# Form 990

Department of the Treasury

Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

2016 Open to Public Inspection

Form 990 (2016)

OMB No. 1545-0047

A For the 2016 calendar year, or tax year beginning APR 1, 2016 and ending MAR 31, 2017 Check if C Name of organization D Employer identification number Address change THE WATER TRUST, INC. Doing business as 26-0787621 initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Finat return/ 81 PROSPECT STREET (646) 681-2255 termin-ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 1,008,061. Amended BROOKLYN, NY 11201 H(a) is this a group return F Name and address of principal officer: CHRIS PROTTAS for subordinates? ..... Yes 🗶 No pending SAME AS C ABOVE H(b) Are all subordinates included? \_\_\_Yes L\_\_No I Tax-exempt status: X 501(c)(3) 501(c) ( ) < (insert no.) 4947(a)(1) or 527 if "No," attach a list, (see instructions) J Website: ➤ WATERTRUST.ORG H(c) Group exemption number K Form of organization: X Corporation Association Other > Year of formation: 2007 M State of legal domicile; CT Summary Part I Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance 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) 8 Number of independent voting members of the governing body (Part VI, line 1b) 8 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 3 5 Total number of volunteers (estimate if necessary) 6 3 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a b Net unrelated business taxable income from Form 990-T, line 34 0. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 311,237 998,730. Revenue Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 538 -93<u>.</u> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 998,637. 311,775 Grants and similar amounts paid (Part IX, column (A), lines 1-3) <u>303,231</u> 424,170. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 153,371. 193,9<u>06.</u> 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundralsing expenses (Part IX, column (D), line 25) > \_\_\_\_\_\_76,530. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 127,508 158,613. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 584.110. <u>776,689.</u> Revenue less expenses. Subtract line 18 from line 12 -272,335.221,948. Beginning of Current Year End of Year Total assets (Part X, line 16) 96,642. 346,323. Total liabilities (Part X, line 26) 21,193 46,440. Net assets or fund balances. Subtract line 21 from line 20 75,449, 299,883. 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. 2/9/2018 Signature of officer Sign CHRIS PROTTAS. Here EXECUTIVE DIRECTOR Type or print name and title PTIN Print/Type preparer's name Check Paid FREDERICK MARTENS P00298107 self-employed Preparer Firm's name LUTZ AND CARR, CPAS LLP Firm's EIN 🛌 13-1655065 Use Only Firm's address 551 FIFTH AVENUE, SUITE NEW YORK, NY 10176 Phone no. 212-697-2299 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

	m 990 (2016) THE WATER	TRUST,	INC.	<u> </u>	26-0787621	Page 2
•	art III Statement of Program Servi	ce Accomp	ushments			
1	Check if Schedule O contains a responsible of the Organization's mission:	nse or note to	any line in this Part III ,			
'		and citterm	IN TAIN DIE TO NO CON	300 70 70 70 70 70 70 70 70 70 70 70 70 7		
	TO DEVELOP AND IMPLEME	DVCTRME	AINABLE ACCI	SS TO CLEAN WAT	ER, IMPROVE	D
	SANITATION AND PROPER POOR IN AFRICA.	TIGIENE	KNOWLEDGE 1	IN PARTNERSHIP W	ITH THE RUR	AL
	<u> </u>		. <u> </u>		·	
2	Did the organization undertake any significa	nt program ser	vices during the year w	high word not listed as the	<del></del>	
					F	₹ <b>.</b> .
	if "Yes," describe these new services on Sc	hedule O.	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	X No
3	Did the organization cease conducting, or n		t changes in how it cond	ducts, any program services?		XNo
	If "Yes," describe these changes on Schedu	ıle O.				
4	Describe the organization's program service	accomplishme	ents for each of its three	e largest program services, as m	leasured by expenses	,
	section 501(c)(3) and 501(c)(4) organization.	s are required t	to report the amount of	grants and allocations to others	the total expenses	and
	revenue, if any, for each program service re-	oorted.				
4a	(Code:) (Expenses \$ 6.2	4,413.	including grants of \$	424,170.) (Revenue		· · · · · ·
	THE WATER TRUST PARTNE	RS WITH	THE POOREST	COMMINITEES IN	BITRAT. HCAN	DA
	TO PROVIDE CLEAN, SUST	'AINABLE	WATER AND A	A HEALTHY, HYGTEN	ITC ENVIRON	MENT
	FOR CHILDREN AND THEIR	. FAMILI	ES TO THRIVE	. SINCE 2008. TE	TE WATER OF	TICT
	HAS PARTNERED WITH MOR	E THAN	330 VILLAGES	S, SCHOOLS, AND E	HEALTH CENT	ERS,
	BENEFITTING MORE THAN	140,000	PEOPLE. THE	WATER TRUST REC	JULARLY	
	MONITORS AND EVALUATES	TWD ACT	OGRAMS, ADAP	TING ITS APPROAC	CHES AS	
	NECESSARY TO MAXIMIZE	IMPACT (	<u>ON HEALTH AN</u>	D WELL-BEING.		
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4b	(Code:) (Expenses \$		neluding grante of \$	1 /2		···
		<del></del> "	Telduling grants of \$	/ Revenue S		
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4c	(Code:) (Expenses \$	in	noluding grants of \$	) (Revenue \$	<u> </u>	)
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4d	Other program services (Describe in Schedule	e O.)	······································			
	,	ding grants of \$		) (Revenue \$	1	
4e	Total program service expenses ▶		413.	, Protection 4		
					Form <b>99</b>	0 (2016)

632002 11-11-16

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	_	Ye	s No
_	" Tee, complete objectule A			
2	Is the organization required to complete Schedule B, Schedule of Contributors?  Did the organization engage in direct or indirect political companies and in the companies and in	. 1		
3			<b>├</b> ^	+-
4	TO TORO OF SERVICE DISTRIBUTES. URL THE OFFICE ADDRESS IN Labor to the Control of	. з		<u> </u>
5	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	t 4		x
6	similar amounts as defined in Revenue Procedure 98-192 if "Yes " complete Salar to Care at the Care at	5		Х
ŭ			<del>  -</del> -	1-4
7	and organization receive or folio a conservation experient, including appearant.		-	X
8	"" and all all all all all all all all all al	7		x
	Schedule D, Part III			
9		8	<del> </del>	X
	# "You " consider O. I. I. T. O. provide credit counseling, debt management, credit repair, or debt negotiation services?			
10	Did the organization, directly or through a related organization, hold accepts in terror in	9	↓	X
	The state of the s			Ì
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	10		X
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  Did the organization report an amount for investments, other population in Part X, line 10? If "Yes," complete Schedule D,			 
b		11a	X	ļ <u>.</u>
	assets reported in mart A, line For II. "Yes," complete Schedule D. Part VII			4,
c	or an entropy of the property	11b	<u> </u>	X
	associa reported in Part A, line 16 ( if "Yes," complete Schedule D. Part VIII		•	-
ď	The same of the sa	11c		<u>X</u>
	· arc A, line 101 if Test, Complete Schedule D. Part IX	11d		Х
e	""" " " " " " " " " " " " " " " " " "	11e	· · · · <del>-</del>	X
Т	The dispersion is separate or consolidated financial statements for the tay year include a feature that the	1.0		
	and disparations liability for uncertain tax positions under FIN 48 (ASC 740)2 if "Ves " complete Debetted Debe	111		X
120	School In D. Parts W. and M. School III. Separate, independent audited financial statements for the tax year? If "Yes," complete			-
b		12a		X
_	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes." and if the organization answered "Mo" to line 100.			_
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170/b/(1/A/XIII to III).	12b	X	
14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees or agents systems of the Albertain B.	13		<u>X</u> _
þ	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, fundraising, business, investment, and program agriculture.	14a	X	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
15	of more: in Test, complete Schedule F, Parts I and IV	14b	x	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV			
	The state of the s	15	X	
	of for foreign manyiquals 7 if "Yes," complete Schedule F, Parts III and IV	16	-	v
	The state of the s	16	-	<u>X</u> _
	Countri (A), lines 8 and 11e? If "Yes," complete Schedule G, Part I	17	ſ	X
	The street of th			
	To and Ba? If "Yes," complete Schedule G, Part II	18		х
	"" and the state of the state of 5,000 of gross income from daming activities on Part Vill line and it "Von "		1	<del></del>
	complete Schedule G, Part III	19		X
		Form 9	90 (2	016)

Part IV Checklist of Required Schedules (continued)

2	Da Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		Ye	
	b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	. 20	1	X
2	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	. 20t	<u> </u>	<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			
2	2 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	. 21	<u> </u>	X_
	r arc ix, coloring (A), line 27 if "Yes," complete Schedule I, Parts I and III			
2	Tes to Fait VIII, Section A. line 3, 4 or 5 about compensation of the average of	. 22	+	X
	and formal difficults, directors, trustees, key employees, and highest compensated employees? If "Yes." complete			
24		. 23		X
	The state of the s	-		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete  Schedule K. If "No", go to line 25a  b Did the granization invest any proceeds of the granization investigation investigation in the granization investigation in the granization investigation investigation investigation investigation in the granization in the granization investigation in the granization in the granization investigation in the granization in the gr	24a		x
	The arrange of the second of the second process of the second period at the second of	24b		1
	any tax-exempt bonds?			
	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24c		<del>-</del>
25	deculor 50 ((c)(3), 50 ((c)(4), and 501(c)(29) organizations. Did the organization appears in an expose hearty	1	<del> </del>	┥
	transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I	25a		Х
	a the organization aware triat it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200	· ···	- <del>  ^</del>
	trial the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes " complete		-	
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200	┼─	- <del>  ^</del>
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Ves."			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		<del>                                     </del>	1 **
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member.			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ì	X
28	was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV		<b>-</b>	***
	instructions for applicable filing thresholds, conditions, and exceptions);			
1	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes." complete Schedule L. Part IV	28b		Х
•	An entity of which a current or former officer, director, trustee, or key employee for a family member thereoft was an officer.			<del></del>
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV	28c	İ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	bid the digatazation indudate, terminate, or dissolve and cease operations?		,	
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? if "Yes," complete  Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
ħ	if "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
	If "Yes," complete Schedule R, Part V, line 2	36	İ	X
37	bid the organization conduct more than 5% of its activities through an entity that is not a related organization			<del></del>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	•	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note, All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2016) THE WATER TRUST, INC 26-0787621 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Νo 1a Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable ...... 6 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable O c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1¢ 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return \_\_\_\_\_\_\_2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Х За b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country: ▶ <u>UGANDA</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5а b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b if "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Х c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Х 7c e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?\_\_\_ 7<u>g</u> h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations, Enter: a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

a is the organization licensed to issue qualified health plans in more than one state?

14a Did the organization receive any payments for indoor tanning services during the tax year?

Section 501(c)(29) qualified nonprofit health insurance issuers.

Form 990 (2016)

X

12a

13a

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Se	Check if Schedule O contains a response or note to any line in this Part VI ction A. Governing Body and Management		<u></u>	X
			V	T
1a	Enter the number of voting members of the governing body at the end of the tax year	R	Yes	No
	if there are material differences in voting rights among members of the governing body, or if the governing	۲		
4.	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
r	Enter the number of voting members included in line 1a, above, who are independent	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	7	}	
_	officer, director, trustee, or key employee?	2		х
3	and a supplied to the direct control over management duties customaniv performed by or under the direct conservations			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	side and organization make any significant changes to its governing documents since the prior Form 900 was filed?	4		X
5	bid the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the diganization have members or stockholders?	6		X
7a	big the digetization have members, stockholders, or other persons who had the power to elect or appoint one pr			
<b>.</b>	more members of the governing body?  Are any governance decisions of the greeningting recovered to the control of the greening to the control of the greening to the control of the greening to the control of the greening to the control of the greening to the control of the greening to the control of the greening to the control of the greening to the	7a		X
D	gorante of decisions of the digamization reserved to (or subject to approval by) members, stockholders, or			
~	persons other than the governing body?	7b		Х
8	The trie digenization contemporarieously document the meetings held or written actions undertaken during the year by the following:			
a 1.	me governing body?	8a	X	
b	==== continues with authority to act on behalf of the governing body?	8b	Х	
9	is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
900	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	in thes, and the organization have written policies and procedures governing the activities of such chapters, affiliates		1	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe		$\Box$	
	in Schedule O how this was done	12c		X
3	Bid the organization have a written whistleblower policy?	13	Х	
4	Did the organization have a written document retention and destruction policy?	14	x	
5	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Х	
þ	Other officers or key employees of the organization	15b		X
	res to line 15a or 15b, describe the process in Schedule O (see instructions).	:	F	
<del>6</del> a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	ĺ	- 1	
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		[	-
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	İ	i	
	exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed ▶CT , NY			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailable	3	
	for public inspection, Indicate how you made these available. Check all that apply.			
,	X Own website Another's website X Upon request Other (explain in Schedule O)			
Ð	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financi	iaí	
	statements available to the public during the tax year.			
י כ	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	CHRIS PROTTAS - (646) 681-2255		,,	
	81 PROSPECT STREET, BROOKLYN, NY 11201			
1006	11-11-16	Form 9	990 (2)	016)

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		,	io, Director	e, Huste	es, nev Employees	. Highest Companyated	
	for a second					,gex eximpondutou	

**Employees, and Independent Contractors** Check if Schedule O contains a response or note to any line in this Part VII

Section a	Officers, Directors,	Terroboon Mari E				
~~~.	CHICGIS, DIRECTORS.	Trusines nevemn	INVIDED ON A HINT		. E	
			iovees, allu miar	1851 COMPANSAIAN	-mniouase	

- 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.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization r  (A)  Name and Title	(B)			(C) Position				(D)	(E)	(F)
Name and ∣itie	Average hours per	box	c, unle	check ess o	more	ithan is bo or/trus	h an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated emplayee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) THEODORE HUBER	3.00							_		- · · · · · · · · · · · · · · · · · · ·
CO-FOUNDER/CHAIR(THROUGH JUNE 2017) (2) JEFFREY KAPLAN	3.00	X		X	$\vdash$	-	-	0.	0.	0.
CO-FOUNDER/DIRECTOR	3.00	X		X	ı			0.	0.	0
(3) CHRIS FERRANTE	3.00		-	43	ļ. —		-	0.		0.
TREASURER		X		x				0.	0.	0.
(4) BEN ANDREW	3.00									
DIRECTOR	0 50	X						0.	0.	0.
(5) TERENCE KARNAL DIRECTOR	0.50	x						ا م		
(6) MATHIAS KIWANUKA	0.50							0.	0.	0.
DIRECTOR	4130	х						ا. ه	_ 0.	0.
(7) PAUL SCHRIMPF	3.00									
DIRECTOR		Х					ļ	0.	0.	0.
(8) JENNIFER STOLTZ FAVUS	3.00								_	_
DIRECTOR (9) CHRISTOPHER PROTTAS	50.00	X	_				-	0.	0.	0.
EXECUTIVE DIRECTOR	20.00			X				80,000.	0.	0.
								00,000.		
			$\dashv$		_	-	+			<del></del>
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15330206 759420 8317

632007 11-11-16

2016.05050 THE WATER TRUST, INC.

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (D) Revenue excluded from tax under Total revenue Related or Unrelated exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns .....1а b Membership dues c Fundraising events ..... 10 5,148. d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above ..... 1f 993,582. Noncash contributions included in lines 1a-1f; \$ h Total. Add lines 1a-1f <u>998,730</u>. Business Code Program Service Revenue f All other program service revenue g Total, Add lines 2a 2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 4 Royalties 5 (i) Real (ii) Personal 6 a Gross rents ..... b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ▶ 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 170. b Less: cost or other basis and sales expenses 267 c Gain or (loss) -97. d Net gain or (loss) -97.-97. 8 a Gross income from fundraising events (not Other Revenue including \$ \_\_\_\_\_\_5,148. of contributions reported on line 1c). See Part IV, line 18 9,157 b Less: direct expenses \_\_\_\_\_\_b| c Net income or (loss) from fundraising events 0. 9 a Gross income from gaming activities. See Part IV, line 19 \_\_\_\_\_ a b Less: direct expenses b c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances \_\_\_\_\_a b Less: cost of goods sold ...... b Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 998,637 0. 0. -93.

632009 11-11-18

Form 990 (2016) THE WATER TRUST, INC.
Part IX Statement of Functional Expenses

<u>Sec</u>	ction 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All oth	er organizations must co	mplete column (A).	
_	Check if Schedule O contains a respon	se or note to any line in t	this Part IX		
7b	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	and strict addictance to domestic organizations			94.10.4.01.00.00.0	expenses
	and domestic governments. See Part IV, line 21				
2	and a second and to domestic		· · ·		<u> </u>
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	424,170.	424,170.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				<del></del>
	trustees, and key employees	73,050.	29,220.	21,915.	21,915
6	Compensation not included above, to disqualified				41,313
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	105,200.	80,090.	15,077.	10,033.
В	Pension plan accruals and contributions (include		33,0301	±2,0111	10,033.
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	687.	421.	143.	100
10	Payroli taxes	14,969.	9,180.	3,106.	123. 2,683.
11	Fees for services (non-employees):		2,100.	3,100.	4,083.
а	Management	28,391.	28,391.		
b	Legal		20,001		<del></del>
c	Accounting	51,798.	19,256.	18,100.	14 440
d	Lobbying	31,750.	19,230.	10,100.	14,442.
е	Professional fundraising services. See Part IV, line 17	····		<del></del>	<del></del>
f	Investment management fees			· · · · · · · · · · · · · · · · · · ·	
g		· · · · · · · · · · · · · · · · · · ·			<del></del>
J	column (A) amount, list line 11g expenses on Sch O.)	9,551.	1,962.	2 400	5 000
12	Advertising and promotion	3,181.	657.	2,499.	<u>5,090.</u>
13	Office expenses	6,180.		609.	1,915.
14	Information technology	0,100	1,803.	3,176.	1,201.
15	Royalties	<del></del>	<del>-</del> · · · · · · · · · · · · · · · · · · ·		
16		12,648.	5 010	2 211	<del></del>
17	Occupancy	18,851.	5,012.	3,811.	3,825.
18	Payments of travel or entertainment expenses	10,001.	17,287.	476.	1,088.
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1 035	4 680		
20		1,935.	1,673.	131.	131.
21		<del></del>			
22	Payments to affiliates  Depreciation, depletion, and amortization	11 720	4 600		······
		11,730.	4,692.	3,519.	3,519.
23	Insurance	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)			-	
а	EVENT EXPENSE	9,562.	0.		0 550
h	MISCELLANEOUS EXPENSES	4,786.	599.	3,184.	9,562.
c	AND DESCRIPTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERT	4,7001		3,184.	1,003.
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	776,689.	624 412	75 746	77. 500
<u>25</u> 26	Joint costs. Complete this line only if the organization	110,009.	624,413.	75,746.	76,530.
	reported in column (B) joint costs from a combined		ļ		
	educational campaign and fundraising solicitation.				
			İ		
	Check here if following SOP 98-2 (ASC 958-720)		<u> </u>	<u></u>	

Part X Balance Sheet

		Charlest Outset 1 . O		·			
		Check if Schedule O contains a response or no	te to any line	in this Part X		,	
_	<del></del>				(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		25,330	. 1	178,626	
	2	Savings and temporary cash investments		50,675	2	1,0,020	
	3	rieuges and grants receivable, net				3	145,699
	4	Accounts receivable, net				4	143,099
	5	Loans and other receivables from current and f		<del> </del>			
	i	trustees, key employees, and highest compens		] [			
		Part II of Schedule L	+		_		
	6	Loans and other receivables from other disqual		5	· <del> · · · - · · · · · · · · · · · · ·</del>		
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B)	), and contributing		1 1	
		employers and sponsoring organizations of sec					
2		employees' beneficiary organizations (see instr).	ert II of Sch L				
722612	7	Notes and loans receivable, net	[7	· · · · · · · · · · · · · · · · · · ·	6		
τ	8	Inventories for sale or use			···	7	
	9	Prepaid expenses and deferred charges			1,200.	8	
	10a	Land, buildings, and equipment: cost or other				9	2,190
	-	basis. Complete Part VI of Schedule D  Less: accumulated depreciation	102	38 871			
	Ь	Less: accumulated depreciation	10h	31 /31	10 420	] _ ]	
	11	Investments - publicly traded securities	100		19,437.	T	7,440
	12	Investments - other securities. See Part IV, line 1			11	12,368	
	13	Investments - program-related. See Part IV, line			12		
	14	Intangible assets			13	<u></u>	
i	15	Other assets. See Part IV line 11				14	
	16	Other assets. See Part IV, line 11	lias OA	-		15	
_	17	Accounts payable and account expenses	ar ime 34)		96,642.	16	346,323
	18	Accounts payable and accrued expenses			21,193.	17	46,440.
	19	Grants payable			18		
ı	20	Deferred revenue				19	
ŀ	21	Tax-exempt bond liabilities			<u> </u>	20	
	22	Escrow or custodial account liability. Complete F	art IV of Sche	edule D		21	
- 1	22	Loans and other payables to current and former	officers, direc	tors, trustees,		İ	-
ſ		key employees, highest compensated employees	s, and disqual	lified persons.			
	00	Complete Part II of Schedule L				22	
ŀ	23	Secured mortgages and notes payable to unrelative	ted third partic	es	· · · · · · · · · · · · · · · · · · ·	23	
	24	Unsecured notes and loans payable to unrelated	third parties			24	
-	25	Other liabilities (including federal income tax, pay	ables to relate	ed third			· · · · · · · · · · · · · · · · · · ·
-		parties, and other liabilities not included on lines	17-24). Compl	lete Part X of			
		Schedule D				25	
+	26	Total liabilities. Add lines 17 through 25		***************	21,193.	26	46,440.
		Organizations that follow SFAS 117 (ASC 958)		X and		[ ]	
		complete lines 27 through 29, and lines 33 and					
1	27	Unrestricted net assets			-53,901.	27	21,408.
	28	1emporarily restricted net assets			129,350.	28	278,475.
	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117 (AS	C 958), check	k here 🕨 🔙			
		and complete lines 30 through 34.			į		
ı	30	Capital stock or trust principal, or current funds			i	30	
T.	31	Paid-in or capital surplus, or land, building, or equ	ipment fund			31	
		Retained earnings, endowment, accumulated inco		funde		32	
	32	rioranico carringo, ericcomment, accumulateo frici	ome, or other	iutius į			
	32	Total net assets or fund balances	onle, or other	1011ds	75,449.	33	299,883.

	990 (2016) THE WATER TRUST, INC.	26 076	7.01	_	
Pa	art XI Reconciliation of Net Assets	<u> 26-078</u>	<u>/021</u>	Pa	ge 12
	Check if Schedule O contains a response or note to any line in this Part XI				
			<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		
1	Total evenue (must equal Part VIII, column (A), line 12)	1	aa	Ω 6	37.
2	rotal expenses (must equal Part IX, column (A), line 25)	2			89.
3	revende less expenses. Subtract line 2 from line 1	3			48.
4	net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			49.
5	net urrealized gains (losses) on investments	5			86.
6	Conlated Services and use of facilities	6	· · · · · · ·	<u>4 , 4</u>	00.
7	mvestment expenses	7			
8	Filor period adjustments	8			<del></del>
9	Other changes in her assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	<del></del>			
-	column (B))	10	29	g g	83.
Pa	Thancial Statements and Reporting				<del>0.5.</del>
	Check if Schedule O contains a response or note to any line in this Part XII				$\mathbf{x}$
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	if yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		1 1		
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis.			
	consolidated basis, or both:				I
	Separate basis X Consolidated basis Both consolidated and separate basis				1
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.			
	review, or compilation of its financial statements and selection of an independent accountant?	44511	2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dula O	1 20	-23	·- · · · · -
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	ale Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	- 50	<del> </del>	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		36		
			Form 9	390 c	2016)
				P	/

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

2016

Open to Public Inspection

Employer identification number THE WATER TRUST, INC. 26-0787621 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, Δ city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in X section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975, See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type If. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (iv) is the organization listed (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? organization (described on lines 1-10 support (see instructions) [support (see instructions) Yes No above (see instructions)) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 THE WATER TRUST, INC.

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

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

Se	Cuon A. Public Support						······································
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(4) 0045	(1) 0040	T
	Gifts, grants, contributions, and		19,20,0	10/2014	(d) 2015	(e) 2016	(f) Total
	membership fees received. (Do not	i					
	include any "unusual grants.")	449,375.	121,558.	904.624.	311,237.	000 720	3705504
2	Tax revenues levied for the organ-			301/011	<u> </u>	990,130.	2785524.
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities			·		· <del></del>	
	furnished by a governmental unit to					1	
	the organization without charge						
4	Total. Add lines 1 through 3	449,375.	121,558.	904,624.	311,237.	998,730.	2785524.
5	The portion of total contributions	!		-			2703324.
	by each person (other than a				İ		
	governmental unit or publicly	1					
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)	<u>.</u>			<u> </u>		883,098.
<u>_6</u>	Public support, Subtract line 5 from line 4	<u> </u>					1902426.
	ction B. Total Support	<del></del>					
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	449,375.	121,558.	904,624.	311,237.	998,730.	2785524.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
_	and income from similar sources	28.			538.	4.	570.
9	Net income from unrelated business						,
	activities, whether or not the			•			
	business is regularly carried on		· · ·				
10	Other income. Do not include gain					i	
	or loss from the sale of capital	2 400					
	assets (Explain in Part VI.)	8,403.		12,858.			<u>21,261.</u>
11	Total support. Add lines 7 through 10	<u> </u>					2807355.
12	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for						
Sec	organization, check this box and stop tion C. Computation of Publi	here ic Support Per	centage			***********	<b>&gt;</b>
14	Public support percentage for 2016 (li	ine 6, column (f) đị	ided by line 11, co	olumn (f))		14	67.77 %
15	Public support percentage from 2015	Schedule A, Part I	I, line 14			15	74.57 %
16a	33 1/3% support test - 2016, if the o	rganization did not	check the box on	line 13, and line 1	4 is 33 1/3% or ma	ore, check this box	c and
	stop here. The organization qualifies a	as a publicly suppo	orted organization	***************************************			<b>►</b> X
b	33 1/3% support test - 2015. If the o	rganization did not	check a box on lir	ie 13 or 16a, and I	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization quality	fies as a publicly su	upported organizat	tion			<b>▶</b> □
17a	10% -facts-and-circumstances test	t - <b>2016.</b> If the orga	nization did not ch	eck a box on line	13, 16a, or 16b, ar	nd line 14 is 10% o	or more.
	and if the organization meets the "fact	ts-and-circumstanc	es" test, check thi	s box and stop he	ere. Explain in Part	VI how the organia	zation
	meets the "facts-and-circumstances" t	test. The organizati	on qualifies as a p	ublicly supported	organization		▶ □
b	10% -facts-and-circumstances test	: - <b>2015.</b> If the orga	nization did not ch	eck a box on line	13, 16a, 16b, or 17	7a, and line 15 is 1	0% or
	more, and if the organization meets the	e "facts-and-circum	istances" test, che	ck this box and s	top here, Explain i	n Part VI how the	
	organization meets the "facts-and-circ	umstances" test. T	he organization qu	alifies as a publici	ly supported organ	ization	▶□
18	Private foundation, if the organization	ı did not check a b	ox on line 13, 16a,	16b, 17a, or 17b,	check this box an	d see instructions	<b>▶</b>
				, <del></del>		lule A (Form 990 c	

# Schedule A (Form 990 or 990 EZ) 2016 THE WATER TRUST, INC. 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 falled to qualify under Part II. If the organization falls to

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(=1.00±0	
1 Gifts, grants, contributions, and			(6) 20.14	(0) 2015	(e) 2016	(f) Total
membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
<ul> <li>5 The value of services or facilities furnished by a governmental unit to the organization without charge</li> <li>6 Total. Add lines 1 through 5</li> </ul>						
7a Amounts included on lines 1, 2, and	<del></del>	<u> </u>	<u>.</u>	· 		
3 received from disqualified persons						
5 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						<del></del>
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support	·				·	
Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6  10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses						<del> </del>
acquired after June 30, 1975					j	
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						<del></del>
13 Total support. (Add lines 9, 10c, 11, and 12.)	<u>.</u>					
14 First five years, If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax	year as a section	501(c)(3) organiza	ition,
check this box and stop here	- C D					<u>.,</u> • □
Section C. Computation of Publi	c Support Per	centage		· <del></del>		·
<ul><li>Public support percentage for 2016 (li</li><li>Public support percentage from 2015</li></ul>	ne 8, column (f) div	ided by line 13, co	lumn (f))		15	·
16 Public support percentage from 2015 Section D. Computation of Inves	tment incomo	Personters		*****************	16	
			45 )	·		<del></del>
<ul><li>Investment income percentage for 20</li><li>Investment income percentage from 2</li></ul>	nte Cobodulo A. D				17	
19a 33 1/3% support tests - 2016. If the	o io ochedule A, P Vranization did so	an III, iifie 17 t check the her ÷-	line 1d and line 4		18	
more than 33 1/3%, check this box an	d stop here. The c	t check the box of	i line 14, and line i	is is more than 33	3 1/3%, and line 17	is not
more than 33 1/3%, check this box an b 33 1/3% support tests - 2015. If the c	v atop here, The C troanization did no	ngamzation qualifi t chark a boy se "	es as a publiciy su	pported organizat	tion	▶∟
b 33 1/3% support tests - 2015, if the cline 18 is not more than 33 1/3%, check	rganization did 00 k this boy and see	t check a box on II n here. The error	ne 14 or ine 19a, i	and line 15 is mor	e than 33 1/3%, ar	id . r
line 18 is not more than 33 1/3%, checo Private foundation. If the organization	did not check a b	pinere. The organ	and the second	a publicly suppor	ned organization	
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## Part IV Supporting Organizations

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

O 1:	-		Supporting	_	
SOCTION	n	ΛH	CHARACTER	A	
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- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 THE WATER TRUST, INC.			26-0787621 Page 6
- 190 million and the many integrated 509(a)(3) Support	ing Organ	izatione	
1 Light Check here if the organization satisfied the Integral Part Test as a qualify	ina trust on l	Nov. 20, 1970 (avalais is	Part VI.) See instructions.
other Type III non-functionally integrated supporting organizations must	complete Se	ctions A through E.	
Section A - Adjusted Net Income	:	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	· · · · · · · · · · · · · · · · · · ·	
2 Recoveries of prior-year distributions	2	<u></u>	
3 Other gross income (see instructions)	3		· · · · · · · · · · · · · · · · · · ·
4 Add lines 1 through 3	4		<del> </del>
5 Depreciation and depletion	5		· · · · · · · · · · · · · · · · · · ·
6 Portion of operating expenses paid or incurred for production or			· · · · · · · · · · · · · · · · · · ·
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see		<u> </u>	
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b	····	
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		<del></del>
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2	·	
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	·· ···	
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		<u> </u>
Section C - Distributable Amount		<u> </u>	Current Year
1 Adjusted net Income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5	·	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		<u> </u>	
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional		Type III supporting orga	nization (see
instructions).	, 2 00	. , p = sapporting orge	

Sch Pa	edule A (Form 990 or 990-EZ) 2016 THE WATER TRI	JST, INC.		26-0787621 Page 7
L	. The in Month unctionally integrated 509	9(a)(3) Supporting Org	janizations (continued)	
	WOIT D - DISTRIBUTIONS			Current Year
	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
_3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizatio	ns	
_4_	Amounts paid to acquire exempt-use assets			<del></del>
_5_	Qualified set aside amounts (prior IRS approval required)			
_6	Other distributions (describe in Part VI). See instructions		·	
	Total annual distributions. Add lines 1 through 6		· · · · · · · · · · · · · · · · · · ·	- <del>  </del>
8	Distributions to attentive supported organizations to which t	the organization is responsiv	/e	_ <u>-</u>
<del></del> -	(provide details in Part VI). See instructions	<u> </u>		
_ 9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			<del>  </del>
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2018
1_	Distributable amount for 2016 from Section C, line 6		† · · · · · · · · · · · · · · · · · · ·	<u> </u>
2	Underdistributions, if any, for years prior to 2016 (reason-		<u> </u>	
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:		······································	
_ a		· · · · · · · · · · · · · · · · · · ·	······	<u> </u>
b				
_ c	From 2013		<u> </u>	<u> </u>
ď	From 2014			<del> </del> · · · <del>- · · · · · · · · · · · · · · · </del>
е	From 2015		<u> </u>	
f	Total of lines 3a through e			
	Applied to underdistributions of prior years		<u> </u>	
	Applied to 2016 distributable amount	<u> </u>	<u> </u>	
i	Carryover from 2011 not applied (see instructions)		<u> </u>	
i	Remainder, Subtract lines 3g, 3h, and 3i from 3f,	<del> </del>		
4	Distributions for 2016 from Section D.	<u> </u>	<u> </u>	
	line 7:			
а	Applied to underdistributions of prior years		· · · · · · · · · · · · · · · · · · ·	
	Applied to 2016 distributable amount	<u> </u>		
	Remainder, Subtract lines 4a and 4b from 4	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h	<del></del>		
_	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j		· · · · · · · · · · · · · · · · · · ·	
•	and 4c			
8	Breakdown of line 7:		···	
a			· · · · · · · · · · · · · · · · · · ·	
	Excess from 2013		· · · · · · · · · · · · · · · · · · ·	
	Excess from 2014			<u> </u>
	Excess from 2015			
<u>u</u>	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Part VI	Cumple	TO TITE WART	ER TRUST,	INC.	26-0787621 Page
rail VI	line 1; Part IV, Section I	D. lines 2 and 3: Pa	art IV Section F II	ns required by Part II, line 10; Part c, 11a, 11b, and 11c; Part IV, Sec nes 1c, 2a, 2b, 3a, and 3b; Part V , and 6. Also complete this part fo	II, line 17a or 17b; Part III, line 12; tion B, lines 1 and 2; Part IV, Section C,
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32028 09-21-16					Schedule A (Form 990 or 990-EZ) 2016

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

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF,

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

OMB No. 1545-0047

Name of the organization

Employer identification number

Organization type (check	HE WATER TRUST, INC.	26-0787621
- garinzadon type (check	onej.	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organization	is covered by the General Rule or a Special Rule.	
Note: Only a section 501(c	)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.
General Rule		
For an organizatio	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	\$5,000 or more (in money or total contributions.
Special Rules		
any one contribute	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, o or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount , line 1. Complete Parts I and II.	or 16b, and that received from
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from a Itions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educations to children or animals. Complete Parts I, II, and III.	ny one contributor, during the tional purposes, or for
is checked, enter h purpose. Don't con	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an exclusively for religious, charitable, etc., purposes, but no such contributions totaled more the total contributions that were received during the year for an exclusively religious, on plete any of the parts unless the General Rule applies to this organization because it rele, etc., contributions totaling \$5,000 or more during the year	re than \$1,000. If this box charitable, etc.,
Caution: An organization the	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	m 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Employer identification number

## THE WATER TRUST, INC.

Part I	Contributors (See instructions) Hos dualisates and Section 19		0-0/8/621
	Contributors (See instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE WATER PROJECT  17 DEPOT STREET, 2ND FL  CONCORD, NH 03301	\$ <u>197,694.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DEERFIELD FOUNDATION  780 THIRD AVENUE, 37TH FLOOR  NEW YORK, NY 10017	s300,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	PACE FAMILY FOUNDATION  4826 POST RD  NASHVILLE, TN 37205	\$ 30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	VIBRANT VILLAGE FOUNDATION  1737 NE ALBERTA ST, NO 207  PORTLAND, OR 97211	\$ <u>132,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	FJC: A FOUNDATION OF PHILANTHROPIC FUNDS  520 EIGHTH AVENUE, 20TH FLOOR  NEW YORK, NY 10018	\$ <u>55,000</u> .	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>	A TO Z IMPACT FOUNDATION C/O FOUNDATION, SOURCE 501 SILVERSIDE RD	\$55,000.	Person X Payroll Noncash (Complete Part II for
3452 10-18	WILMINGTON, DE 19809	Cabadula D (Cara D	noncash contributions.)

Employer identification number

#### THE WATER TRUST, INC.

			5-0787621
Part I	Contributors (See instructions). Use duplicate copies of Part	I if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	SLATTERY FAMILY FOUNDATION  1A MARTIN ROAD  RYE, NY 10580	ssssssss	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	ONE DAY'S WAGES  4873 RAINER AVE S  SEATTLE, WA 98118	\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	INTERNATIONAL FOUNDATION  55 LANE ROAD, SUITE 300  FAIRFIELD, NJ 07004	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(e) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions,)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Ocomplete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
23452 10-18-	16	Schadula 9 (Enzm 9	00 900-E7 or 900-DE1 (9016)

Employer Identification number

## THE WATER TRUST, INC.

26-0787621

(a)	ncash Property (See instructions). Use duplicate copies of		
No.	(b)	(c)	
from	Description of noncash property given	FMV (or estimate)	(d)
'art I	p, opt. () given	(See instructions)	Date received
_		\$	
(a)			
No.	(b)	(c)	
rom	Description of noncash property given	FMV (or estimate)	(d)
art I		(See instructions)	Date received
j			
		\$	
(a)			
No.	{b)	(c)	(d)
rom arti	Description of noncash property given	FMV (or estimate)	Date received
WI + 1		(See instructions)	
		\$	
(a) No.	/b\	(c)	
om	(b) Description of noncash property given	FMV (or estimate)	_ (d)
ırt I		(See instructions)	Date received
a)			
No.	(b)	(c)	(d)
om arti	Description of noncash property given	FMV (or estimate) (See instructions)	Date received
m1		(See Instructions)	
_			
		\$	
a)		(a)	·
o. om	(b)	(c) FMV (or estimate)	(d)
rt	Description of noncash property given	(See instructions)	Date received
10-18-16	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	\$	90, 990-EZ, or 990-PF) (2

823454 10-18-18

#### SCHEDULE D

Department of the Treasury Internal Revenue Service

### Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number THE WATER TRUST, INC. 26-0787621 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure □ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 year 🛌 Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? in Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2016

632051 08-29-18

	edule D (Form 990) 2016 THE WAT	TER TRUST,	INC.			26	<u>-07876</u> 2	)1 e	anna f
Pa	<u>π ⊞   Organizations Maintaining</u> (	Collections of A	rt. Histo	rical Treasures	or Othe	r Similar i	A a a a 4 a /		
3	Using the organization's acquisition, access	sion, and other recor	ds, check a	ny of the following t	hat are a sir	nificant use	of its collecti	muea)	
	(and that apply).		,	··· y ··· wie iewey, nig i	nat are a are	Jimicani use	or its collecti	on iten	лѕ
а	Public exhibition		d 🗀 Lo	an or exchange pro	arame				
b	Scholarly research		e Tot	ner	grania				
O	Preservation for future generations					· · · · · ·			
4	Provide a description of the organization's of	collections and expla	in how they	further the organize	ation's avec	ant numace i	D VIII		
5	burning the year, did the organization solicit	or receive donations	of art, histo	rical treasures, or of	ther eimilar	nanoto			
	to be sold to raise funds rather than to be n	naintained as part of	the organiz	ation's collection?			Yes	Γ.	¬
Pa	raciow and costodial Affai	ngements. Comp	lete if the o	ganization answere	ri "Yes" on i	Form 000 Da	Yes	<del></del>	No
	Toponto an amount on Form 550, Fa	archiniezi.					int (V, line 9, c	)r	
1a	Is the organization an agent, trustee, custoo	dian or other interme	diary for co	atributions or other:	assets not i	ndudod		···-	
	on Form 990, Part X?		,,	THE STATE OF STATE OF	assets not i	liciuded	Yes		٦.,
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing tab	le:	•••••	,,	L! Yes		_l No
		• • • • • • • • • • • • • • • • • • • •					Amour		
С	Beginning balance					1c	Amour	11	
d	Additions during the year				•••••	1d			
e	Distributions during the year					1e	<del></del> .	····	
f	Ending balance					1f			<del></del>
2a	Did the organization include an amount on F	orm 990, Part X, line	21. for esc	row or custodial acc	ount liabilit	<u> </u>	Yes		
<u>b</u>	If "Yes," explain the arrangement in Part XIII	. Check here if the e	xplanation t	ias been provided o	n Part Yill	y:	,, L.,,) tes	<u> </u>	∐ No
Pa	t V   Endowment Funds. Complete	if the organization ar	nswered "Y	es" on Form 990. Pa	rt IV line 10	<del>1</del>			
		(a) Current year	(b) Prio				back (e) Fou		to a al.
1a	Beginning of year balance		(2)	70a. (C) 1 110 yc	als Dath 1	ij illiee yeals	Dack (e) FOU	r years	oack
b	Contributions		<del>                                     </del>		<del>-</del>	······································	<del></del>		
С	Net investment earnings, gains, and losses					······································	<del> </del>	<del></del>	
d	Grants or scholarships		<del></del>			· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>	····
е	Other expenditures for facilities		<del></del>			·····		<del></del> -	·
	and programs								
f	Administrative expenses	<u> </u>	<u></u>	· · · · · · · · · · · · · · · · · · ·	<del></del>		<del></del>	<del></del> _	•
g	End of year balance			· · · <del>-   · · · ·</del>			<del></del>		
2	Provide the estimated percentage of the cur	rent year end balanc	e /line 1a c	Olumn (a)) bold on			<del></del>		
_ a	Board designated or quasi-endowment	rent year end balant	%	olumn (a)) neid as:					
b	Permanent endowment	%	-/"						
	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c sho								
За	Are there endowment funds not in the posse	esion of the organiza	ation that o	a hald and neiminist					
	by:	SSION OF THE ORGANIZA	anon mar a	e neid and administ	erea for the	organization	. 1		
								Yes	No
	***		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		••••••		3a(i)		
ь	(ii) related organizations	tions listed as requir		alula Dă			3a(ii)		
4	Describe in Part XIII the intended uses of the	oranization's enda	eu on oche	oule H ?	***************	·····	3b_		
Par	t VI Land, Buildings, and Equipm	ent	wment tunc	ıs.					
	Complete if the organization answered		\ □oet RZ E	a 11a Car E 00	0.05	- 40			
	Description of property		t t						
	Description of property	(a) Cost or or basis (investri		(b) Cost or other		umulated	(d) Bool	< value	)
10	Land		nerity	basis (other)	aepre	ciation	<u> </u>		
	Land				<u> </u>				
	Buildings		<del>-</del>				<u></u>		
	Leasehold improvements			C 100		F 335	<u></u>		
	Equipment			6,182.	ļ	<u>5,395.</u>	<del></del>		<u>87.</u>
Total	Other		<u> </u>	32,689.		<u>6,036.</u>		5,65	
rotal.	Add lines 1a through 1e. (Column (d) must ed	guai ⊢orm 990, Part .	x, column (l	3), line 10c.)			· •	7,44	10.

Schedule D (Form 990) 2016

#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service Statement of Activities Outside the United States

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

Attach to Form 990.

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

2016
Open to Public

Open to Public Inspection

Name of the organization

Employer identification number

THE WATER TRUST	INC.			26-078	37621
Part I General Info	rmation on A	Activities Ou	itside the United States. Comp	lete if the organization answe	ered "Yes" on
rom 990, Part i	v, line 14b.				
the grantees' clinibility (	s the organization	n maintain reco	rds to substantiate the amount of its g	rants and other assistance,	
			the selection criteria used to award th		X Yes N
2 For grantmakers. Desc United States.	cribe in Part V the	e organization's	procedures for monitoring the use of i	ts grants and other assistant	ce outside the
3 Activities per Region, (T	he following Part	I, line 3 table c	an be duplicated if additional space is	needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region	(e) If activity listed in (disa program service.	expenditures for and
SUB-SAHARAN AFRICA -	}				
ANGOLA, BENIN,	ļ			İ	
BOTSWANA, BURKINA			CRANTS TO RECIPIENT LOCATED		
FASO	1	44	IN REGION		424,170
SUB-SAHARAN AFRICA -					424,170
ANGOLA, BENIN,				<u> </u>	
BOTSWANA, BURKINA				CLEAN WATER MANAGEMEN	TP
FASO,	1	44	PROGRAM SERVICES	PROGRAM	28,391
		· · · · · · · · · · · · · · · · · · ·			
		<u></u>			
3 a Sub-total					
b Total from continuation sheets to Part I	2	88			452,561
	0	0			0
c Totals (add lines 3a and 3b)	_		1		
HA For Paperwork Reduction	. 21	8.8			452 561, le F (Form 990) 2016

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26-0787621

Page 2

THE WATER TRUST,

Schedule F (Form 990) 2016

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

(i) Method of valuation (book, FMV, appraisal, other) PAID TO VENDOR ACTUAL AMOUNT WATER PUMPS FOR (h) Description 92,963.IMPLEMENTATION of noncash assistance PROJECT (g) Amount of noncash assistance Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by of cash grant cash disbursement (f) Manner of 331,207, (e) Amount the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter CLEAN WATER PROJECTS (d) Purpose of grant BENIN, BOTSWANA, AFRICA - ANGOLA, BURKINA FASO (c) Region SUB-SAHARAN Enter total number of other organizations or entities (b) IRS code section and EIN (if applicable) (a) Name of organization ო Q

Schedule F (Form 990) 2016

Page 3	(h) Method of valuation (book, FMV,	dppraisa, offici					Cohodon Transfer of the Cohodon
V, line 16.	(g) Description of noncash assistance						
26 - U / 8 / 6 Z L is" on Form 990, Part I	(f) Amount of noncash assistance						
6 organization answered "Yes"	(e) Manner of cash disbursement						
tes. Complete if th	(d) Amount of cash grant						
de the United Sta	(c) Number of recipients						
nce to Individuals Outside the additional space is needed.	(b) Region						
Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance						

Sched Part	ule F (Form 990) 2016 THE WATER TRUST, INC.	26-0787621	Page 4
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	□ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes [	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes [	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes [	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	□ Von 「	₹7

632074 09-21-16

Schedule F (Form 990) 2016

Part V Supplemental Information	<u> 26-0787621</u>	Page 5
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accomplete the information is expenditured payments).	counting method; amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting n	nethod); and Part III, column (c)	)
(estimated number of recipients), as applicable. Also complete this part to provide any additional	nformation. See instructions.	
PART I, LINE 2:		
MONTHLY GRANTS ARE MADE TO THE ORGANIZATION'S SUBSIDIAR	V ENDING MITTER	
ORGANIZATION MAINTAINS DIRECT OVERSIGHT OVER ITS SUBSID	TARV ENTITOV	
MONITORS ITS ACTIVITIES, AND APPROVES ITS ANNUAL BUDGET	. OUARTERLY	
	· · · · · · · · · · · · · · · · · · ·	
FINANCIAL REPORTING AND MONTHLY EXPENDITURES.		
	· · · · · · · · · · · · · · · · · · ·	
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12075 09-21-1 <del>8</del>	Schedule F (Form 99)	ነበት ኃብ 1

#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Information shout Schadule D (Form 990 or 990-EZ) and its instructions is at www. irs gov/form990.

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

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number

THE WATER TRUST, INC.	26-0787621
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
TO DEVELOP AND IMPLEMENT SUSTAINABLE ACCESS TO CLEAN WATE	R, IMPROVED
SANITATION AND PROPER HYGIENE KNOWLEDGE IN PARTNERSHIP WI	TH THE RURAL
POOR IN AFRICA.	
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR, PROVIDED	TO THE BOARD OF
DIRECTORS PRIOR TO FILING, AND SIGNED BY THE CHAIRMAN.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE EXECUTIVE DIRECTOR'S COMPENSATION WAS APPROVED BY THE	BOARD OF
DIRECTORS, AND WAS DETERMINED BASED ON THE REVIEW OF DATA	FOR SIMILAR
POSITIONS AT COMPARABLE ORGANIZATIONS. THE ORGANIZATION H	AS NO OTHER
COMPENSATED OFFICERS OR KEY EMPLOYEES.	
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REQUEST.	
FORM 990, PART XII, LINE 2C	
THE ORGANIZATION FORMED A FINANCE AND OPERATIONS COMMITTED	E, WHICH IS
RESPONSIBLE FOR AUDIT OVERSIGHT BEGINNING WITH THE MARCH :	31, 2017
AUDIT.	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632211 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)

(g) Section 512(bX13) controlled Schedule R (Form 990) 2016 Employer identification number OMB No. 1545-0047 Open to Public Inspection No. 2016 × entity? Direct controlling χes 26-0787621 entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Direct controlling THE WATER TRUST, entity End-of-year assets <u>o</u> Public charity status (if section 501(c)(3)) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Total income Related Organizations and Unrelated Partnerships Ŧ Exempt Code section € Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or Legal domicile (state or foreign country) foreign country) ■ Attach to Form 990. ত্ CGANDA IMPLEMENTATION OF CLEAN Primary activity WATER AND SANITATION Primary activity 9 For Paperwork Reduction Act Notice, see the Instructions for Form 990. INC. PROJECTS THE WATER TRUST, Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity THE WATER TRUST LIMITED Name of the organization Department of the Treasury Internal Revenue Service MASINDI UGANDA SCHEDULER (Form 990) PO BOX 51 Part Part

Page 2 Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations ireated as a partnership during the tax year. 26-0787621

INC.

THE WATER TRUST,

Schedule R (Form 990) 2016

Part III

Code V-UBI General or Percentage amount in box managing ownership 20 of Schedule Partner? K-1 (Form 1065) Yes No (i) Section: 512(b)(13) controlled entity? Yes No Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. £ Percentage ownership 9 Ξ Share of end-of-year assets 6 Disproportionate Yes No allocations? Ξ Share of total income Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) ⊚ Share of total іпсоте ε Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Legal domicale (state or foreign country) 9 Direct controlling entity € Primary activity Legal domicule (state or foreign country) Primary activity 3 Name, address, and EIN of related organization Name, address, and EIN of related organization a Part IV

Schedule R (Form 990) 2016

632162 09-08-16

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

						-
Note: Complete line 1 If any entity is listed in Parts II, III, or IV of this schedule.					Yes	Š
	ins with one or more re	slated organizations lister	f in Parts IFIV?			
	ty			12	_	×
<ul> <li>b Gift, grant, or capital contribution to related organization(s)</li> </ul>			-	4	×	
c Gift, grant, or capital contribution from related organization(s)				-	-	×
d Loans or loan guarantees to or for related organization(s)				7		4
				2	-	<b>،</b>
				<del>a</del>	7	×
f Dividends from related organization(s)				; ;		
				=	1	×
				ţ		×
h Purchase of assets from related organization(s)				두		×
i Exchange of assets with related organization(s)				Ŧ		×
j Lease of facilities, equipment, or other assets to related organization(s)				=		×
k Lease of facilities, equipment, or other assets from related organization(s)				÷		<b>×</b>
l Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			<b>=</b>		>
m Performance of services or membershin or fundraision colinitations by	poisotice(e)			=		4
Chapter of favilities and became at the list.	telated of garinzanorits)			Ē		×
	tion(s)	***************************************		드		×
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				9		×
p Reimbursement paid to related organization(s) for expenses				<del>-</del>		×
<ul> <li>Reimbursement paid by related organization(s) for expenses</li> </ul>				ļ		>
				2	1	اه
Other transfer of cash or property to related organization(s)				+	7	×
<ul> <li>Uther transfer of cash or property from related organization(s)</li> </ul>		***************************************		1s	_	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered	who must complete th	is line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1) THE WATER TRUST LIMITED	М	424,170.	424,170.ACTUAL AMOUNT TRANSFERRED	Ω		
(2)						•
(8)						
(4)						
(9)						
(9)	:					
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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 country)	Predominant income parmers sec. (related, unrelated, 2016)31 excluded from tax under 3ections 512-514) Yes No	(f) 24 Share of 15 Share of 15 Share of 16 Share of 17 Share of 18 Share of 18 Share of 18 Share of	(g) Share of end-of-year assets	(h) Disproportionale allocations?	Code V-UBI Ceneral or Percentage amount in box 20 managing ownership of Schedule K-1 pariner? Ownership (Form 1065)	General or l managing partner?	(k) Percentage ownership
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Schedule R	(Form 990) 2016 Supplemental Info	THE WATER	TRUST,	INC.		<u> 26-0787621</u>	Pane 5
Part VII	Supplemental Info	ormation.				<u> </u>	1 8955
	Provide additional inform	mation for responses	to questions o	n Schedule R. See in	structions.		
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