Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 2023 Open to Public

Yes

Form 990 (2023)

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2023 calendar year, or tax year beginning and ending D Employer identification number Check if applicable: C Name of organization Address change THE WATER PROJECT, INC. Doing business as 26-1455510 Name change Room/suite 603-369-3858 17 DEPOT ST, 2ND FLOOR Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated CONCORD NH 03301 G Gross receipts\$ 5,853,388 Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending R. PETER CHASSE 17 DEPOT ST, 2ND FLOOR H(b) Are all subordinates included? If "No," attach a list. See instructions CONCORD NH 03301 X 501(c)(3) 501(c) (insert no.) 4947(a)(1) or HTTPS://THEWATERPROJECT.ORG Website: H(c) Group exemption number X Corporation Trust Association Year of formation: 2007 Form of organization: Part Summary 1 Briefly describe the organization's mission or most significant activities: See Schedule O Governance 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 6 Activities & 4 5 Number of independent voting members of the governing body (Part VI, line 1b) 22 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 68 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 7b b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year** 8 Contributions and grants (Part VIII, line 1h) 7,158,657 5,483,024 Revenue 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 483 32,577 150 16 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ,191, 384 5,605,523 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,409,187 3,417,064 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 2,165,563 2,338,708 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 31,352 b Total fundraising expenses (Part IX, column (D), line 25) 1,006,167 951,487 975,479 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,723,374 6,565,466 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) -117,851 <u>625,918</u> 19 Revenue less expenses. Subtract line 18 from line 12 58 **Beginning of Current Year End of Year** 9,325,238 9,028,293 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 204,026 116,362 824,267 9,208,876 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sian PETER CHASSE Here PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check Paid Thomas J. Pare, CPA 06/11/24 self-employed P01275600 Preparer Hession & Pare, 02-0428003 Firm's name Firm's EIN Use Only 62 Stark Street Manchester, NH 03101-1970 603-669-5477 Firm's address Phone no.

May the IRS discuss this return with the preparer shown above? See instructions

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2023) THE WATER PR	OJECT, INC.	26-1455510	Page 2
	m Service Accomplishm		
		te to any line in this Part III	X _
1 Briefly describe the organization's mis	sion:		
See Schedule O			
• • • • • • • • • • • • • • • • • • • •			
* * * * * * * * * * * * * * * * * * * *			
2 Did the organization undertake any sign	gnificant program services durin	ng the year which were not listed on the	
prior Form 000 or 000 E72			Yes X No
If "Yes," describe these new services			
3 Did the organization cease conducting	ې, or make significant changes i	n how it conducts, any program	
services?			Yes 🗓 No
If "Yes," describe these changes on S			
		ch of its three largest program services, as measure	
		to report the amount of grants and allocations to ot	ners,
the total expenses, and revenue, if an	y, for each program service rep	опеа.	
4a (Code:) (Expenses \$	2.889.081 including	g grants of \$ 1,628,132) (Revenue	- S
See Schedule O			′ * /
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• • • • • • • • • • • • • • • • • • • •			
4b (Code:) (Expenses \$	840.049 including	g grants of \$ 511,614) (Revenue	e \$)
See Schedule O			
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• • • • • • • • • • • • • • • • • • • •			
4c (Code:) (Expenses \$	441,927 including	g grants of \$ 219,441) (Revenue	\$)
See Schedule O			
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• • • • • • • • • • • • • • • • • • • •			
4d Other program services (Describe on	Schedule O.)		
(Expenses \$ 149,76		50,000) (Revenue \$)
4e Total program service expenses	4 320 823		

Form 990 (2023) THE WATER PROJECT, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		l	
•	complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	\vdash
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			x
4	candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		
-	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 Rev. Proc. 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,	Ť		
•	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 donor-restricted endowments			
	or in 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,"			
	complete Schedule D, Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			l
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	1		37
	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	<u> </u>	_ <u></u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
40.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	 	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	420	x	
	Schedule D, Parts XI and XII	12a	A	\vdash
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12b		x
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		$\frac{x}{x}$
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a	X	
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
D	fundraising, business, investment, and program service activities outside the United States, or aggregate]
	faccing investments usleed at \$400,000 as many 2 if "Vac " complete Schodule E. Dorde Land 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	1		
		15	X	
16	tor any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		Щ.
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	<u> </u>

Form 990 (2023) THE WATER PROJECT, INC.

Part 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 individual	als on					
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III				22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the						
	organization's current and former officers, directors, trustees, key employees, and highest compensations	ed					
04-	employees? If "Yes," complete Schedule J				23	X	
24a	and a second a second and a second a second and a second a second and a second and a second and a second and						
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lin	ies 24i	b				
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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the	year			04-		
A	to defease any tax-exempt bonds?				24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?				<u>24d</u>		
ZJa	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excest transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	ss bene	ent		25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in				208		_ ^
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 9	•					
	If "Yes," complete Schedule L, Part I	90-LZ	ī		25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any	CULLE			200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	Cullo					
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II				26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trusto	ee kev					
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee		,				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of the						
	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 the Sch	nedule					
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contribut	or? If					
	"Yes," complete Schedule L, Part IV				28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV				28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	lf					
	"Yes," complete Schedule L, Part IV				28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedul	e M			29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	ed					
	conservation contributions? If "Yes," complete Schedule M				30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schede	ule N, I	Part I		31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"						
	complete Schedule N, Part II				32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Reg	ulation	s				
	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,					7.7
	or IV, and Part V, line 1				34		X
35a					35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				256		İ
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line				35b		
30	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitate 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.				30		
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, I				37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines				<u> </u>		
	19? Note: All Form 990 filers are required to complete Schedule O.				38	x	
Pa	If V Statements Regarding Other IRS Filings and Tax Compliance						
AND TO SEE	Check if Schedule O contains a response or note to any line in this Part V						X
						Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	9				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0				
C	Did the organization comply with backup withholding rules for reportable payments to vendors and						
	reportable gaming (gambling) winnings to prize winners?				1c		

b If at least one is reported on line 2a, did the 3a Did the organization have unrelated business b If "Yes," has it filed a Form 990-T for this yea 4a At any time during the calendar year, did the a financial account in a foreign country (such b If "Yes," enter the name of the foreign country See instructions for filing requirements for Fi Was the organization a party to a prohibited b Did any taxable party notify the organization c If "Yes" to line 5a or 5b, did the organization Does the organization have annual gross recorganization solicit any contributions that were b If "Yes," did the organization include with every gifts were not tax deductible? 7 Organizations that may receive deductibles	g with or within the year covered by this return organization file all required federal employment tax return grows income of \$1,000 or more during the year? If "No" to line 3b, provide an explanation on Schedule organization have an interest in, or a signature or other as a bank account, securities account, or other financially Kenya Incentification at American Bank and Financial at the security of Foreign Bank and Financial at the	author al accouraction?	ity over, unt)? nts (FBAR).	2b 3a 3b 4a 5a 5b 5c	x	X X X
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 7 Organizations that may receive deductible a Did the organization receive a payment in ex 				6b		
and services provided to the pover?	cess of \$75 made partly as a contribution and partly for	goods				
and services provided to the payor?				7a		X
	of the value of the goods or services provided?			7b		
c Did the organization sell, exchange, or other	vise dispose of tangible personal property for which it wa	35				
required to file Form 8282?				7с	X	
d If "Yes," indicate the number of Forms 8282	iled during the year	7d	4	_		
	tly or indirectly, to pay premiums on a personal benefit of	ontrac	t?	7e		X
f Did the organization, during the year, pay pre	miums, directly or indirectly, on a personal benefit contr	act?		7f		X
g If the organization received a contribution of	qualified intellectual property, did the organization file Fo	rm 889	99 as required?	7g		X
h If the organization received a contribution of	cars, boats, airplanes, or other vehicles, did the organiza	ation fil	e a Form 1098-C?	7h		X
8 Sponsoring organizations maintaining do	nor advised funds. Did a donor advised fund maintaine	d by th	ne			
sponsoring organization have excess busines	ss holdings at any time during the year?			8	********	
9 Sponsoring organizations maintaining do	nor advised funds.					
 a Did the sponsoring organization make any ta 	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			9a		
b Did the sponsoring organization make a distr	ibution to a donor, donor advisor, or related person? \dots			9b		
10 Section 501(c)(7) organizations. Enter:			ı			
a Initiation fees and capital contributions include		10a		-		
b Gross receipts, included on Form 990, Part \	/III, line 12, for public use of club facilities	10b	L	-		
11 Section 501(c)(12) organizations. Enter:		1	ı			
a Gross income from members or shareholder		11a		-		
b Gross income from other sources. (Do not no	•					
against amounts due or received from them.		11b		_	*******	
* ***	trusts. Is the organization filing Form 990 in lieu of Form	1	1	12a	*******	********
·	est received or accrued during the year	12b	<u></u>	-		
13 Section 501(c)(29) qualified nonprofit hea				40	*******	
a Is the organization licensed to issue qualified	• • • • • • • • • • • • • • • • • • • •			13a		
	mation the organization must report on Schedule O.					
•	n is required to maintain by the states in which	1	1			
- Enterther was 4 f	health plans	13b		\dashv		
c Enter the amount of reserves on hand		13c		14a	*********	X
	or indoor tanning services during the tax year?					
	e payments? If "No," provide an explanation on Schedu			140		
	0 tax on payment(s) of more than \$1,000,000 in remune			15		x
excess parachute payment(s) during the yea	***************************************			10		•••
If "Yes," see instructions and file Form 4720, Is the organization an educational institution	schedule N. subject to the section 4968 excise tax on net investmen	inac	102	16	********	X
If "Yes," complete Form 4720, Schedule O.	subject to the section 4900 excise tax on het investmen	HICOIT	ie:	10		<u> </u>
	ust, any disqualified or other person engage in any activ	ritiee			2000000000	************
	e tax under section 4951, 4952 or 4953?			17		
If "Yes," complete Form 6069.	- tax under section 7301, 4302 Of 43031		• • • • • • • • • • • • • • • • • • • •		*******	

26-1455510 Form 990 (2023) THE WATER PROJECT, INC. 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 on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 5 Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, 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 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a 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 on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 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? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a with a taxable entity during the year? 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 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 on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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

17 DEPOT ST, 2ND FLOOR

DAA

CONCORD

R. PETER CHASSE

NH 03301

603-369-3858

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	box	c, unle	check ess pe nd a d	ition more i	than or s both a r/truste	an e)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1)R. PETER CHASSE										
PRESIDENT	50.00 0.00			x				180,361	0	29,283
(2) TODD BOURGEOIS										
	0.50							_	_	
CHAIRMAN	0.00	X		X				0	0	0
(3) DAVID SACRA	0 50									
DIRECTOR/SECRETARY	0.50 0.00	$ \mathbf{x} $		x				o	0	0
(4) ADAM CHACE	0.00	T.		Λ	-			<u> </u>	<u>~</u>	
(,,====================================	0.50									
DIRECTOR/TREASURER	0.00	$ \mathbf{x} $		x				0	0	0
(5) TONY BIAGGNE										
	0.50								_	
DIRECTOR	0.00	X	<u></u>					0	0	0
(6) JEANNE MCKINLEY										
DIDECTOR	0.50	x						o	0	0
DIRECTOR (7) RONALD WAMALA	0.00	╇	\vdash	\vdash		\vdash		<u> </u>		0
(/) NORALD WANALA	0.50									
DIRECTOR	0.00	$ \mathbf{x} $						l o	0	0
(8) STAN PATYRAK										
	50.00									
EXECUTIVE VP	0.00					X		200,868	0	30,411
(9) DANIEL KIM								,		
	50.00	.						404 500	^	06 700
DIR OF FINANCE/OPS (10) THERESA CRICK	0.00	\vdash	<u> </u>		-	X		131,732	0	26,790
(10) THERESA CRICK	50.00									
SR DIR OF PHILANTHPY	0.00					x		119,982	0	13,021
(11) CHRISTOPHER CARY		T								
	40.00		l							
FULL STACK DEVELOPER	0.00					X		116,054	0	24,148

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	es,	and Highest Compensated	d Employees (continued)	
	(A) Name and title	(B) Average hours per week	of	ox, uni ficer a	Pos check ess po and a c	erson directo	than is both	h an tee)	Reportable compensation from the	(E) Reportable compensation from related comparizations (W-2)	(F) Estimated amount of other compensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(12)											
(13)											
(14)											
(15)											
(16)											
(17)											
(18)											
(19)											
1b	Subtotal								748,997		123,653
C	Total from continuation she								748,997		123,653
2	Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	cluding but not l	imite	ed to	thos	se lis	ted a	abo	ove) who received more than	\$100,000 of	110,000
3 4	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organ	ormer officer, dir complete Schele 1a, is the sum	ecto dule of re	r, tru <i>J foi</i>	<i>suc</i> able	h ind	divid:	<i>ual</i> sat	ion and other compensation	from the	yes No
5	individual Did any person listed on line 1 for services rendered to the or	a receive or acc	rue	com	pens	atio	n froi	m a	any unrelated organization or	r individual	5 X
Sect	tion B. Independent Contracto		53,	CON	ipiet	- 30	11600	116	o for such person		
1	Complete this table for your five compensation from the organic	ve highest comp zation. Report c	ensa omp	ated ensa	inde ition	pend for t	dent he c	cor ale	ntractors that received more indar year ending with or with	than \$100,000 of nin the organization's tax ye	ear.
_		(A) business address								(B) tion of services	(C) Compensation
								\perp			
			_								
2	Total number of independent of								ose listed above) who		

Pa	irt V	III Stateme Check it	ent o f Sch	f Revenue edule O conta	ains a	a respor	nse or note	to any line in thi	s Part VIII		
-								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Giffs, Grants and Other Similar Amounts	1a	Federated camp	paigns		1a						
2 2 2	b	Membership due	es		1b						
Ę,	С	Fundraising eve			1c						
<u>a</u> .5	d	Related organization	ations		1d		-				
Sig,	e	Government grants (co All other contributions,			1e	ļ. 1					
e E	٠	and similar amounts no			1f	5,	483,024				
<u> </u>	g	Noncash contributions									
<u>a</u> 9	١.	lines 1a-1f			1g		109,631				
<u>0 8</u>	<u> </u>	Total. Add lines	1a-11				Business Code	5,483,024			
4	2a						Business Code				
Program Service Revenue	b										
Se	c	*									
eve eve	d								-		
5/K	e										
۵.	f	All other program									
	g	Total. Add lines	2a-21								
	3	Investment inco	me (in	cluding dividend	s, inte	rest, and					
		other similar am	nounts))				135,954			135,954
	4	Income from inv	estme/	nt of tax-exempt	bond	proceeds					
	5	Royalties									
			1	(i) Real		(ii) I	Personal				
	6a	Gross rents	6a								
	b	Less: rental expenses									
	C		6c			<u> </u>					
	d 7a	Net rental incom Gross amount from	ne or (
		sales of assets	l _	(i) Securities		+) Other				
a.	.	other than inventory	7a	234,	394	┼	 				
her Revenue	6	Less: cost or other	7.	247	965						
eve		basis and sales exps. Gain or (loss)	7b 7c	247, -13,							
ž.	ı	Net gain or (loss)			77.1	1		-13,471			-13,471
		Gross income from			· · · · · · ·	<u> </u>		25/412			
ō	"	(not including \$									
	İ	of contributions rep		on line							
		1c). See Part IV, lin			8a						
	ь	Less: direct exp			8b						
		Net income or (I			events						
		Gross income fr									
		activities. See P	art IV,	line 19	9a						
	b	Less: direct exp			9b		<u>.</u>				
	С	Net income or (I	loss) fi	om gaming activ	ities .	<u> </u>	<u> </u>				
	10a	Gross sales of in		-							
		returns and allow			10a						
	ı	Less: cost of go			10b						
		Net income or (I	loss) fi	om sales of inve	entory	• • • • • • • • • • • • • • • • • • • •					
Snc	44-	Amvin					Business Code	4.6	10		
scellaneous Revenue	11a	OTHER INCO	ME	• • • • • • • • • • • • • • • • • • • •			900099	16	16		
cellanec evenue	b										
Misc Re	Ч	All other revenue		• • • • • • • • • • • • • • • • • • • •							
2		Total. Add lines						16			
		Total revenue.						5.605.523	16	0	122 483

Part IX **Statement of Functional Expenses** Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (D) Fundraising (B) Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 2,409,187 2,409,187 Benefits paid to or for members Compensation of current officers, directors, 182,000 91,000 45,500 45,500 trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 1,655,944 1,058,862 119,584 477,498 Pension plan accruals and contributions (include <u>85,673</u> 49,337 5,532 30,804 section 401(k) and 403(b) employer contributions) 273,612 157,565 17,670 98,377 Other employee benefits 87,158 141,479 13,246 41,075 Payroll taxes 10 Fees for services (nonemployees): a Management 34,203 11,518 22,685 Legal 3,077 14,382 17,459 Accounting Lobbying Professional fundraising services. See Part IV, line 17 15,596 15,596 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column 1,868 102,453 75,084 25,501 (A) amount, list line 11g expenses on Schedule O.) 50,461 50,461 Advertising and promotion 103,111 54,985 1,192 46,934 Office expenses Information technology 71.797 27,318 2,509 41,970 Royalties 15 16 Occupancy 6,163 64,716 191,879 121,000 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Payments to affiliates 21 7,223 107,147 35,455 Depreciation, depletion, and amortization 64,469 22 13,888 11,283 2,605 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 1,978 107,833 PAYMENT PROCESSING FEES 109,811 64,256 39,228 4,154 20,874 FACILITIES & EQUIPMENT WEBSITE SERVICES 13,2171,481 26,365 11,667 OTHER 25,020 15,460 1,158 8,402 e All other expenses 42,033 29,097 6,003 6,933 5,723,374 4,320,823 396,384 1,006,167 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

P	art)	•••••						
		Check if Schedule O contains a response or note	to any li	ne in this Part X			<u>,</u>	
						(A)		(B)
						Beginning of year		End of year
	1	Cash—non-interest-bearing				266,951		307,615
	2	Savings and temporary cash investments				3,867,269		2,370,708
	3	Pledges and grants receivable, net				479,288	3	541,943
	4	Accounts receivable, net					4	
	5	Loans and other receivables from any current or former	officer, o	director,				
		trustee, key employee, creator or founder, substantial co		r, or 35%				
		controlled entity or family member of any of these perso					5	
	6	Loans and other receivables from other disqualified pers	-					
ets.		under section 4958(f)(1)), and persons described in section					6	
Assets	7	Notes and loans receivable, net					7	
⋖	8	Inventories for sale or use					8	
	9	Prepaid expenses and deferred charges				23,808	9	22,344
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	1,499,9				
	b	Less: accumulated depreciation	10b	253,5				
	11	Investments—publicly traded securities				2,928,920	11	4,378,673
	12	Investments—other securities. See Part IV, line 11			12			
	13	Investments—program-related. See Part IV, line 11			13			
	14	Intangible assets		108,535		457,580		
	15	Other assets. See Part IV, line 11					15	0.005.000
_	16	Total assets. Add lines 1 through 15 (must equal line 33				9,028,293		9,325,238
	17	Accounts payable and accrued expenses		119,327	17	116,362		
	18	Grants payable			18			
	19	Deferred revenue					19	
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Complete Part IV of					21	
ies	22	Loans and other payables to any current or former office						
Liabilities		trustee, key employee, creator or founder, substantial co		r, or 35%				
ia		controlled entity or family member of any of these perso					22	
	23	Secured mortgages and notes payable to unrelated third					23	
	24	Unsecured notes and loans payable to unrelated third pa			· • · ·		24	
	25	Other liabilities (including federal income tax, payables t						
		parties, and other liabilities not included on lines 17-24).	Comple	te Part X		04 600		
	l	of Schedule D				84,699		116,362
_	26	Total liabilities. Add lines 17 through 25			···	204,026	26	110,302
ģ	ŀ	Organizations that follow FASB ASC 958, check here	X					
ဥ		and complete lines 27, 28, 32, and 33.				9 470 060	~~	8,394,878
aja	27	A				8,479,960 344,307		813,998
Ø	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 958, che				344,307	28	813,336
Ē			ck nere	· 🔲				
7	20	and complete lines 29 through 33.			20			
ş	29 30	Capital stock or trust principal, or current funds			30			
SSe	31	Paid-in or capital surplus, or land, building, or equipmen					31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, o Total net assets or fund balances				8,824,267	32	9,208,876
ž	33	***************************************				9,028,293	_	9,325,238
	JJ	Total liabilities and net assets/fund balances				9,020,293	33	3,323,236

Form **990** (2023)

orn	1990 (2023) THE WATER PROJECT, INC.	26-1455510			Page 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any				
1	Total revenue (must equal Part VIII, column (A), line 12)		. 1		05,523
2	Total expenses (must equal Part IX, column (A), line 25)		. 2		<u>23,374</u>
3	Revenue less expenses. Subtract line 2 from line 1		. 3		<u>17,851</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 3	32, column (A))	. 4		2 4 ,267
5	Net unrealized gains (losses) on investments		. 5	50	02,460
6	Donated services and use of facilities		6		
7	Investment company		1 7 1		
8	Prior period adjustments		. 8		
9	Other changes in net assets or fund balances (explain on Schedule O)		1 0 1		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (mi	ust equal Part X, line			
	32, column (B))		10	9,20	08 <u>,876</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any	line in this Part XII			<u></u>
		_			Yes No
1	Accounting method used to prepare the Form 990: Cash X A	ccrual Other		_	
	If the organization changed its method of accounting from a prior year or or	hecked "Other," explain on			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an i	ndependent accountant?		2a	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements fo	r the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated	d and separate basis			
b	Were the organization's financial statements audited by an independent a	ccountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements fo	r the year were audited on a			
	separate basis, consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated	d and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assu	mes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection o	f an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process	s during the tax year, explain on			
	Schedule O.				
3а	As a result of a federal award, was the organization required to undergo a	audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the or	ganization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any step	s taken to undergo such audits		3b	

Form 990 (2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

ZUZJOpen to Public

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

		o organización								Employer iden	uncation number			
			THE	WATER	PROJ	ECT,	INC.			26-145	5510			
P	art l	Reas						s must c	omplete	e this part.) See instruction				
The	orga						nes 1 through 12,							
1							nurches described							
2	П						Schedule E (For		,	, , , , , , , , , , , , , , , , , , ,				
3	П			-			on described in se		(b)(1)(A)(iii).				
4	П					-				n 170(b)(1)(A)(iii). Enter the h	ospital's name.			
	_	city, and stat	_	•		•	•			,,,,,,	•			
5		- -		ed for the ben	efit of a c	ollege o	r university owned	or operat	ed by a q	overnmental unit described in				
	_	section 170(-			ŭ	•	•	, ,					
6	\Box					nmental	unit described in	section 17	'0(b)(1)(A)(v).				
7	X			_	_					unit or from the general public	C			
	_	described in		•		•	• •	•						
8		A community	trust desc	ribed in secti	ion 170(t)(1)(A)(¹	vi). (Complete Pa	t II.)						
9		An agricultur	al research	organization	describe	d in sec	tion 170(b)(1)(A)	(ix) operat	ed in conj	unction with a land-grant colle	ge			
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or												
	_	university:												
10										ons, membership fees, and gro	ess			
										no more than 33 1/3% of its				
							section 509(a)(2			1511 tax) from businesses				
11	\Box	•	_				test for public sa							
12	H	-	_			-					ses of			
-	ш	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check												
		the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.												
	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving													
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the													
		supportin	g organiza	ition. You mu	ist comp	lete Par	t IV, Sections A	and B.						
	b									rted organization(s), by having				
			-			-		same pers	sons that	control or manage the support	ed			
		_	· ·			•	tions A and C.							
	С									n, and functionally integrated w	rith,			
							ou must complet			n with its supported organization	n/c)			
	d									requirement and an attentiven				
							te Part IV, Section							
	е		•	•		•	•		•	s a Type I, Type II, Type III				
							integrated suppo							
	f	Enter the nur	•			<i></i> .								
	g	Provide the fo	ollowing inf	formation abo	out the su	pported	organization(s).							
(i		e of supported		(ii) EIN			e of organization		organization	(v) Amount of monetary	(vi) Amoun			
	org	panization				•	ed on lines 1–10 see instructions))		ur governing ment?	support (see instructions)	other support instruction			
						abovo (300 111011 40110110/)	Yes	No	(ilouadudita)		-,		
(A)														
(B)														
ν-,														
(C)														
, - ,											1			
(D)														
_ ,														
(E)														
Tota	1													

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	tion A. Public Support			,,	•	•				
Caler	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023		(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,266,234	5,400,913	7,230,041	7,158,657	5,483,	024	28,538,869		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
3	The value of services or facilities furnished by a governmental unit to the organization without charge					·				
4	Total. Add lines 1 through 3	3,266,234	5,400,913	7,230,041	7,158,657	5,483,	024	28,538,869		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount									
	shown on line 11, column (f)							2,610,172		
6	Public support. Subtract line 5 from line 4							25,928,697		
	dor year (or fined year beginning in)	(=) 2040	/L) 0000	(-) 0004	(4) 2022	/e) 2022	_	(D Takel		
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	224	(f) Total 28,538,869		
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,266,234 39,515	5,400,913 23,992	7,230,041 10,453	7,158,657 43,240		5,483,024 28,5 135,954 28			
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.)			1,748	150		16	1,914		
11	Total support. Add lines 7 through 10							28,793,937		
12	Gross receipts from related activities, etc.					-	12	1,914		
13	First 5 years. If the Form 990 is for the or	ganization's first, s	econd, third, fourtl	n, or fifth tax year a	as a section 501(c))(3)		_		
	organization, check this box and stop her			<u></u>						
<u>Sec</u>	tion C. Computation of Public Su	· · · · · · · · · · · · · · · · · · ·								
14	Public support percentage for 2023 (line 6			n (f))			14	90.05%		
15	Public support percentage from 2022 Scho						15	88.79%		
16a	33 1/3% support test — 2023. If the orga box and stop here. The organization qual	ifies as a publicly s	upported organiza	tion				X		
b	33 1/3% support test — 2022. If the orga									
170	this box and stop here. The organization of				So or 16h and lin			<u> </u>		
17a	10% or more and if the organization most	-								
b	10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test — 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported									
40	organization							Ц		
18	Private foundation. If the organization did instructions							🗆		

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

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

	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5			-			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						-
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support	<u> </u>					
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	(4) 40.0	(0,000	(0) = 0 = 1	(,	(-,	37
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						-11
14	First 5 years. If the Form 990 is for the or	ganization's first, s	second, third, fourt	h, or fifth tax year a	as a section 501(c)(3)	
	organization, check this box and stop her						
Sec	tion C. Computation of Public Si						
15	Public support percentage for 2023 (line 8						%
16	Public support percentage from 2022 Sch					16	%_
	tion D. Computation of Investme			• • • • • • • • • • • • • • • • • • • •		1 4-7	
17 1Ω	Investment income percentage for 2023 (I		I C 47			امدا	<u>%</u>
18 19a	Investment income percentage from 2022 3 33 1/3% support tests — 2023. If the org			ne 14 and line 15			<u></u>
130	17 is not more than 33 1/3%, check this b						
b	33 1/3% support tests — 2022. If the org	-	-	•			
-	line 18 is not more than 33 1/3%, check th						
20	Private foundation. If the organization die	•				•	

Page 3

Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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 lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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.
- 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - 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.)

	V	Al-
*********	_Yes	No

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10a		
10a		

Sched	ıle A (Form 990) 2023	THE WA	TER	PROJECT,	INC.	26-145551	LO	Page 5
Par	t IV Supporting Organ	izations (co	ontinue	ed)				
							Yes	No
11	Has the organization accepted a	_		•				
а	A person who directly or indirectly				persons described or	n lines 11b and		
	11c below, the governing body of	a supported o	rganiza	tion?			11a	
b	A family member of a person des	cribed on line	11a abo	ove?			11b	
C	A 35% controlled entity of a person	on described o	n line 1	1a or 11b above?	If "Yes" to line 11a,	11b, or 11c,		
	provide detail in Part VI.						11c	
Secti	on B. Type I Supporting C	rganizatio	ns					
							Yes	No
1	Did the governing body, member	s of the goverr	ning bod	y, officers acting	in their official capaci	ity, or membership of one or		
	more supported organizations ha	ve the power t	o regula	rly appoint or elec	ct at least a majority	of the organization's officers,		
	directors, or trustees at all times	during the tax	year? <i>If</i>	"No," describe in	Part VI how the supp	ported organization(s)		
	effectively operated, supervised,	or controlled ti	he orgai	nization's activities	s. If the organization	had more than one supported		
	organization, describe how the po	owers to appoi	nt and/c	or remove officers	, directors, or trustee	s were allocated among the		
	supported organizations and wha	t conditions or	restrict	ions, if any, applie	ed to such powers du	ıring the tax year.	1	
2	Did the organization operate for t	he benefit of a	ny supp	orted organization	n other than the supp	ported		
	organization(s) that operated, sup	pervised, or co	ntrolled	the supporting or	ganization? If "Yes,"	explain in Part		
	VI how providing such benefit car	rried out the pu	ırposes	of the supported	organization(s) that o	operated,		
	supervised, or controlled the sup	oorting organiz	ation.				2	
Secti	on C. Type II Supporting (Organizatio	ns					
							Yes	No
1	Were a majority of the organization	on's directors o	or truste	es during the tax	year also a majority o	of the directors		
	or trustees of each of the organiz			-				
	or management of the supporting		_					
	the supported organization(s).	· ·		•		•	1	
Secti	on D. All Type III Supporti	ng Organiz	ations	3				
	7						Yes	No
1	Did the organization provide to ea	ach of its supp	orted or	ganizations, by th	e last day of the fifth	month of the		
	organization's tax year, (i) a writte			-				
	year, (ii) a copy of the Form 990		-					
	organization's governing docume		-				1	
2	Were any of the organization's of				•	• •		
	organization(s) or (ii) serving on t				•			
	how the organization maintained	-	•	• • • •			2	***************************************
3	By reason of the relationship des			•	•	• • • • • • • • • • • • • • • • • • • •		
•	a significant voice in the organiza			-				
	income or assets at all times duri		•		-			
	supported organizations played in	•	1: 11 10	is, describe in re	it withe fole the org	anzadon s	3	***************************************
Secti	on E. Type III Functionally		Supr	orting Organ	izations			
1						during the year (see instructions)		
a	The organization satisfied the	•		•	_		,	
b	The organization is the paren		•			low.		
c				-		d a governmental entity (see instru	ictions)	
2	Activities Test. Answer lines 2a	-	-	Describe III I ai C	VI NOW YOU SUPPORTED	a a governmental entity (see mone	Yes	No
a	Did substantially all of the organiz			a the tay year dir	actly further the even	ant numases of	103	1.00
	the supported organization(s) to				=			
	those supported organizations	•		•	•	•		
	• • •	•			•			
	how the organization was respon		• •	•	and now the organiza	MON determined	20	
h	that these activities constituted s	-			ut for the expeniention	m1 _m	2a	
b	Did the activities described on lin				_			
	involvement, one or more of the o	_						
	"Yes," explain in Part VI the reas				s suppoπea organiza	auon(s) would	25	
	have engaged in these activities						2b	
3	Parent of Supported Organization							
а	Did the organization have the pov			-	•	ectors, or		
٠.	trustees of each of the supported	_		- •			3a	
b	Did the organization exercise a si	_		•			.	
	of its supported organizations? If	"Yes," describ	e in Par	t VI the role playe	ed by the organization	n in this regard.	3b	

*********	the A (Form 990) 2023 THE WATER PROJECT, INC.		26-1455	210 b	ege 6
Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	tions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No	v. 20,	1970 (explain in Part VI). S	iee	
	instructions. All other Type III non-functionally integrated supporting organizations mus	st com	plete Sections A through E		
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)	ır
1	Net short-term capital gain	1		(орисии)	
2	Recoveries of prior-year distributions	2			
3		3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6		1			
	of gross income or for management, conservation, or maintenance of				
	property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
	ion B – Minimum Asset Amount	(A) Prior Year	(B) Current Yea (optional)	r	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	1d			
	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	See instructions).	5			
<u>5</u> 6	Net value of non-exempt-use assets (subtract line 4 from line 3)	6			
 7	Multiply line 5 by 0.035.	7			
	Recoveries of prior-year distributions	8			
8_	Minimum Asset Amount (add line 7 to line 6)				
Sect	ion C – Distributable Amount			Current Year	
1_	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount, Subtract line 5 from line 4, unless subject to				

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

Schedule A (Form 990) 2023

emergency temporary reduction (see instructions).

(see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 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 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 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. 9 Distributable amount for 2022 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions Underdistributions** Distributable Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 a From 2018 b From 2019 c From 2020 d From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2019 **b** Excess from 2020 . c Excess from 2021 d Excess from 2022 e Excess from 2023

Schedule A (Form 990) 2023

Schedule A (For	m 990) 2023	T	HE WATER I	PROJECT,	INC.		26-1455510	Page 8
Part VI	Suppleme III, line 12; B, lines 1 a 3a, and 3b	ental Informate Part IV, Second 2; Part IV (); Part IV (); Part IV (); Part IV ()	ation. Provide the tion A, lines 1, 2 V, Section C, line	ne explanatio 2, 3b, 3c, 4b, e 1; Part IV, 5 on B, line 1e;	ns required 4c, 5a, 6, 9 Section D, li ; Part V, Se	a, 9b, 9c, 11a, ines 2 and 3; P ction D, lines 5	10; Part II, line 17a or 11b, and 11c; Part IV, art IV, Section E, lines 5, 6, and 8; and Part V,	17b; Part Section 1c, 2a, 2b,
Part I	I, Line	10 - Ot	ther Income	e Detail	•			
OTHER	INCOME			\$	l	1,914		
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Employer identification number

T	HE WATER PROJECT, INC.		26-1455510
Pa	Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" on		ccounts
	Tes organization anomored Tes orr	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		(b) r and and other accounts
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
_	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that		□ v □ v ₋
	funds are the organization's property, subject to the organization's excl		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in		
	only for charitable purposes and not for the benefit of the donor or don	* · · · · · · · · · · · · · · · · · · ·	
···D·	conferring impermissible private benefit? Int II Conservation Easements		Yes No
	Conservation Easements Complete if the organization answered "Yes" on I	Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check		
	Preservation of land for public use (for example, recreation or educ	· · ·	mportant land area
	Protection of natural habitat	Preservation of a certified hist	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conser	vation
	easement on the last day of the tax year.		Held at the End of the Tax Yea
а			
b			
C	Number of conservation easements on a certified historic structure inc		
d	Number of conservation easements included on line 2c acquired after	***************************************	
_	on a historic structure listed in the National Register	•	2d
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organizati	.
•	tax year		
4	Number of states where property subject to conservation easement is	located	
5	Does the organization have a written policy regarding the periodic mon		
	violations, and enforcement of the conservation easements it holds?		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of		
	g, maposing, nancing	,	,
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	lations, and enforcing conservation easem	ents during the year
		•	
8	Does each conservation easement reported on line 2d above satisfy th	e requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easem	ents in its revenue and expense statement	and balance
	sheet, and include, if applicable, the text of the footnote to the organization	ation's financial statements that describes t	he
	organization's accounting for conservation easements.		
Pa	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on I	Historical Treasures, or Other S	imilar Assets
4-			a heat wade
ıa	If the organization elected, as permitted under FASB ASC 958, not to refer the historical transpures as other similar access hold for sublication		
	of art, historical treasures, or other similar assets held for public exhibit		or public
h	service, provide in Part XIII the text of the footnote to its financial state.		eet works of
	If the organization elected, as permitted under FASB ASC 958, to repo art, historical treasures, or other similar assets held for public exhibition		
	·	i, education, or research in futilierance of	public service,
	provide the following amounts relating to these items.		•
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or	other similar assets for financial gain prov	
-			ride tile
а	following amounts required to be reported under FASB ASC 958 relative Revenue included on Form 990. Part VIII. line 1		•
	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		\$
	<u></u>		

_		-	_	_	_	_	-	_
•	_		4	_		•		

Page 2

Pa	rt III Organizations Maintainin	g Collections of A	Art, Historical Tr	easures,	or Other	r Similaı	Assets	(contini	ıed)	
3	Using the organization's acquisition, access collection items (check all that apply).								•	,
а	Public exhibition	d 🗌 Le	oan or exchange prog	gram						
b	Scholarly research	e 🗍 O	ther							
C	Preservation for future generations			.,						
4	Provide a description of the organization's c XIII.	ollections and explain I	now they further the o	organization's	s exempt p	ourpose in	Part			
5	During the year, did the organization solicit	or receive donations of	art, historical treasur	es, or other	similar					
	assets to be sold to raise funds rather than	to be maintained as pa	rt of the organization'	's collection?				Ye	s 📗	No
Pa	Complete if the organization 990, Part X, line 21.		on Form 990, Pa	rt IV, line 9	, or repo	orted an	amount o	n Form	l	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?							☐ Ye	 s П	No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	wing table.						۔ ۔	
	•	•						Amount		
C	Beginning balance						С			
d	Additions during the year						d			
е	Distributions during the year					_1	е			
f	Ending balance					<u>L</u> 1	f			
	Did the organization include an amount on F								~ ==	No
	If "Yes," explain the arrangement in Part XIII	. Check here if the exp	lanation has been pro	ovided on Pa	art XIII					
₩Fa	ft V Endowment Funds		F 000 B	4 15 4 15 4	^					
	Complete if the organization					/d) There	ears back	(2) 5	years ba	
10	Registring of year balance	(a) Current year 1,759,496	(b) Prior year 1,999,696	(c) Two yea	0,000	(a) IIIIee	rears back	(8) FOLI	years or	aux .
	Beginning of year balance	1,759,496	1,999,696	2,00	0,000	2 (00,000	<u> </u>		
	Contributions Net investment earnings, gains, and					2,0	00,000			
·	losses	285,415	-240,200		-304					
d	Grants or scholarships	200,420	240,200	<u>.</u>					_	
	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
	End of year balance	2,044,911	1,759,496	1,99	9,696	2,0	00,000			
2	Provide the estimated percentage of the cur						,			
а	Board designated or quasi-endowment 1		, , ,							
b	Permanent endowment %									
	Term endowment %									
	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ession of the organization	on that are held and a	administered	for the			_		
	organization by:								Yes	No
								3a(i)		X
	(ii) Related organizations?									<u>X</u>
_	If "Yes" on line 3a(ii), are the related organiz						• • • • • • • • • • • • • • • • • • • •	_3b_		
4 Da	Describe in Part XIII the intended uses of the rt VIII Land, Buildings, and Equ		ment funds.							
	Land, Buildings, and Equ Complete if the organization		on Form 900 Par	t IV/ line 1	12 500	Form 90	n Dart Y	line 1	1	
	Description of property	(a) Cost or other bas				cumulated	o, Part A	(d) Book		
		(investment)	(other	- 1		preciation		(m) Dook	4.40	
1a	Land		<u> </u>							
b	Buildings		94	18,727		64,5	10	88	4,2	17
C	Leasehold improvements									
	Equipment		38	30,840		104,6	94	27	6,1	46
<u>e</u>	Other		17	70,389		84,3	77	8	6,0	12
Total	. Add lines 1a through 1e. (Column (d) must	equal Form 990. Part X	(, line 10c, column (B))				1,24	6.3	75

coccaciones contratores and a second	Om 990) 2025 THE WATER PRODUCT, IN	<u>. </u>	20-1433310	Page J
Part VII	Investments – Other Securities	Corm 000 Port IV li	no 11h Coo Earm 000 I	Port V line 12
	Complete if the organization answered "Yes" on			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method o Cost or end-of-ye	
(1) Financial d			Cost of cite of ye	The first value
	ld equity interests		·- 	
(3) Other				
(A)				
(B)				
(C)				
(D)			- 	
(E)				
(F)				
(G)				
Total (Column	(h) must small form 000. Bort V. line 40. and (D))			
	(b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments – Program Related	Corres 000 Dort IV lie	ne 11e See Form 000 [Port V. line 12
	Complete if the organization answered "Yes" on (a) Description of investment	7	(c) Method o	
	(a) Description of investment	(b) Book value	Cost or end-of-ye	
			Cost of Charles yo	
(1)				
(2)				
(3)			 	
(4)				
(5)			<u> </u>	
(6)	·	 		
(7)				
(8)		<u> </u>		
(9)	(1) 15 000 B 114 E 10 1 (D)			
Part IX	n (b) must equal Form 990, Part X, line 13, col. (B))	L		
FaitiA	Complete if the organization answered "Yes" on	Form 000 Bort IV lie	no 11d Soo Form 000 I	Part Y line 15
	(a) Description	FOITH 990, Part IV, III	ile Tiu. See Politi 990, i	(b) Book value
(4)	(a) Description			(b) Book value
(1)		_		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(h) must aqual Form 000 Part V line 15 and (PI)			
Part X	n (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities		<u></u>	<u>.l.,</u>
on and a	Complete if the organization answered "Yes" on	Form 990 Part IV li	ne 11e or 11f. See Form	990 Part X
	line 25.	ronn 990, Faitiv, iii	ne fre of fill. Occironi	1000,1 4117,
1.	(a) Description of liability			(b) Book value
	income taxes			(.,
(2)	mome taxes			
(3)				
(4)		-		
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, line 25, col. (B))			
	uncertain tax positions. In Part XIII, provide the text of the fool	note to the organization's	financial statements that rene	orts the
	liability for uncertain tax positions under FASB ASC 740. Chec			

Dogo	1
race	-

Pi	Reconciliation of Revenue per Audited Financial Statem			
_	Complete if the organization answered "Yes" on Form 990,			6 002 207
1	Total revenue, gains, and other support per audited financial statements			6,092,387
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	E00 460	
_	Net unrealized gains (losses) on investments		502,460	
b		2b		
C		2c		
d		2d		
е		·	2e	502,460
3	Subtract line 2e from line 1		3	<u>5,589,927</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	15,596	
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	15,596
_ 5				5,605,523
Pi	ut XII Reconciliation of Expenses per Audited Financial State			1
	Complete if the organization answered "Yes" on Form 990,	Part IV, line	12a.	
1	Total expenses and losses per audited financial statements		1	5,707,778
2				
а	Donated services and use of facilities	2a		
b		2b		
C		2c		
d		2d		
е				
3	Subtract line 2e from line 1		3	5,707,778
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	15,596	
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	15,596
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	5,723,374
0.000,000	art XIII Supplemental Information			
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b an	d 2b; Part V, line 4; Part X, li	ne
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide			
P	art V, Line 4 - Intended Uses for Endowmen	it Funds	3	
T	HE WATER PROMISE (WWW.THEWATERPROJECT.ORG)	WATERPI	ROMISE) IS THE	
0	RGANIZATION'S COMMITMENT TO SUSTAINABILITY	THROUG	SH ONGOING MON	ITORING,
				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
E	VALUATION, TRAINING, SERVICE, MAINTENANCE,	, REPAII	R, AND SUPPORT	PROGRAMS TO
• • • •				
C	OMMUNITIES AND SCHOOLS TO HELP ENSURE SAFE	E, RELIA	ABLE WATER ACC	ESS OVER
T	IME.			
_				
T	HE WATER PROJECT ESTABLISHED THE WATER PRO	OMISE EI	NDOWMENT AS A .	LASTING
_				_
Р.	ARTNERSHIP BETWEEN PARTICIPATING DONORS, I	THE WATE	ER PROJECT, AN	ט
	01089179799			
C	OMMUNITIES IN NEED OF RELIABLE WATER.			
la.	UE WAMED DOMINE ENDOWNERS THE CONCESSION) T T T T T T T T T T T T T T T T T T T	DD00D3140 31TD 0	
T	HE WATER PROMISE ENDOWMENT FUELS SUSTAINAL	TTTTX 1	KUGKAMS AND S	OPPORTS

Part XIII Supplem	nental Information (cont	JUECT, INC.		26-1455510	Page 5
	SCALE TO A 'CL		N PERPETUTTY	VISTON WITHI	N EACH
	HAVE PARTNERED	WITH, ARE	CURRENTLI PAI	KINEKING WITH,	AND WILL
PARTNER WITH	IN THE FUTURE.				
		•••••			
• • • • • • • • • • • • • • • • • • • •					
		• • • • • • • • • • • • • • • • • • • •			
• • • • • • • • • • • • • • • • • • • •					
• • • • • • • • • • • • • • • • • • • •					
••••••	•••••	•••••••••••			
• • • • • • • • • • • • • • • • • • • •					

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE WATER PROJECT, INC.

Employer identification number 26–1455510

****		rm 990, Part IV, line		itsiae tne l	Jnitea	States. Co	mplet	e if the (organization answe	ered "Yes" on
1	For grantmal	kers. Does the organiz	ation maintain records			-				
										X Yes No
2	For grantmal outside the U	kers. Describe in Part ' nited States.	V the organization's pr	ocedures for r	monitorin	g the use of i	its grar	its and o	ther assistance	
3	Activities per	Region. (The following	Part I, line 3 table can	be duplicated	if addition	onal space is	neede	d.)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	region (b fundraising investments	es conducte by type) (suc g, program s s, grants to r d in the regi	ch as, ervices, ecipients		a prog	ty listed in (d) is ram service, specific type of) in the region	(f) Total expenditures for and investments in the region
S (1)		N AFRICA - KE	AYA	PROGRAM	סזאיזים	QIIDDOD#	C TO TO	ייים אמ	v	1,628,132
		N AFRICA - SI	ERRA LEONE	21/001/221		00220112			•	
(2)				PROGRAM	PTNR	SUPPORT	SEE	PART	v	511,614
S (3)		N AFRICA - UG	ANDA	PROGRAM	PTNR	SUPPORT	SEE	PART	v	219,441
		T AND NORTH A	FRICA					_		
(4)		1	1	PROGRAM	SERVI	CES	SEE	PART	v	109,359
(5))									
		:								
(6)	<u> </u>									
_(7)										
(8))									
(9)								. <u>.</u>		
(10)										
<u>(11)</u>										·
(12))									
<u>(13)</u>)									
(14)	<u> </u>				~ .		ļ			
(15)										
/461	•									
(16)	<u> </u>									
(17)										0.400.510
_	Subtotal	1	1							2,468,546
	Total from continuation									
	sheets to Part I									
	lines 3a and 3b)	1	1							2,468,546

				<u> 26-1455510</u>				Page 2
Part II Grants and Part IV, line	d Other Assista e 15, for any reci	nce to Organia pient who recei	zations or Entities Outside the ved more than \$5,000. Part II c	e United States. (an be duplicated if	Complete if the additional spa	organization ans	wered "Yes" on I	Form 990, -
1 (a) Name of organization	(a) Name of (b) IRS code (c) Region (d) Purpose of		(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)	
			SEE PART V	1,628,132	WIRED			CASH
		SUB-SAHAR	AN AFRICA - KENYA SEE PART V	511,614	WIRED			03.011
(2)		CIIR-CAHAD	AN AFRICA - SIERRA LEON	•	WIRED			CASH
(2)		JOB SAIDE	SEE PART V	219,441	WIRED			CASH
(3)		SUB-SAHAR	AN AFRICA - UGANDA					
			SEE PART V	50,000	WIRED			CASH
(4)		MIDDLE EA	ST AND NORTH AFRICA		<u>-</u>			
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)					<u>.</u>			
(16)	l				<u> </u>			
exempt 501(c)(3) organi	ization by the IRS, or	r for which the grar	are recognized as charities by the foreintee or counsel has provided a section	501(c)(3) equivalency	letter			1
3 Enter total number of ot	her organizations or	entities)

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 valuation recipients cash grant noncash of noncash assistance (book, FMV, disbursement assistance appraisal, other) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

JU111	ddie i (i oilli 350/ 2025 - IIII WAIBA EROOMEL, ANC.	20 1400010		, age -
P	rt IV Foreign Forms			
1	Was the organization a U.S. transferor of property to a foreign corporation du	ring the tax year? If "Yes,"		
	the organization may be required to file Form 926, Return by a U.S. Transferd	r of Property to a Foreign	_	
	Corporation (see the Instructions for Form 926)		. Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If	Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transaction	ns With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Rel	um of Foreign Trust With a		
	U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with F	orm 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during	g the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S.	. Persons With Respect to		
	Certain Foreign Corporations (see the Instructions for Form 5471)		Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign inve	stment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be re	equired to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Compa	ny or Qualified Electing		
	Fund (see the Instructions for Form 8621)		Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during	g the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons W	/ith Respect to Certain		
	Foreign Partnerships (see the Instructions for Form 8865)		Yes	X No
6	Did the organization have any operations in or related to any boycotting count	ries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, Internat	ional Boycott Report (see		
	the Instructions for Form 5713; don't file with Form 990)		. Yes	X No

Schedule F (Form 990) 2023

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 NETWORK TEAMS AND PARTNERS, CO-BUILDS WATER,

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

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

BOARD, LOCAL REGISTRATION, AND ORGANIZATIONAL DOCUMENTATION YEARLY.

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

WHICH BOTH ORGANIZATIONS CLOSELY COLLABORATE ON.

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

THE WATER PROJECT REQUIRES MULTIPLE 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 THE PROGRESS OF EVERY

WATER PROJECT AND COMPARE OUTPUTS TO BUDGETED PLANS. END-OF-PROJECT

COMPLETION REPORTS ARE SUBMITTED UPON INSTALLATION OF EVERY WATER PROJECT.

EACH PHASE OF THE ABOVE REPORTING INCLUDES GPS COORDINATES, PHOTOGRAPHS,

DETAILS OF TRAININGS PROGRAMS AND WATER PROJECT INSTALLATION, AND

INTERVIEWS OF COMMUNITY MEMBERS BEING IMPACTED.

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

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.

PROJECTS IS ACTIVELY SHARED WITH THE WATER PROJECT. THE WATER PROJECT MAKES
ALL PROJECT REPORTING VISIBLE TO DONORS ONLINE.

Part I, Line 3 - Activities per Region	Part	I,	Line	3	_	Activities	per	Region
--	------	----	------	---	---	------------	-----	--------

Region	E	kpenditures	Investments	
SUB-SAHARAN AFRICA - KENYA	\$	1,628,132	\$	0
SUB-SAHARAN AFRICA - SIERRA LEONE	\$	511,614	\$	0
SUB-SAHARAN AFRICA - UGANDA	\$	219,441	\$	0
MIDDLE EAST AND NORTH AFRICA	\$	109,359	\$	0

Part V - Additional Information

PART I, LINE 3, COLUMN (E) AND PART II, LINE 1, COLUMN (D)

WATER PROJECTS ARE INSTALLED AND REPAIRED WITHIN DEFINED REGIONAL WASH PROGRAMS. ALL PROGRAMS INCLUDE COMMUNITY VETTING AND ENGAGEMENT, HYGIENE TRAINING, WATER PROJECT IMPLEMENTATION, POST-CONSTRUCTION COMMUNITY ENGAGEMENT, MULTI-YEAR MONITORING AND EVALUATION, AND MAINTENANCE/REPAIR INITIATIVES.

PART I, LINE 3, SUB-LINE 5, MIDDLE EAST AND NORTH AFRICA

THE WATER PROJECT'S MIDDLE EAST OFFICE, LOCATED WITHIN THE INTERNATIONAL

HUMANITARIAN CITY IN DUBAI, SERVES AS AN EXTENSION OF THE WATER PROJECT'S

GLOBAL PROGRAM DEVELOPMENT AND SUPPORT EFFORTS. THIS REGIONAL OFFICE

LEVERAGES/ESTABLISHES NEW PARTNERSHIPS, EXPANDS THE REACH OF THE WATER

PROJECT INTO THE IMMEDIATE REGION, AND PROVIDES PROGRAM SUPPORT TO THE

WATER PROJECT'S GLOBAL PROGRAMS. IN 2023 THE WATER PROJECT RECEIVED

RESTRICTED FUNDS TO PROVIDE WASH SERVICES TO 20 RURAL FARMING COMMUNITIES

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.

(5355 PEOPLE) IN THE DISTRICT OF MIRPURKHAS, PAKISTAN. THE WATER PROJECT
CEASED MIDDLE EAST OPERATIONS AND CLOSED OUR REGIONAL OFFICE TOWARDS THE
END OF 2023.
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· ····································
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• • • • • • • • • • • • • • • • • • • •

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

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

OMB No. 1545-0047

Open to Public Inspection

THE WATER PROJECT, INC.

Employer identification number 26-1455510

P	art I Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided an	ny of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide				
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
		,			
b	If any of the boxes on line 1a are checked, did the organization	on follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses describe				
	explain	·	1b		
2	Did the organization require substantiation prior to reimbursin	og or allowing expenses incurred by all			
_	directors, trustees, and officers, including the CEO/Executive				
			2		
	1a?				
3	Indicate which, if any, of the following the organization used to	to establish the compensation of the			
Ŭ	organization's CEO/Executive Director. Check all that apply.				
	related organization to establish compensation of the CEO/Ex	•			
	Compensation committee	Written employment contract			
	Independent compensation consultant	X Compensation survey or study			
	Form 990 of other organizations	X Approval by the board or compensation committee			
	Form 990 of other organizations	Approval by the board of compensation committee			
	During the year, did any person listed on Form 990, Part VII,	Continu A line to with respect to the filing			
-		Section A, line 1a, with respect to the ming			
	organization or a related organization:	2	4a		X
	Receive a severance payment or change-of-control payment				X
	Participate in or receive payment from a supplemental nonque	ualified retirement plan?	40 4c		X
C		pensation arrangement?	46		
	If "Yes" to any of lines 4a-c, list the persons and provide the	applicable amounts for each item in Part III.			
	Only ===41== 504/=1/0\	Construct and the Construction			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizat				
5	For persons listed on Form 990, Part VII, Section A, line 1a, o	did the organization pay or accrue any			
	compensation contingent on the revenues of:		-		•
			5a	<u> </u>	X
b			5b		X
	If "Yes" on line 5a or 5b, describe in Part III.				
_					
6	For persons listed on Form 990, Part VII, Section A, line 1a,	did the organization pay or accrue any			
	compensation contingent on the net earnings of:				
				<u> </u>	X
b	Any related organization?		6b		X
	If "Yes" on line 6a or 6b, describe in Part III.				
					
7	For persons listed on Form 990, Part VII, Section A, line 1a, o				
_	payments not described on lines 5 and 6? If "Yes," describe in		7	 	X
8	Were any amounts reported on Form 990, Part VII, paid or ac				· ·
	to the initial contract exception described in Regulations secti	ion 53.4958-4(a)(3)? If "Yes," describe			
	in Part III		8		X
_	16 Mar. 11. 11. 20 Mar. 11. 12. 12. 12. 12. 12. 12. 12. 12. 12			 	
9	If "Yes" on line 8, did the organization also follow the rebuttab		1		1
	Regulations section 53.4958-6(c)?		9		1

Schedule J (Form 990) 2023

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

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

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

	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990	
R. PETER CHASSE	180,361	0	C	9,065	20,218	209,644	0	
1 PRESIDENT) 0	0	C	0	0	0	0	
STAN PATYRAK	182,752	18,116	C	10,193	20,218	231,279	0	
2 EXECUTIVE VP) 0	0	C	0	0	0	0	
DANIEL KIM	121,732	10,000	C	6,584	20,206	158,522	0	
3 DIR OF FINANCE/OPS) 0	0	C	0	0	0	0	
4))					• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
5								
(1)								
- (1								
7 (1)								
8 (1) 							
9 (1)							
10 (i)							
11 (t)							
12 (1)							
13 (1))							
14 (1)					,		
15)							
16 (1)							

Schedule J (Form 990) 2023

Schedule J (Form	990) 2023 THE WATER upplemental Information	R PROJECT, INC.	26-1455510	Page 3
Part III Some of the series of	upplemental Information ormation, explanation, or c	n descriptions required for Par	rt I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and	I for Part II. Also complete this part
or any addition	nal information.			
• • • • • • • • • • • • • • • • • • • •				
* • • • • • • • • • • • • • • • • • • •				
• • • • • • • • • • • • • • • • • • • •				
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• • • • • • • • • • • • • • • • • • • •				

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

2023

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

		R PRO	JECT, INC.			26-14	455510	· · · · · · · · · · · · · · · · · · ·	
	Ift Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		Method of o	d) determining bution amounts	-	
1	Art — Works of art			1 orm 000; 1 art van, and 1g					
2	Art — Historical treasures								
3	Art Frantismal interests								
-	Art — Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities — Publicly traded	X	23	325,697	FAIR	MARKET	VALUE		
10	Securities — Closely held stock								
11	Securities — Partnership, LLC,								
	or trust interests								
12	Securities — Miscellaneous								
13	Qualified conservation								
	contribution — Historic								
14	structures Qualified conservation								
14									
40	contribution — Other								
15	Real estate — Residential								
16	Real estate — Commercial	<u> </u>							
17	Real estate — Other								
18	Collectibles								
19	Food inventory	<u> </u>							
20	Drugs and medical supplies	<u> </u>							
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (CRYPTOCURRENCY)	X	351	783,934	FAIR	MARKET	VALUE		
26	Other ()								
27	Other ()								
28	Other (<u></u>			,				
29	Number of Forms 8283 received by	the organi	zation during the tax year	r for contributions for					
	which the organization completed Fe	orm 8283,	Part V, Donee Acknowle	dgement	29 5				
							FORGOTO	Yes	No
30a	During the year, did the organization	receive b	y contribution any proper	ty reported in Part I, lines 1	l through				
	28, that it must hold for at least 3 ye	ars from th	ne date of the initial contr	ibution, and which isn't req	uired to be	!			
	used for exempt purposes for the er	ntire holding	g period?				30	3	X
b	If "Yes," describe the arrangement in	n Part II.							1
31	Does the organization have a gift ac			•			31	x	
32a	contributions? Does the organization hire or use th			o policit process or cell p				+^	+
JZa		•	-	· •			22	x	
L					• • • • • • • • • • • • • • • • • • • •		32	1 🕰	
b 22	If "Yes," describe in Part II.		-luma (a) fan - tur t	amanda dan sahilah sastrona - 4-1	\				
33	If the organization didn't report an ar	HOURT IN C	olulitii (c) for a type of pro	pperty for which column (a)	is checke	u,			

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

ame of the organization	Employer identification number
THE WATER PROJECT, INC.	26-1455510
Form 990 - Organization's Mission	
THE WATER PROJECT, INC. UNLOCKS HUMAN POTENTI	AL BY BUILDING AND CONNECTING
GLOBAL NETWORKS OF LOCAL LEADERS, COMMUNITIES	
AN INFORMED PUBLIC TO PROVIDE SUSTAINABLE WAT	ER AND SANITATION PROGRAMS TO
NEEDLESSLY SUFFERING COMMUNITIES IN DEVELOPIN	G COUNTRIES.
DONATIONS ARE LINKED TO SPECIFIC WATER PROJEC	TS THROUGH ONLINE REPORTING,
ALLOWING DONORS TO SEE HOW SPECIFIC WATER PRO	GRAMS IMPACT COMMUNITIES
AND VIEW THE ONGOING FUNCTIONALITY OF THOSE P	ROJECTS.
Form 990, Part I, Line 6	
THE WATER PROJECT'S VOLUNTEER PROGRAM CONSIST	S OF DIRECT, IN-OFFICE SUPPORT
AND A GLOBAL COMMUNITY OF ADVOCATES CHOOSING	TO USE THEIR OWN NETWORKS AND
INFLUENCE TO RAISE FINANCIAL SUPPORT FOR WATE	R PROJECTS THROUGH OUR PEER-
TO-PEER FUNDRAISING PLATFORM.	
TV 0002 <i>CC</i> 100021773 D17470 T1002777 CVD00	
IN 2023, 66 ADVOCATES RAISED FINANCIAL SUPPOR	T FOR WATER PROJECTS FROM
WITHIN THEIR OWN NETWORKS.	
Form 990, Part III, Line 4a - First Accomplis	hment
WESTERN KENYA WASH PROGRAM:	
IN PARTNERSHIP WITH WESTERN WATER AND SANITAT	TON FORIM FRIENDS OF TIMOTHY
FOUNDATION, AND THE WATER PROJECT'S REGIONAL	SERVICE HUB, THE WATER PROJECT

HYGIENE,

AND SANITATION

Schedule O (Form 990) 2023

CO-DEVELOPED AND STRENGTHENED REGIONAL WATER,

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

SOUTHEASTERN KENYA WASH PROGRAM:

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

Page 1 of 6

9710 06/11/2024 8:43 AM	
Schedule O (Form 990) 2023 Name of the organization THE WATER PROJECT, INC.	Page 2 Employer identification number 26-1455510
PROGRAMS IN SOUTHEASTERN KENYA, RESULTING IN THE WELLS, SUBSURFACE DAMS, SOLAR-POWERED WATER DISTRIBUTED HARVESTING TANKS. SCHOOL WASH PROJECTS CONSTRUCTION OF HANDWASHING STATIONS.	IBUTION NETWORKS, AND
IN 2023, 51 NEW PROJECTS WERE IMPLEMENTED. ALL PROVETTING AND ENGAGEMENT, HYGIENE TRAINING, WATER PROST-CONSTRUCTION COMMUNITY ENGAGEMENT, MULTI-YEAR AND SERVICE/MAINTENANCE/REPAIR INITIATIVES.	ROJECT IMPLEMENTATION,
THE WATER PROJECT'S SOUTHEASTERN KENYA PROGRAM INCCOLLECTION USING SMARTPHONES) AND CALL-BASED MONITERAL-TIME DATA ON PAST AND PRESENT WATER POINTS. OPERATION AND MAINTENANCE PROGRAM PROVIDES ONGOING RESOLVE NON/UNDER-FUNCTIONING WATER POINTS.	TORING PROGRAMS TO COLLECT
IN 2023, 1534 MONITORING EVENTS OCCURRED ACROSS 5: TRIGGERING 163 SERVICE/MAINTENANCE/REPAIR EVENTS.	
RIGOROUS AND ONGOING ONLINE REPORTING LINKS GIVERS ACTIVITIES, SHOWING HOW EACH DONATION MAKES A TANG PROGRAM AND COMMUNITY.	
Form 990, Part III, Line 4b - Second Accomplishment PORT LOKO, SIERRA LEONE WASH PROGRAM:	nt

IN PARTNERSHIP WITH MARIATU'S HOPE, THE WATER PROJECT CO-DEVELOPED AND

Page 2 of 6

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

STRENGTHENED REGIONAL WATER, HYGIENE, AND SANITATION (WASH) PROGRAMS

Page 3 of 6

Name of the organization

Employer identification number

THE WATER PROJECT, INC.

26-1455510

RESULTING IN THE IMPLEMENTATION OF NEW WELLS IN WESTERN UGANDA.

IN 2023, 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 SERVICE/MAINTENANCE/REPAIR INITIATIVES.

THE WATER PROJECT'S UGANDA PROGRAM INCLUDES IN-PERSON (DATA COLLECTION

USING SMARTPHONES) AND CALL-BASED MONITORING PROGRAMS TO COLLECT REAL-TIME

DATA ON PAST AND PRESENT WATER POINTS. THE WATER PROJECT'S OPERATION AND

MAINTENANCE PROGRAM PROVIDES ONGOING SUPPORT TO RESOLVE NON/UNDER
FUNCTIONING WATER POINTS.

IN 2023, 532 MONITORING EVENTS OCCURRED ACROSS 180 WATER POINTS, TRIGGERING 81 SERVICE/MAINTENANCE/REPAIR EVENTS.

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

Form 990, Part III, Line 4d - All Other Accomplishments

THE WATER PROJECT IS THE RECIPIENT OF AN INVITATION-ONLY MEMBERSHIP WITHIN

THE INTERNATIONAL HUMANITARIAN CITY (IHC) IN DUBAL. THE IHC IS A GLOBAL

HUMANITARIAN HUB IN THE REGION, SUPPORTING DEVELOPMENT AND RELIEF EFFORTS

IN THE MIDDLE EAST, ASIA, THE AMERICAS, AND AFRICA. FIXED COSTS ARE HIGHLY

SUBSIDIZED THROUGH THE UNITED ARAB EMIRATES.

THE WATER PROJECT, INC.

26-1455510

OUR MIDDLE EAST OFFICE SERVES AS AN EXTENSION OF THE WATER PROJECT'S GLOBAL PROGRAM DEVELOPMENT AND SUPPORT EFFORTS - LEVERAGING/ESTABLISHING NEW PARTNERSHIPS, EXPANDING THE REACH OF THE WATER PROJECT INTO THE IMMEDIATE REGION, AND PROVIDING WASH PROGRAMS SUPPORT TO THE WATER PROJECT'S GLOBAL PROGRAMS AS WELL AS CONSULTING TO OTHER RELIEF AND DEVELOPMENT ORGANIZATIONS SEEKING TO INCORPORATE WASH PROGRAMS INTO THEIR WORK.

IN 2023, THE WATER PROJECT RECEIVED RESTRICTED FUNDS TO PROVIDE WASH
SERVICES TO 20 RURAL FARMING COMMUNITIES (5355 PEOPLE) IN THE DISTRICT OF
MIRPURKHAS, PAKISTAN. THE WATER PROJECT CEASED MIDDLE EAST OPERATIONS AND
CLOSED OUR REGIONAL OFFICE TOWARDS THE END OF 2023.

Form 990, Part V - Additional Information

FORM 990, PART V, LINE 2A:

EFFECTIVE APRIL 1, 2019, THE ORGANIZATION BEGAN USING A PEO COMPANY AND THEREFORE DOES NOT FILE A W-3 OR W-2 FOR ITS EMPLOYEES USING THE ORGANIZATION'S EIN.

Form 990, Part V, Line 4b - Financial Accounts in Foreign Countries Kenya

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
THE BOARD MEMBERS REVIEWED THE TAX RETURN BY TELECONFERENCE.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

THE WATER PROJECT, INC. REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES

COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY THROUGH MEETINGS AND

Page 5 of 6

Schedule O (Form 990) 2023	Page 2
Name of the organization THE WATER PROJECT, INC.	Employer identification number 26-1455510
WRITTEN DISCLOSURE STATEMENTS.	
Form 990, Part VI, Line 15a - Compensation Proc	cess for Top Official
THE PROCESS FOR DETERMINING COMPENSATION IS DET	TERMINED BY THE BOARD OF
DIRECTORS BASED UPON SALARY SURVEYS AND OTHER F	RESEARCH MATERIALS. THE
PROCESS AND DELIBERATIONS ARE NOTED IN THE BOAR	RD MINUTES.
Form 990, Part VI, Line 15b - Compensation Proc	cess for Officers
THE PROCESS FOR DETERMINING COMPENSATION IS DET	TERMINED BY THE PRESIDENT AND
COMPENSATION COMMITTEE BASED UPON SALARY SURVEY	S AND OTHER RESEARCH
MATERIALS.	
Form 990, Part VI, Line 17 - Other States Where	Copy of Return is Filed
Illinois, Indiana, Kansas, Kentucky, Massachuse	etts, Maryland, Michigan,
Minnesota, Missouri, Mississippi, Montana, Nort	ch Carolina, Nebraska,
New Hampshire, New Jersey, New Mexico, New York	k, Ohio, Oklahoma, Oregon,
Pennsylvania, Rhode Island, South Carolina, Sou	ith Dakota, Tennessee,
Texas, Utah, Virginia, Vermont, Washington, Wis	sconsin, West Virginia,
Wyoming	
Form 990, Part VI, Line 19 - Governing Document	s Disclosure Explanation
PUBLIC AT THE WATER PROJECT, INC. OFFICE OR BY	
· · · · · · · · · · · · · · · · · · ·	व
• • • • • • • • • • • • • • • • • • • •	
······	
	Page 6 of 6

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE WATER PROJECT, INC.

Employer identification number
26-1455510

26-1455510 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c) (d) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity WASH TECHNICAL SOLUTIONS LIMITED 17 DEPOT ST. 2ND FLOOR 98-1574613 CONCORD 03301 HOLDING CO KE NH 117,140 THE WATER MAJIOPS LIMITED 17 DEPOT ST, 2ND FLOOR 98-1574614 CONCORD NH 03301 MAINT SVC KE 26,639 WASH TECHN (3)(4) (5) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had Part II one or more related tax-exempt organizations during the tax year. (g) Section 512(b)(13) (d) (f) Legal domicile (state or foreign country) Public charity status (if section 501(c)(3)) Name, address, and EIN of related organization Primary activity **Exempt Code section** Direct controlling controlled entity? entity Yes (1) (2) (3)

(4)

(5)

Schedule R (I	Form 990) 2023 THE WATER PROJECT	, INC.		26-1	455510									Page
Part III	Identification of Related Organizat because it had one or more related o	ons Taxable	as a	Partnership.	Complete if the	e organizati	on answered "Ye	s" on F	orm	990, P	art IV, line	34,		
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of tot income	al Share of end- year assets	, bo	(h) Dispro- ortionate alloc.?	e amou of So (Fo	(I) de V—UBI int in box 20 thedule K-1 orm 1065)	Gener mana partn	rator Pe ging Over?	(k) ercentage wnership
(1)			000					Ye	s No	+		Yes	No	
(2)		<u>-</u> -										++	+-	
(3)												H		
(4)												\Box		-
Part IV	Identification of Related Organization 34, because it had one or more re	ons Taxable	as a zation:	Corporation s treated as a	or Trust. Com corporation or	plete if the	organization answ the tax vear.	vered "	Yes"	on For	m 990, P	art IV	/,	-
	(a) Name, address, and EtN of related organization	(b) Primary activi		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share		(h) Percent owners	tage	Si 512 coi	(i) ection 2(b)(13) ntrolled ntity?
(1)													Yes	No
(2)													-	
• • • • • • • • • • • • • • • • • • • •														
(3)														+
• • • • • • • • • • • • • • • • • • • •														
(4)						-		 					+-	-

Part V Transactions With Related Organizations. Complete if the organization a	nswered "Yes" on Fo	orm 990, Part IV, line	e 34, 35b, or 36.			<u>-go o</u>
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				T	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more rel	ated organizations listed	in Parts II–IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	-		1	a		
b Gift, grant, or capital contribution to related organization(s)			1	ь		
c Gift, grant, or capital contribution from related organization(s)			1	:		
d Loans or loan guarantees to or for related organization(s)			1			
e Loans or loan guarantees by related organization(s)			1	9		
				**		
f Dividends from related organization(s)			1	F		***********
g Sale of assets to related organization(s)				,		
h Purchase of assets from related organization(s)						
i Exchange of assets with related organization(s)			1			
j Lease of facilities, equipment, or other assets to related organization(s)			1			
k Lease of facilities, equipment, or other assets from related organization(s)				,		
Performance of services or membership or fundraising solicitations for related organization(s)	***************************************	•••••	11			
m Performance of services or membership or fundraising solicitations by related organization(s)			1:	n		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			11	1		
Sharing of paid employees with related organization(s)		***************************************	10	5		

p Reimbursement paid to related organization(s) for expenses			1	2	1	
q Reimbursement paid by related organization(s) for expenses		*************************	10	1		
r Other transfer of cash or property to related organization(s)			11	•		
s Other transfer of cash or property from related organization(s)				3		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this						
(a)	(b)	(c)	(d)			
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount inv	olved		
	3,75 (2-5)					
		Į.				
(1)						
(2)						
(3)						
(4)	-					
. 						
(5)						

(6)

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	income (related, unrelated, excluded from tax under	Are all sec 501(organiz	tion c)(3) ations?	(f) Share of total income	(g) Share of end-of-year assets	ear allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
		country)	sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)										<u> </u>			
(3)													
(4)													
(5)								-					
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(6)													
(7)													
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(8)	-												
(9)	15												
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(10)													
(44)				-	ļ			ļ			ļ		
(11)													

Schedule R (F	Form 990) 2023	THE WATER	PROJECT,	INC.		26-1455510	Page 5
Part VII	Supplemer Provide add	ntal Information. ditional information	n for responses	s to questio	ns on Schedule R	. See instructions.	
				<u> </u>		· · · · · · · · · · · · · · · · · · ·	
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			••••••				
•							

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

2023

LULU techment

Name(s) shown on return Identifying number THE WATER PROJECT, INC. 26-1455510 Business or activity to which this form relates Indirect Depreciation Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 1,160,000 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) 2,890,000 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property 6 (b) Cost (business use only) Listed property. Enter the amount from line 29 7 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 Property subject to section 168(f)(1) election 15 107,147 Other depreciation (including ACRS) ... MACRS Depreciation (Don't include listed property. See instructions.) Part III MACRS deductions for assets placed in service in tax years beginning before 2023 17 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 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction placed in (business/investment use period service only-see instructions) 19a 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property S/L 25-year property 25 yrs. S/L MM Residential rental 27.5 yrs. property MM S/L 27.5 yrs. Nonresidential real 39 yrs. MM S/L property MM Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year S/L 12 yrs. С 30-year ММ S/L 30 yrs. 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 107,147 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