v olgalijoont maa	rom condens during	the week which we	ro not lietod en the		
2	prior Form 990 or 990-EZ?	iy signilicant prog	iam services during	the year which we	ite not listed on the		Yes X No
							[163 EE NO
_	If "Yes," describe these new servi						
3	Did the organization cease condu	cting, or make sig	initicant changes in i	now it conducts, a	ny program		□,, ,
							Yes X No
	If "Yes," describe these changes						
4	Describe the organization's progra			_			
	expenses. Section 501(c)(3) and	-			nt of grants and alloc	cations to others,	
	the total expenses, and revenue, i	if any, for each pi	ogram service report	ted.			
4a	(Code:) (Expenses \$	2,006	, 287 including g	rants of \$	1,539,827) (Revenue \$)
S	ee Schedule O						

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		410	201		207 410		
	(Code:) (Expenses \$	417	,301 including g	rants of \$	307,419)
	(Code:)(Expenses \$,301 including g) (Revenue \$	
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4c S	(Code:)(Expenses \$ See Schedule O	210) (Revenue \$)
4c S	(Code:) (Expenses \$ see Schedule O	210	,634 including g		126,414) (Revenue \$)
4c S	(Code:) (Expenses \$ see Schedule O	210 in Schedule O.) 245 including	,634 including g) (Revenue \$)

			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		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			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		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, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	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,"			
	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			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	*******	X
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,"	ا ۔ ۱	v	ĺ
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	446		x
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		┢┻
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11c		x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		- ^-
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<u> </u>
•	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			
	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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
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	<u> </u>
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?	ا مر ا		
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b 24	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	41		<u> </u>

200000000000000000000000000000000000000	art IV Checklist of Required Schedules (continued)			age 4
**************************************	art IV Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		1.55	
	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			ł
	employees? If "Yes," complete Schedule J	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			
L	through 24d and complete Schedule K. If "No," go to line 25a	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 to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	·····		
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
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	1		
	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,			
	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	ļ <u> </u>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	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)	00-		x
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	-	X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	······		<u> </u>
-	complete Schoolide N. Boot II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			ĺ
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		₩
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	 	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		l	
	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	38	x	
	19? Note. All Form 990 filers are required to complete Schedule O. If V Statements Regarding Other IRS Filings and Tax Compliance	36	1 22	
**** *	Check if Schedule O contains a response or note to any line in this Part V			П
	Chash is deficultion of definance a receptance of moto to any line in time i are a commission.		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	l	

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5h If "Yes" to line 5a or 5b, did the organization file Form 8886-T? C Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X If "Yes," indicate the number of Forms 8282 filed during the year 7d d X 7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Ь 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Section 501(c)(12) organizations. Enter: Gross income from members or shareholders а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand ______ C X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 X excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

Form 990 (2018) 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 Section A. Governing Body and Management No 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 3 1b 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? X 3 Did the organization delegate control over management duties customarily performed by or under the direct X 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 X 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a b Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X 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.) No Yes 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 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 Did the organization have a written document retention and destruction policy? X 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? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization X 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 X with a taxable entity during the year? 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 List the states with which a copy of this Form 990 is required to be filed AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X 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 R. PETER CHASSE 17 DEPOT ST, 2ND FLOOR

603-369-3858

NH 03301

CONCORD

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for	off	(C) Position onot check more than one k, unless person is both an icer and a director/trustee)			s both r/trust	ee)	(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)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations	
(1) AMY KARJALA DIRECTOR	0.50	x						o	0	0	
(2) DAVID SACRA	0.00			\vdash	┢						
DIRECTOR	0.50 0.00	x						. 0	0	0	
(3) R. PETER CHASSE	50.00										
PRESIDENT	0.00		<u> </u>	X	<u> </u>		<u> </u>	127,915	0	31,640	
(4) MICHAEL BALLOU	50.00							00.010	•	06 074	
TREASURER/SECR/OPS (5) DAVID MYERS	0.00			X	 		_	82,218	0	26,274	
CHAIRMAN	0.50 0.00			x				0	0	0	
(6) STAN PATYRAK											
VP OF STRATEGY & DEV	50.00 0.00					x		131,071	0	30,470	
(7)											
(8)											
(9)	-										
	• • • • • • • • • • • • • • • • • • • •										
(10)	<u>-</u>										
) 				
(11)											

Pa	rt VII Section A. Officers	s, Directors, Tru	ste	es, K	ey E	mpl	oyee	es,	, and Highest Compensated	d Employees (continued)	
	(A) Name and title	(B) Average hours per week (list any hours for	bo	ox, uni	-	erson	is both	n an	n from	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(11-2 1030 miles)	organization and related organizations
· · · · ·											
								Ĺ	341,204		88,384
C	Sub-total Total from continuation she	ets to Part VII, S	Secti	ion /	٩			>	341,204		88,384
2	Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	cluding but not li	mite	d to	thos	e lis	ted a	abo	ove) who received more than	\$100,000 of	00,301
3	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organization and related organization.	ormer officer, dire complete Scheder 1a, is the sum	ecto dule of re	r, or <i>J for</i>	suci able	h ind com	lividu pens	<i>ual</i> sati	tion and other compensation	from the	3 X 4 X
5	Did any person listed on line 1 for services rendered to the or									r individual	5 X
Secti 1	ion B. Independent Contractor Complete this table for your fix	e highest comp	ensa	ited i	inde	end	ent d	con	ntractors that received more	than \$100,000 of	
	compensation from the organi	zation. Report co (A) business address	omp	ensa	tion	for t	he ca	aler	endar year ending with or with	nin the organization's tax yo (B) Stion of services	ear. (C) Compensation
	Trains and	350m333 334m333									
			-								
			<u></u>					_			
				-	•	•					
2	Total number of independent of received more than \$100,000									0	

	art \		ment of Reve		aine a	resnonse	or note to any line	in this Part VIII		
		Cricor	(ii odriedaie (J COM	<u>ans a</u>	response	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
State	1a	Federated car	mpaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts	b	b Membership dues 1b								
S, A	C	Fundraising e	vents	1c]			
# <u>E</u>	d	Related organ	nizations	1d]			
S, E	е	Government grants	(contributions)	1e						
tion S	f	All other contributio								
当		and similar amount	s not included above	_1f	2,	899,721				
	g		ons included in lines 1a-			8,478	hannananananananananananananan			
<u>2 g</u>	h	Total. Add line	es 1a-1f		· · · · · · · · · · · · · · · · · · ·	.	2,899,721			
Program Service Revenue	_					Busn. Code				
eve	2a	·								
8	b	• • • • • • • • • • • • • • • • • • • •				<u> </u>				
Ē	C	• • • • • • • • • • • • • • • • • • • •								
Š	"	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •							
grai			am service rever							 :
P	,		es 2a–2f			—			<u> </u>	
	3		come (including o							
		and other simi					22,996			22,996
	4		nvestment of tax	exemp	t bond p	roceeds >				
	5		••••							
			(i) Real			Personal				
	6a	Gross rents								
	b	Less: rental exps.								
	С	Rental inc. or (loss)								
	_d	Net rental inco	me or (loss)							
	/a	Gross amount from sales of assets	(i) Securities		(ii)	Other				
		other than inventory								
	b	Less: cost or other								
		basis & sales exps.								
		Gain or (loss)								
			ss)			<u> </u>				
9	8a		om fundraising even	ts						
en		(not including \$								
Other Revenue			reported on line 1c).							
er		See Part IV, line		. a_						
8		Less: direct ex		b L						
			(loss) from fund	7-	events .	>				
	уa		om gaming activities							
	h	Lees direct a	19 penses	. a b						
			(loss) from gami		rities					
			finventory, less	ing activ	nues					
			owances	a						
	ь		oods sold							
į			(loss) from sales		ntory .					
			cellaneous Revenue			Busn. Code				
	11a									
	b									
	C									
	d	All other reven	ue							
	е		es 11a-11d							
	12		. See instruction				2,922,717	0	0	22,996

Page 10

******	Statement of Functional Exp	mplete all columns. All othe		plete column (A).	
	Check if Schedule O contains a respo		*****************		(5)
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	1,973,660	1,973,660		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	219,378	108,652	65,748	44,978
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	619,874	356,154	74,613	189,107
8	Pension plan accruals and contributions (include			[
	section 401(k) and 403(b) employer contributions)	28,518	13,835	4,703	9,980
9	Other employee benefits	150,535	90,079	27,411	33,045
10	Payroll taxes	63,511	35,174	10,622	17,715
11	Fees for services (non-employees):				
а	Management				
b	Legal	13,284	1,231	10,425	1,628
C	Accounting	14,370	1,864	11,716	790
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	33,170	1,900	266	31,004
12	Advertising and promotion	2,664			2,664
13	Office expenses	27,776	1,082	221	26,473
14	Information technology	16,300	7,770	1,783	6,747
15	Royalties				
16	Occupancy				
17	Travel	51,087	39,200	418	11,469
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				
22	Depreciation, depletion, and amortization	11,557	7,095	1,455	3,007
23	Insurance	2,173		2,173	
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.)	50.000	26.224	4 054	0 001
а	FACILITIES & EQUIPMENT	50,079	36,034	4,954	9,091
b	BANK FEES	47,395	1,852	45,407	136
C	WEBSITE SERVICES	28,285	20,427	90	7,768
d	TELEPHONE & INTERNET	15,981	10,026	1,847	4,108
е	All other expenses	25,828	18,432	893	6,503
25	Total functional expenses. Add lines 1 through 24e	3,395,425	2,724,467	264,745	406,213
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				Earn 990 (2018)

Total liabilities and net assets/fund balances

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 744,305 1 626,102 Cash—non-interest bearing Savings and temporary cash investments 2,490,753 2,717,202 2 468,354 70,415 Pledges and grants receivable, net 3 Accounts receivable, net 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 8 11,225 15,852 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

10a 329,113

10b 35,618 12,685 293,495 10c Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 3,953,771 3,496,617 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 46,822 Accounts payable and accrued expenses 62,376 17 17 Grants payable 18 18 Deferred revenue 19 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, -iabilities 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 62,376 Total liabilities. Add lines 17 through 25 46,822 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 3,433,128 3,170,699 27 27 Unrestricted net assets 473,821 263,542 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and 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 Retained earnings, endowment, accumulated income, or other funds 32 3,906,949 33 3,434,241 Total net assets or fund balances 33

3,496,617 Form 990 (2018)

3,953,771

orn	1990 (2018) THE WATER PROJECT,]	INC. 26-	1455510		Page	<u> 12</u>
Pa	rt XI Reconciliation of Net Assets	-				
	Check if Schedule O contains a respo	nse or note to any line in this Part X	<u> </u>			\Box
1	Total revenue (must equal Part VIII, column (A), line	12)	<u>1</u>		22,7	
2	Total expenses (must equal Part IX, column (A), line	25)	2		95,4	
3	Revenue less expenses. Subtract line 2 from line 1		3		72,7	
4	Net assets or fund balances at beginning of year (mu	st equal Part X, line 33, column (A))	4_	3,9	06,9	<u>49</u>
5	Net unrealized gains (losses) on investments		5	<u> </u>		
6	Donated services and use of facilities		_ 6_			
7	I		1 7	<u> </u>		
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explai	- i- Cabadula O\	9_			
0	Net assets or fund balances at end of year. Combine	lines 3 through 9 (must equal Part X, lin	е			
	33, column (B))			3,4	34,2	<u>41</u>
Pa	rt XII Financial Statements and Repor	ting			4	_
	Check if Schedule O contains a respo	nse or note to any line in this Part X	ll			
					Yes I	No_
1	Accounting method used to prepare the Form 990:	Cash X Accrual Of	ther	l		
	If the organization changed its method of accounting	from a prior year or checked "Other," ex	plain in			
	Schedule O.					
2a	Were the organization's financial statements compile	d or reviewed by an independent accoun	itant?	2a		X
	If "Yes," check a box below to indicate whether the fir	nancial statements for the year were con	npiled or			
	reviewed on a separate basis, consolidated basis, or	both:				
	Separate basis Consolidated basis	Both consolidated and separate basi	is			
b	Were the organization's financial statements audited	by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the fir	nancial statements for the year were aud	ited on a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis	Both consolidated and separate basi	s			
C	If "Yes" to line 2a or 2b, does the organization have a	committee that assumes responsibility	for oversight		1 1	
	of the audit, review, or compilation of its financial sta	tements and selection of an independen	t accountant?	2c	X	
	If the organization changed either its oversight proces	ss or selection process during the tax yes	ar, explain in			
	Schedule O.					
3а	As a result of a federal award, was the organization re	equired to undergo an audit or audits as	set forth in			
	the Single Audit Act and OMB Circular A-133?			3a		<u>x</u> _
b	If "Yes," did the organization undergo the required au	dit or audits? If the organization did not t	undergo the			
	required audit or audits, explain why in Schedule O a			3b		

Form **990** (2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service
Name of the organization

THE WATER PROJECT, INC.

Employer Identification number 26-1455510

P	art	Reas	on for Public Charity	Status (All organizations	must co	mplete	this part.) See instruction	ns.				
The	orga	nization is not	a private foundation because	e it is: (For lines 1 through 12, o	heck only	one box	.)					
1		A church, co.	nvention of churches, or ass	ociation of churches described i	in section	170(b)(1	I)(A)(i).					
2		A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 9	90-EZ).)						
3	П			ce organization described in sec			iii).					
4	П			d in conjunction with a hospital o				ospital's name,				
		city, and stat	•				, , , , , ,					
5	\Box	• •		of a college or university owned	or operate	ed by a g	overnmental unit described in					
•	ш	=	b)(1)(A)(iv). (Complete Part			, 3						
6				overnmental unit described in se	ection 17	'0(b)(1)(A)(v).					
7	X	An organizati	on that normally receives a	substantial part of its support fro								
8		described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9				cribed in section 170(b)(1)(A)(i		ed in coni	unction with a land-grant colleg	ie				
_			or a non-land-grant college of	of agriculture (see instructions).	Enter the			•				
10		An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)										
11		An organizati	on organized and operated	exclusively to test for public safe	ety. See s	ection 50	09(a)(4).					
12	П			exclusively for the benefit of, to				ses				
		of one or mor	re publicly supported organiz	ations described in section 509	9(a)(1) or	section (509(a)(2). See section 509(a)(3).				
				at describes the type of suppor								
	а			erated, supervised, or controlled				ng				
			•	ver to regularly appoint or elect		of the di	rectors or trustees of the					
				omplete Part IV, Sections A ar								
	b			pervised or controlled in connec				- d				
				ting organization vested in the s	ame pers	sons that	control or manage the support	ea				
	С			Part IV, Sections A and C. upporting organization operated	l in conne	ction with	and functionally integrated w	ith,				
		its suppo	rted organization(s) (see ins	tructions). You must complete	Part IV,	Sections	A, D, and E.					
	d	Type III r	non-functionally integrated	I. A supporting organization ope	rated in c	onnection	with its supported organization	n(s)				
				organization generally must sa				ess				
				nust complete Part IV, Section								
	е			eived a written determination fron- n-functionally integrated support			satypet, typeti, typetii					
	f		nber of supported organizati	• •	ing Organ	nzadon.						
	g			e supported organization(s).								
			(ii) EIN	(Iii) Type of organization	(by) is the	organization	(v) Amount of monetary	(vi) Amount of				
,,	-	e of supported ganization	in) End	(described on lines 1–10		r governing	support (see	other support (see				
				above (see instructions))	docu	ment?	instructions)	instructions)				
					Yes	No						
(A)												
(B)												
(C)						<u> </u>						
(D)												
(E)												
					2 0000000000000000000000000000000000000							
Tota	ıl											

Schedule A (Form 990 or 990-EZ) 2018

Part II Support Schedu

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	etion A. Public Support	· · · · · · · · · · · · · · · · · · ·		, ,			
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,126,666	2,155,485	2,402,979	5,972,500	2,899,721	15,557,351
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 5	Total. Add lines 1 through 3 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	2,126,666	2,155,485	2,402,979	5,972,500	2,899,721	15,557,351
	shown on line 11, column (f)						1,950,439
6	Public support. Subtract line 5 from line 4						13,606,912
	tion B. Total Support ndar year (or fiscal year beginning in)	(0) 2014	(b) 201 <i>E</i>	(0) 2016	(d) 2017	(e) 2018	(f) Total
		(a) 2014	(b) 2015	(c) 2016	(d) 2017	2,899,721	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,126,666	2,155,485 59		5,972,500 103	22,996	23,201
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						15,580,552
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the	organization's first	, second, third, for	urth, or fifth tax yea	ar as a section 501	(c)(3)	. —
	organization, check this box and stop her	e					▶
	tion C. Computation of Public Su					1	
14	Public support percentage for 2018 (line 6					1 1	87.33%
15	Public support percentage from 2017 Scho			40 10 10 40 10		<u>15 </u>	100.00%
16a	33 1/3% support test—2018. If the organ						► X
	box and stop here. The organization quali 33 1/3% support test—2017. If the organ				E in 22 4/20/ or my		
D	this box and stop here. The organization						▶ □
17a	10%-facts-and-circumstances test—201					. 14 is	г ப
174	10% or more, and if the organization meet						
	Part VI how the organization meets the "fa	acts-and-circumsta	nces" test. The org	ganization qualifies	as a publicly sup	oorted	▶ □
b	organization 10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization Explain in Part VI how the organization me	 If the organizating meets the "facts-aeets the "facts-and-aeets the "facts-and-aeets the "facts-and-aeets the "facts-aeets the "f	on did not check a ind-circumstances -circumstances" te	a box on line 13, 16 " test, check this b est. The organization	Sa, 16b, or 17a, an lox and stop here. on qualifies as a pu	d line blicly	
18	supported organization Private foundation. If the organization did	d not check a how	on line 13 16a 16		eck this box and se		~ ⊔
10	instructions						▶ []
						Sahadula A /Farm O	

Schedule A (Form 990 or 990-EZ) 2018

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) To
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge			****			
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
800	line 6.)						
	tion B. Total Support dar year (or fiscal year beginning in)	T (-) 2044	L 453 0045	(a) 2046	(4) 2017	(a) 2019	
		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) To
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	organization's fire	t second third for	urth or fifth tay ye	ar as a section 501	(c)(3)	
	organization, check this box and stop her			-			
Sec	tion C. Computation of Public S						
15	Public support percentage for 2018 (line 8			nn (f))		19	5
16	Public support percentage from 2017 Sch						6
	tion D. Computation of Investme						
17	Investment income percentage for 2018 (3, column (f))		17	7
18	Investment income percentage from 2017		10. 0 47			1 40	8
I9a	33 1/3% support tests—2018. If the orga	inization did not ch					-
	17 is not more than 33 1/3%, check this b	ox and stop here.	The organization of	qualifies as a publi	cly supported orga	nization	
b	33 1/3% support tests—2017. If the orga						
	line 18 is not more than 33 1/3%, check the						
20	Private foundation. If the organization di	d not check a box	on line 14, 19a, or	19b, check this bo	x and see instructi	ons	

Part IV Supporting O

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, toan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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9a 9b 9c 10a		

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

trustees of each of the supported organizations? Provide details in Part VI.

3a

Schedule A (Form 990 or 990-EZ) 2018 THE WATER PROJECT, INC.		20-1455	DIU Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganizat	tions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on t	Nov. 20, 1	970 (explain in Part VI). S	ee
instructions. All other Type III non-functionally integrated supporting organizations m	nust comp	lete Sections A through E	·
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integrate		supporting organization (see
instructions).			
		0-1-11	4 (F 000 000 FT) 0040

Schedule A (Form 990 or 990-EZ) 2018

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

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (For	rm 990 or 990-EZ) 2018	THE WATER	PROJECT,	INC.	26-1455510	Page 8
Part VI	III, line 12; Part IV, B, lines 1 and 2; Pa 3a, and 3b; Part V,	ormation. Provide Section A, lines 1 art IV, Section C, I , line 1; Part V, Se	the explanation, 2, 3b, 3c, 4b, ine 1; Part IV, 5 ction B, line 1e	ns required 4c, 5a, 6, 9a Section D, lir ; Part V, Sec	by Part II, line 10; Part II, line 17a or a, 9b, 9c, 11a, 11b, and 11c; Part IV, nes 2 and 3; Part IV, Section E, lines tion D, lines 5, 6, and 8; and Part V, nation. (See instructions.)	17b; Part Section 1c, 2a, 2b,
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public

Employer identification number Name of the organization THE WATER PROJECT, INC. 26-1455510 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 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 a Total number of conservation easements 2a b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, 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 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on 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) Revenue included on Form 990, Part VIII, line 1 **\$** (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X .

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	edule D (Form 990) 2018 THE WATE	ER PROJECT,	INC.		26-145551	.0		Pag	je 2
Pa	ut III Organizations Maintaini	ng Collections of	f Art, Historica	l Treasures, o	r Other Simila	ar Assets	(contin	ued)	
3	Using the organization's acquisition, access collection items (check all that apply):	ssion, and other record	ls, check any of the	following that are	a significant use	of its		_	
а	Public exhibition	d \square	Loan or exchange	programs					
b	Scholarly research	e H	Other						
С	Preservation for future generations					• • • •			
4	Provide a description of the organization's	collections and explai	n how they further t	he organization's	exempt purpose ir	า Part			
_	XIII.								
5	During the year, did the organization solicit						┌		
****	assets to be sold to raise funds rather than		part of the organiza	tion's collection?		<u></u>	Ye	S	No
	IT IV Escrow and Custodial A		II am Carra 000	Dard N./ Jina O		s amount a	n Form		
	Complete if the organization 990, Part X, line 21.	on answered tes	on Form 990,	Part IV, line 9,	or reported ar		- FOIII	<u> </u>	
1a	Is the organization an agent, trustee, custo	odian or other intermed	diary for contribution	ns or other assets	not		_		
	included on Form 990, Part X?						∐ Ye	s 📙	No
b	If "Yes," explain the arrangement in Part X				_				
							Amoun	1	_
C	Beginning balance				L	1c			_
d	Additions during the year					1d			_
е	Distributions during the year					1e			_
f	Ending balance				L	1f			_
2a	Did the organization include an amount on	Form 990, Part X, line	21, for escrow or	custodial account	liability?		Ye	s 🗌	No
	If "Yes," explain the arrangement in Part X							□	
	rt V Endowment Funds.								
	Complete if the organization	on answered "Yes	" on Form 990,	Part IV, line 10)				
	7	(a) Current year	(b) Prior year	(c) Two years		e years back	(e) Fou	r years ba	ck
1a	Beginning of year balance								
	Contributions								
	Net investment earnings, gains, and								
	losses		l						
d	Grants or scholarships	-							
	Other expenditures for facilities and								
•	programs								
f	Administrative expenses								
	End of year balance								
	Provide the estimated percentage of the cu	urroat was and halans	o (lino 1a, column ((a)) hold as:		!			_
	Board designated or quasi-endowment ▶	•	e (iiile 19, coluinii (a)) liciu as.					
	Permanent endowment > %								
	Temporarily restricted endowment ▶	° %							
U	* ****								
20	The percentages on lines 2a, 2b, and 2c sl		ntion that are hold a	and administered t	for the				
Ja	Are there endowment funds not in the poss	session of the organiza	ation that are neto a	ing agnimstered i	or the		ſ	Yes	No
	organization by:						20(1)	165	140
	(III) related consultations						3a(i)		
							3a(ii)	$\overline{}$	
	If "Yes" on line 3a(ii), are the related organ			7		• • • • • • • • • • • • • • • • • • • •	3b		
Territory Control	Describe in Part XIII the intended uses of t		owment funds.						
	tivi Land, Buildings, and Equ		" C 000	Dart IV line 44	la Can Farm (100 Dod V	line 1	^	
	Complete if the organization					190, Part A			
	Description of property	(a) Cost or other	1 ' '	t or other basis	(c) Accumulated depreciation		(d) Bock	ASIG	
	 	(investment)		(other)	debi eciano()				
1a	Land			205 200		600	2.	70 2	7
b	Buildings			285,000	0,	699	4	78,3	ΛŢ
	Leasehold improvements			27 600		404			04
	Equipment			37,688		494		<u>15,1</u>	<u>74</u>
	Other			6,425	6,	425			~=
Total	. Add lines 1a through 1e. (Column (d) mus	t egual Form 990. Par	t X. column (B), line	9 10c.)		▶i	29	93,4	y 5

			ine 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial	dout, rations	 	Cost of the of your market value
	erivatives eld equity interests		
(4)		ŀ	
/D\			
(C)			
			· · · · · · · · · · · · · · · · · · ·
(E)			
(F)			
(G)			
/H)			
·	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII	Investments—Program Related.		
***************************************	Complete if the organization answered "Yes" on	Form 990, Part IV, I	ine 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(1)	·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Columi	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶		
Part IX	Other Assets.		
	Complete if the organization answered "Yes" on	Form 990, Part IV, I	
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(7) (8)			
(7) (8) (9)			
(7) (8) (9) Total. <i>(Column</i>	n (b) must equal Form 990, Part X, col. (B) line 15.)		▶
(7) (8) (9) Total. <i>(Column</i>	Other Liabilities.	. Form 000 Part N/	ing 11g or 11f See Form 000 Port V
(7) (8) (9) Total. <i>(Column</i>	Other Liabilities. Complete if the organization answered "Yes" on	ı Form 990, Part IV, I	ine 11e or 11f. See Form 990, Part X,
(7) (8) (9) Total. (Column Part X	Other Liabilities. Complete if the organization answered "Yes" on line 25.		ine 11e or 11f. See Form 990, Part X,
(7) (8) (9) Total. (Column Part X	Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability	Form 990, Part IV, I	ine 11e or 11f. See Form 990, Part X,
(7) (8) (9) Total. (Column Part X	Other Liabilities. Complete if the organization answered "Yes" on line 25.		ine 11e or 11f. See Form 990, Part X,
(7) (8) (9) Total. (Column Part X 1. (1) Federal (2)	Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability		ine 11e or 11f. See Form 990, Part X,
(7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3)	Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability		ine 11e or 11f. See Form 990, Part X,
(7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4)	Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability		ine 11e or 11f. See Form 990, Part X,
(7) (8) (9) Fotal. (Column Part X 1. (1) Federal (2) (3) (4) (5)	Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability		ine 11e or 11f. See Form 990, Part X,
(7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability		ine 11e or 11f. See Form 990, Part X,
(7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5)	Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability		ine 11e or 11f. See Form 990, Part X,

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

Pi	Reconciliation of Revenue per Audited Financial S Complete if the organization answered "Yes" on Form		ie per Return.	
1			11	2,922,717
_	Total revenue, gains, and other support per audited financial statements		·····	2,322,111
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	اما		
a		2a 2b		
b	***************************************	20		•
C		26		
d				
	Add lines 2a through 2d		2e	2,922,717
3	Subtract line 2e from line 1			2,322,111
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	40		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.) Add lines 4a and 4b	40		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		4c 5	2,922,717
	Int XII Reconciliation of Expenses per Audited Financial			217221111
	Complete if the organization answered "Yes" on Form		ses per iveturii.	
1	Total amanage and larger are suffered for a six latest and to		11	3,395,425
_	Amounts included on line 1 but not on Form 990, Part IX, line 25:		· · · · · · · · · · · · · · · · · · ·	3,333,423
2		اما		
a		2a		
D	Prior year adjustments	20		
	Other losses	<u>2c</u>		
d				
	Add lines 2a through 2d		2e	2 205 425
3	Subtract line 2e from line 1		3	3,395,425
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			
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	3 305 425
с 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			3,395,425
c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 It XII Supplemental Information.	8.)	5	
c 5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 IT XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) 4; Part IV, lines 1b and 2b; Part	V, line 4; Part X, line	
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c 5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 IT XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) 4; Part IV, lines 1b and 2b; Part	V, line 4; Part X, line	

Schedule D (F	orm 990) 2018	THE WA	TER PROJE	CT, IN	C.	2	6-1455510	Page 5
Part XIII	Supplemen	ntal Informa	tion (continue	d)				
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No. 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	THE WA	ATER PROJEC	T, INC.		26-145	5510
		on on Activities (United States. Co	omplete if the organization ans	
			de to substantis	ate the amount of its g	rante and	
				nd the selection criteria		
	nts or assistance?	•	•			X Yes No
2 For grantmak		rt V the organization's	procedures for	monitoring the use of	its grants and other assistance	
3 Activities per l	Region (The following	ng Part I line 3 table o	an he dunlicate	d if additional space is	: needed)	
(a) Region	(b) Number	(c) Number of		ies conducted in the	(e) If activity listed in (d) is	(f) Total
• • •	of offices in	employees,	region (by type) (such as,	a program service,	expenditures for
	the region	agents, and independent		g, program services, s, grants to recipients	describe specific type of service(s) in the region	and investments in the region
		contractors in the region		ed in the region)		
SUB-SAHARAI	N AFRICA - K				4	
(1)			PROGRAM	PTNR SUPPORT	SEE PART V	1,539,827
SUB-SAHARAI	N AFRICA - S	IERRA LEONE				
(2)			PROGRAM	PTNR SUPPORT	SEE PART V	307,419
	N AFRICA - B	URKINA FASO				
(3)			PROGRAM	PTNR SUPPORT	SEE PART V	
	N AFRICA - U	GANDA	ppegpay			106 414
(4)	T AND NORTH	AFRICA	PROGRAM	PTNR SUPPORT	SEE PART V	126,414
(5)	AND NORTH	1	1 PROGRAM	SERVICES	SEE PART V	52,543
(0)			I ROGICE	DERVICED	DEE TIME V	32/313
(6)			ŀ			
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(12)		_				
(13)						
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(14)			<u> </u>			
(15)						
(16)						
(17)						
3a Subtotal		1	1			2,026,203
b Total from continuation						
sheets to Part I						
c Totals (add		_				
lines 3a and 3b)		1	1		I	2,026,203

Part II

Schedule F (Form 990) 2018 THE WATER PROJECT, INC.

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, 26-1455510

Page 2

Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(4)		SEE PART	SEE PART V N AFRICA - KENVA	1,537,816	WIRED	6	E0 60	CASH/FMV
		2000	>	307,419	WIRED	110/2		CASH
(5)		SUB-SAMAKHN AFKICA SEE PART	SEE PART V	126,414	WIRED			CASH
(3)		SUB-SAHARAN AFRICA	N AFRICA - UGANDA					
(4)								
(9)								
(9)								
(2)								
(8)								
(6)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(18)								
and the state of t		The state of the state of	signal and solding the forting of the first state o		40000000000			

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

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

Schedule F (Form 990) 2018

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Region (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description (h) Method of recipients cash grant cash valuation noncash of noncash assistance (book, FMV, disbursement assistance appraisal, other) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

Instructions for Form 5713; don't file with Form 990) Yes

Schedule F (Form 990) 2018

No

26-1455510

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, WITH OUR PARTNERS, CO-BUILD WATER, HEALTH AND SANITATION

PROGRAMS IN GEOGRAPHICALLY FOCUSED PROGRAM AREAS. THE WATER PROJECT

REQUIRES IN-COUNTRY PARTNERS TO SUBMIT FINANCIAL, BOARD, LOCAL REGISTRATION

AND ORGANIZATIONAL DOCUMENTATION YEARLY. ADDITIONALLY, PARTNERS ARE

REQUIRED TO SUBMIT YEARLY PROPOSALS AND BUDGETS, WHICH BOTH ORGANIZATIONS

CLOSELY COLLABORATE ON.

THE WATER PROJECT IS PHYSICALLY PRESENT IN PROGRAM AREAS THROUGH REGULAR
FIELD AND PARTNER VISITS AND UNANNOUNCED PROJECT SITE VISITS/AUDITS.

ADDITIONALLY, REGULAR (NORMALLY WEEKLY) CALLS WITH EACH PARTNER FOCUS ON
PROGRAM AND ORGANIZATIONAL PROGRESS AND CHALLENGES, ONGOING TRAINING AND
RESOURCING.

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

EACH PROGRAM HAS A MONITORING PROGRAM IN PLACE AND REPORTING ON ONGOING
MONITORING AND SUPPORT OF WATER PROJECTS IS ACTIVELY SHARED WITH THE WATER

THE WATER PROJECT, INC.

9710 06/25/2019 2:19 PM

Schedule F (Form 990) 2018

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.

PROJECT.				
THE WATER PROJECT MAKES ALL PROJECT REONLINE.	PORTING	VISIBLE 1	O EACH 1	DONOR,
Part I, Line 3 - Activities per Region	<u>.</u>			
Region	Exp	enditures	Invest	ments
SUB-SAHARAN AFRICA - KENYA	\$	1,539,827	\$	0
		307,419		
SUB-SAHARAN AFRICA - BURKINA FASO	\$	0	\$	0
SUB-SAHARAN AFRICA - UGANDA	\$	126,414	\$	0
MIDDLE EAST AND NORTH AFRICA	\$	52,543	\$	0
Part V - Additional Information PART I, LINE 3, COLUMN (E) AND PART II WATER PROJECTS ARE INSTALLED AND REPAI PROGRAMS. ALL PROGRAMS INCLUDE COMMUNI HYGIENE TRAINING, WATER PROJECT IMPLEM COMMUNITY ENGAGEMENT, MULTI-YEAR MONIT REPAIR INITIATIVES.	RED WIT	THIN DEFINITION OF THE PROPERTY OF THE PROPERT	ED REGIONIA	r, ION
PART I, LINE 3, SUB-LINE 5, MIDDLE EAS	T AND 1	NORTH AFRIC	CA	
THE WATER PROJECT'S MIDDLE EAST OFFICE	LOCA	TED WITHIN	THE INT	ERNATIONAL
HUMANITARIAN CITY IN DUBAI, SERVES AS	AN EXT	ENSION OF	THE WATE	R PROJECT'S
GLOBAL PROGRAM DEVELOPMENT AND SUPPORT	EFFOR	rs. This Ri	EGIONAL	OFFICE
LEVERAGES/ESTABLISHES NEW PARTNERSHIPS	, EXPAI	NDS THE REA	ACH OF T	HE WATER

26-1455510

	FOITH 990) 2016	TUD	MWIFK	PRODECT,
Part V	Supplemen	tal Inf	ormatio	n

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

PROJECT INTO THE IMMEDIATE REGION, AND PROVIDES PROGRAM SUPPORT TO THE
WATER PROJECT'S GLOBAL PROGRAMS.
PART II LINE 1(1) COLUMN (H) DESCRIPTION OF NONCASH ASSISTANCE
DESIGN OUTREACH LIFEPUMP REPLACEMENT PARTS (HTTPS://LIFEPUMP.ORG/) FOR
WESTERN KENYA PROGRAM PILOT

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

THE WATER PROJECT, INC.

Employer identification number

26-1455510 **Questions Regarding Compensation** Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?______ Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: X a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X a The organization? X b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?

26-1455510

Page 2

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. THE WATER PROJECT, INC. Schedule J (Form 990) 2018 Partil

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

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	-1	of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)+(D)	in column (B) reported as deferred on prior Form 990
R. PETER CHASSE	127,915		0	31,640	0	159,555	
1 PRESIDENT (ii)		0	0	0	0		0
STAN PATYRAK	131,071	0	0	30,470	0	161,541	0
2 VP OF STRATEGY & DEV			0	0	0		0
3							
(0)							
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2018	Supplemental Information nformation, explanation, or donal information.		:	:			:	:		:	:		:	:	:	:			
Schedule J (Form 990) 2018	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.		:			:	:	:					:	:	:	:	:		
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SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047
2018

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

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

Open to Public Inspection

Name of the organization

THE WATER PROJECT, INC.

Employer identification number

26-1455510

Form 990 - Organization's Mission

THE WATER PROJECT, INC. UNLOCKS HUMAN POTENTIAL BY BUILDING AND CONNECTING GLOBAL NETWORKS OF LOCAL LEADERS, COMMUNITIES OF GENEROUS SUPPORTERS AND AN INFORMED PUBLIC TO PROVIDE SUSTAINABLE WATER AND SANITATION PROGRAMS TO NEEDLESSLY SUFFERING COMMUNITIES IN DEVELOPING COUNTRIES. DONATIONS ARE LINKED TO SPECIFIC WATER PROJECTS THROUGH ONLINE REPORTING, WHICH ALLOWS DONORS TO SEE HOW SPECIFIC WATER PROGRAMS IMPACT COMMUNITIES AND VIEW ONGOING FUNCTIONALITY OF THOSE PROJECTS.

Form 990, Part I, Line 6

THE WATER PROJECT'S VOLUNTEER PROGRAM CONSISTS OF DIRECT, IN-OFFICE SUPPORT AND A GLOBAL COMMUNITY OF ADVOCATES CHOOSING TO USE THEIR OWN NETWORKS AND INFLUENCE TO RAISE FINANCIAL SUPPORT FOR WATER PROJECTS THROUGH OUR PEER-TO-PEER FUNDRAISING PLATFORM. IN 2018, THE WATER PROJECT BENEFITTED FROM 2 IN-OFFICE VOLUNTEERS. ADDITIONALLY, OVER 300 ADVOCATES RAISED FINANCIAL SUPPORT FOR WATER PROJECTS FROM WITHIN THEIR OWN NETWORKS.

Form 990, Part III, Line 4a - First Accomplishment
IN PARTNERSHIP WITH SAFE WATER AND SUSTAINABLE HYGIENE INITIATIVE, WESTERN
WATER AND SANITATION FORUM, AFRICA SAND DAM FOUNDATION AND FRIENDS OF
TIMOTHY FOUNDATION, THE WATER PROJECT CO-DEVELOPED AND STRENGTHENED WATER,
HYGIENE AND SANITATION PROGRAMS RESULTING IN THE IMPLEMENTATION OF NEW
DRILLED AND HAND-DUG WELLS, REHABILITATION OF BROKEN WELLS, PROTECTION OF
SPRINGS AND CONSTRUCTION OF SUBSURFACE DAMS, RAINWATER HARVESTING TANKS,
LATRINES AND HANDWASHING STATIONS IN KENYA. IN 2018, 262 NEW PROJECTS WERE

ENGAGEMENT, HYGIENE TRAINING, WATER PROJECT IMPLEMENTATION, POST-

CONSTRUCTION COMMUNITY ENGAGEMENT, MULTI-YEAR MONITORING/EVALUATION AND

MAINTENANCE/REPAIR INITIATIVES. THE WATER PROJECT'S SIERRA LEONE PROGRAM

Page 1 of 5

9710 06/25/2019 2:19 PM

Employer identification number

THE WATER PROJECT, INC.

26-1455510

INCLUDED A MOBILE MONITORING PROGRAM (USING SMART-PHONES) TO COLLECT REAL-TIME DATA ON PAST AND PRESENT WATER POINTS. THE WATER PROJECT'S OPERATION AND MAINTENANCE PROGRAM PROVIDES ONGOING SUPPORT TO NON/UNDER FUNCTIONING WATER POINTS.

IN 2018, 145 WATER PROJECTS WERE MONITORED THROUGH 628 MONITORING VISITS.

THESE MONITORING VISITS TRIGGERED 65 SERVICE/SUPPORT VISITS TO PROVIDE

ONGOING WATER SERVICE AND SUPPORT TO COMMUNITIES.

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

Form 990, Part III, Line 4c - Third Accomplishment

IN PARTNERSHIP WITH THE WATER TRUST, THE WATER PROJECT CO-DEVELOPED AND

STRENGTHENED WATER, HYGIENE AND SANITATION PROGRAMS RESULTING IN THE

IMPLEMENTATION OF NEW WELLS AND PROTECTION OF SPRINGS IN UGANDA. IN 2018,

14 NEW PROJECTS WERE IMPLEMENTED. ALL PROGRAMS INCLUDE COMMUNITY VETTING

AND ENGAGEMENT, HYGIENE TRAINING, WATER PROJECT IMPLEMENTATION, POST
CONSTRUCTION COMMUNITY ENGAGEMENT, MULTI-YEAR MONITORING/EVALUATION AND

MAINTENANCE/REPAIR INITIATIVES. THE WATER PROJECT'S UGANDA PROGRAM INCLUDED

A MONITORING PROGRAM TO COLLECT REAL-TIME DATA ON PAST AND PRESENT WATER

POINTS. THE WATER PROJECT'S OPERATION AND MAINTENANCE PROGRAM PROVIDES

ONGOING SUPPORT TO NON/UNDER FUNCTIONING WATER POINTS.

IN 2018, 113 WATER PROJECTS WERE MONITORED THROUGH 427 MONITORING VISITS.

PROGRAMS.

Name of the organization Employer identification number THE WATER PROJECT, INC. 26-1455510 Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents THE BYLAWS WERE UPDATED FOR THE FOLLOWING: >WORDING CHANGE TO THE PURPOSE; >PRINCIPAL OFFICE CHANGED FROM NC TO NH; >CORPORATION CHANGED TO HAVING NO MEMBERS VS. BOARD OF DIRECTORS BEING MEMBER; >BOARD OF DIRECTORS TO HAVE NO FEWER THAN 3 NON-EMPLOYEES; >OFFICERS OF CORPORATION NOW MUST INCLUDE A CHAIRPERSON OF THE BOARD; >REMOVAL OF BOARD MEMBER BY 3/4 MAJORITY INSTEAD OF UNANIMOUS; >SECTION ADDED ON PECUNIARY BENEFIT TRANSACTIONS RELATED TO NH; >ALLOWED FOR FISCAL YEAR TO BE CHANGED; >OTHER MINOR WORDING CHANGES. 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 4562

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

Internal Revenue Service Name(s) shown on return

THE WATER PROJECT, INC.

Identifying number

26-1455510 Business or activity to which this form relates Indirect Depreciation **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) 1,000,000 1 Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,500,000 3 4 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 6 (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 9 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions Property subject to section 168(f)(1) election 15 11,557 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2018 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 2018 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction placed in period only-see instructions) 19a 3-year property b 5-year property 7-year property C d 10-year property 15-year property 20-year property S/L 25-year property 25 yrs. MM S/L 27.5 yrs. h Residential rental property S/L MM 27.5 yrs. MM 39 yrs. Nonresidential real S/L property MM Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs. S/L 30-year MM S/L 30 yrs. MM 40-year 40 yrs. Part IV **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 22 11,557 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions. For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs