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		NOI A FIL	EABLE COPI """			
Form 114a		d of Auth	orization to			
Department of the Treas Financial Crimes Enforcen		Electronically File FBARs				
Network (FinCEN)		(See instructions below for completion)				
May 2015	Do not send to	FinCEN. Retain th	his form for your records.			
-	•	orm 114a may be			THEWAT	E20220001
	have an obligation to file a Report of	of Foreign Bank				
1. Owner last name or er THE WATER TRU	, ,		2. Owner first name			3. Owner M.I.
4. Spouse last name (if jo	pintly filing FBAR - see instructions be	elow)	5. Spouse first name			6. Spouse M.I.
filing year ending Deceml and complete; that I/we a Report of Foreign Bank a listed in Part II to receive	ve provided information concerning ber 31, 2022 to the preparer list authorize the preparer listed in Part II and Financial Accounts (FBAR) based information from FinCEN, answer ind laration, it is my/our legal responsibili	ted in Part II; that to complete and I on the informatic quiries and resolve	submit to the Financial Crime on that I/we have provided; ar e issues relating to this subm	t of my/our k es Enforceme nd that I/we a ission. I/we a	nowledge tru ent Network (authorize the cknowledge	e, correct, FinCEN) a preparer that,
7. Owner signature (Auth	norized representative if entity)	8. Date	9. Owner or entity T	IN 10.		X EIN SSN/ITIN
* THIS IS NOT	A FILEABLE COPY *	MM DD YY	<u></u>		type b _ c _	Foreign
11. Spouse signature		12. Date MM DD YY	13. Spouse TIN		.TIN a [type b [c [EIN SSN/ITIN Foreign
Part II Individual or	Entity Authorized to File FBAR on t			file.		
15. Preparer last name		16. Preparer firs	st name	17. Prepar	er M.I. 18.	Preparer PTIN
GRAY		PAMELA			P0	1237506
19. Address		20. City		21. State		/postal code
10200 GRAND C	ENTRAL AVENUE, SUI	OWINGS MILLS		MD 2111		7
	. Preparer's (item 15) employer's (En	tity) name	25. Employer EIN	26. Prepar	er's signature	•
code US SB	& COMPANY, LLC		20-2153727			
	Instructions for compl	eting the FBAR S	Signature Authorization Rec	ord		
services. The completed	bleted by the individual or entity gran record <u>must</u> be signed by the individ g entity must be registered with FinCl	lual(s)/entity grant	ting the authorization (Part I) a	and the indivi	dual/entity th	nat will file the
Read and complete the a	account owner statement in Part I.					
	r to file the Foreign Bank and Financia date the document in Part I, items 7/	-				ems 1 through
Accounts Jointly Owned	by Spouses (see exceptions in the F	BAR instructions)	<u> </u>			
	ling an FBAR jointly with his/her spou	· -		-	-	
•	in items 11/12, (item 11 may be digita ned foreign account. In this case, bo		•			
	FBAR on behalf of both spouses will	-		-	-	• • •
number x).						
-	5 through 18 with the preparer's info is an employee. Record the employer			-	-	
	party preparer <u>must</u> sign in item 26 (c		••			
by the authorizing author	•					
	art I, and the person listed in Part II as ation and the filing itself, both for a p DO NOT SEND THIS REC	eriod of 5 years. S			should retair	1 copies
220011 04-01-22					Rev. 10.	7 May 21, 2015

TWTINC.1

FINANCIAL CRIMES ENFORCEMENT NETWORK

BSA E-Filing - Report of Foreign Bank and Financial Accounts (FBAR)

FinCEN Form 114

THEWATE20220001

Filing Name THE WATER TRUST, INC

Submission Type NEW

PIN NOT REQUIRED

Check here \boxed{X} if this report is submitted by an authorized third party, and complete the 3rd party preparer section on page one of the report. The E-file system will auto complete item 46.

NOTE: The FBAR must be received by the Department of the Treasury on or before April 18, 2023. An automatic extension to October 16, 2023 is available.

This report filed late for the following reason (Check only one):

- a. Forgot to file
- b. Did not know that I had to file
- c. Thought account balance was below reporting threshold
- d. Did not know that my account qualified as foreign
- e. Account statement not received in time
- f. Account statement lost (Replacement requested)
- g. Late receiving missing required account information
- h. Unable to obtain joint spouse signature in time
- i. Unable to access BSA E-filing system
- z. ____ Other (please provide explanation below)

223151 01-31-23

FinCEN Form 114

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return

1 This report is for calendar year ended 12/31 <u>2022</u>

Amended	

Part I F	iler information	T	HEWATE	202200	01			Amended	
2 Type of filer					-				
a 🗌 Individ	dual b 🗌 Partnership c	X Corporatio	n d 🗌	Consolidate	d e 🗌 Fi	duciary or of	ther - Enter t	уре	
3 U.S. Taxpay	ver Identification Number 3a	a TIN type 4 I	Foreign ider	ntification (Co	omplete only i	f item 3 is not	applicable)	5 Individual's	date of birth
2607876	21	SSN/ITIN a	Type:	Passport	Foreign		ther	MM/DE	D/YYYY
	U.S. Identification		.,					-	
number o	complete item 4	bl	Number	с (Country of Is	sue			
	or organization name ER TRUST , INC				7 First name	9		8 Middle initia	I 8a Suffix
9 Mailing add	ress (number, street, and ap	t. or suite no.)							
	4668, SUITE 75	942 11 St	ata 10 71	P/Postal Cod	le 13 Cou	inter (
10 City				P/Postal Cot		iritry			
NEW YOR	K	NY	101	.63	USA				
14 a) Does th	e filer have a financial intere	st in 25 or more fi	nancial acc	ounts?					
Yes No X	Enter number of account	S	Do not	complete Pa	art II or Part	III, but maint	ain records	of the information	
	 e filer have signature authori	ity over but no fin	ancial intere	est in 25 or n	ore financia	Laccounts?			
Yes	Enter number of account						son on whose	behalf the filer has s	sign. authority.
No X			<u> </u>	<u> </u>					
L	nformation on financia					[7		
15 Maximum va	alue of account during calen		Amount 16 mown	Type of acc	ount a 🔼	Bank b	_ Securities	c Other - Er	nter type below
	398,680.								
17 Name of fina	ancial institution in which ac	count is held							
	NK UGANDA LIMI								
18 Account nui 6003617	mber or other designation 538			r, street, apt) of financial	institution ir	n which account is	3 held
20 City KAMPALA		21 State, if knov	wn 2	2 Foreign po	ostal code, if		Country GANDA		
Signature		this report is corr	npleted by a	a third party p	preparer and			preparer section	
44 Filer signatu The report w signed		tle, if not reporting						Date (MM/DD/Y This date will auto FBAR is electroni	YYY) -fill when the
	47 Preparer's last name	48 First name		49 MI 50		if 51 TIN		51a TIN type	X PTIN
Third Party	GRAY	PAMELA			self-employe			SSN/ITIN	Foreign
Dronaror	52 Contact phone no. $410 - 584 - 0060$	52a Ext. 53 Firm		NY, LL	a	54 Firm ³ 20–21		54a TIN type	
Use Only	55 Mailing address (numb	· · · · · · · · · · · · · · · · · · ·			ч	57 State	53727 58 ZIP/Po	stal Code	59 Country
	10200 GRAND CE				MILLS		21117		US

223141 04-01-22

			** PUBLIC DISCLOSURE COPY *				
	0	00	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047		
For	Form 990 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) 2022						
		the Treasury	Do not enter social security numbers on this form as it may Go to www.irs.gov/Form990 for instructions and the lates	-	Open to Public Inspection		
		ue Service		MAR 31, 2023	Inspection		
					ation number		
	Check if applicable		organization	D Employer identific	ation number		
	Addres change	THE	WATER TRUST, INC				
	Name change	Doing b	usiness as	26-078762	1		
	Initial	Number	and street (or P.O. box if mail is not delivered to street address) Room/su				
	Final Final		OX 4668 #7594	42 646-681-2			
_	termin- ated	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,543,217.		
	Amend return Applica	NGW	YORK, NY 10163	H(a) Is this a group ret			
	tion pending		nd address of principal officer: CHRISTOPHER PROTTAS	for subordinates?			
		SAME	AS C ABOVE	H(b) Are all subordinates inc			
		mpt status:			st. See instructions		
	<u>Vebsit</u>		S://WWW.WATERTRUST.ORG/ X Corporation Trust Association Other L Y	H(c) Group exemption			
		Summary	X Corporation Trust Association Other L Y	ear of formation: 2007 M	State of legal domicile: CI		
			e the organization's mission or most significant activities: EMPOWER	דעד סרוסדכי אוז	RAT.		
e			TIES IN UGANDA TO PROVIDE THEIR CHILDR				
Activities & Governance	2	Check this bo					
veri	3				10		
ĝ			ependent voting members of the governing body (Part VI, line 1a)		10		
<u>م</u>	5		of individuals employed in calendar year 2022 (Part V, line 2a)		1		
itie	6		of volunteers (estimate if necessary)		11		
cti∕	7a ⁻		d business revenue from Part VIII, column (C), line 12		0.		
Ā	b		business taxable income from Form 990-T, Part I, line 11		0.		
				Prior Year	Current Year		
đ	8	Contributions	and grants (Part VIII, line 1h)	1,089,539.	2,543,027.		
Revenue	9 1	Program servi	ce revenue (Part VIII, line 2g)	0.	0.		
eve	10 1	nvestment ind	come (Part VIII, column (A), lines 3, 4, and 7d)	0.	190.		
Œ	11 (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)	1,089,539.	2,543,217.		
	1		nilar amounts paid (Part IX, column (A), lines 1-3)	1,118,500.	1,294,681.		
		•	to or for members (Part IX, column (A), line 4)	0.	0.		
es	15 \$		compensation, employee benefits (Part IX, column (A), lines 5-10)	139,397.	151,803.		
ens	16a		undraising fees (Part IX, column (A), line 11e)	0.	0.		
Expenses	b		ng expenses (Part IX, column (D), line 25) 39,830.	77 702	60 110		
	1 17 1		es (Part IX, column (A), lines 11a-11d, 11f-24e)	77,783. 1,335,680.	<u>62,118.</u> 1,508,602.		
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	-246,141.			
o		Hevenue less	expenses. Subtract line 18 from line 12	Beginning of Current Year	<u>1,034,615.</u> End of Year		
Assets or	20 -	Total accete /	Part V line 16)	409,331.	1,441,003.		
Asse	20 21		Part X, line 16) (Part X, line 26)	7,432.	4,489.		
Vet /	-		(Part X, line 26) fund balances. Subtract line 21 from line 20	401,899.	1,436,514.		
	art II	Signature		401,000 (-,,,		

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.

Sign	Signature of officer	Date					
Here	CHRISTOPHER PROTTAS, EXEC	JTIVE DIRECTOR					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date				
Paid	PAMELA GRAY			self-employed P01237506			
Preparer	Firm's name SB & COMPANY, LLC			Firm's EIN 20-2153727			
Use Only	Firm's address 10200 GRAND CENTR.	AL AVENUE, SUITE 250					
	OWINGS MILLS, MD 21117 Phone no.410-584-0060						
May the IRS discuss this return with the preparer shown above? See instructions							
232001 12-1	23200112-13-22LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2022)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2022) THE WATER TRUST,	INC		26-0787621	Page 2
Pa	t III Statement of Program Service Accomp	lishments			
	Check if Schedule O contains a response or note to	any line in this Part III			
1	Briefly describe the organization's mission: EMPOWER THE POOREST RURAL COM				
	CHILDREN CLEAN, SUSTAINABLE W	ATER AND HEAD	LTHY, HYGIENIC H	HOMES.	
2	Did the organization undertake any significant program se	nuices during the year wh	hich word not listed on the		
2				Yes	XNo
	If "Yes," describe these new services on Schedule O.				
3	Did the organization cease conducting, or make significan If "Yes," describe these changes on Schedule O.	it changes in how it cond	ucts, any program services?	Yes	XNo
4	Describe the organization's program service accomplishm	ents for each of its three	largest program services, as n	neasured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required revenue, if any, for each program service reported.	to report the amount of g	grants and allocations to other	s, the total expenses, an	d
4a		including grants of \$	1,294,681.) (Revenu	e\$)
	THE WATER TRUST PARTNERS WITH				<u> </u>
	TO PROVIDE CLEAN, SUSTAINABLE				
	FOR CHILDREN AND THEIR FAMILI				
	HAS PARTNERED WITH MORE THAN		· · ·		<u> </u>
	BENEFITTING MORE THAN 300,000				
	MONITORS AND EVALUATES ITS PR	•		CHES AS	
	NECESSARY TO MAXIMIZE IMPACT	ON HEALTH AND	D WELL BEING.		
4b	(Code:) (Expenses \$	including grants of \$) (Revenu	ie\$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenu	e\$)
4d	Other program services (Describe on Schedule O.)				
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,406	5,955.			00 /
				Form 9	90 (2022)
23200	12-13-22	3			
		5			

10170124 138138 TWTINC.001

2022.05030 THE WATER TRUST, INC TWTINC.1

Form	aan	(2022)
FUIII	330	12022

 Form 990 (2022)
 THE WATER TRUST, INC

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			77
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
Ŀ	Part VI	11a	Λ	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	116		x
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u></u>
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
Ч	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			- 21
u		11d		х
۵	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	0000	Х
232003	3 12-13-22	Form	990	(2022)

232003 12-13-22

4 2022.05030 THE WATER TRUST, INC

TWTINC.1

Form	990	(2022)
	330	(2022)

 Form 990 (2022)
 THE WATER TRUST, INC
 26-0787621
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Vac
 Na

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
•	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		<u>27u</u>		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	050		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t 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	<u></u> .		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
232004	12-13-22	Form	990	(2022)
	5			

Form	990 (2022) THE WATER TRUST, INC 26-0787 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	621	Pa	age 5
1 41			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		165	NO
Lu	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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	X	
b	If "Yes," enter the name of the foreign country UGANDA			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>X</u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	•		v
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch.		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		
7	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		Х
		7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10		
Ŭ	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
122	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
000005	If "Yes," complete Form 6069.	Form	990	(2022)
232005	12-13-22 6			(2022)

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2022.	05030	THE	WATER

Form 990 (2022)	Form	990	(2022)
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	THE	WATER	TRUST,	INC
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

|--|

Sec	tion A. Governing Body and Management					
		Ι.	1 10		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	10	•		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.		10			
-	Enter the number of voting members included on line 1a, above, who are independent			-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee?			2		x
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under th			<u> </u>		
3				3		x
4	Did the organization make any significant changes to its governing documents since the prior Form			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization have members or stockholders?			6		X
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye					
а	The governing body?			8a	Х	
b	Each committee 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 read	ached a	it the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c					
			- filing a the e forward	10b	Х	<u> </u>
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	iy belo	re ming the form?	<u>11a</u>	Λ	
b 12a	Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>			12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12a	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i>					<u> </u>
Ŭ	on Schedule O how this was done	,		12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approv					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	vith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga					
<u> 600</u>	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE					
17 10		nd 000	T (postion 501(a)(2)a		ovoilok	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply.	u iu 990	-1 (Section SUT(C)(3)S	ony)	avdiidi	JIE
	Image: The section of public inspection. Indicate now you made these available. Check all that apply. Image: The section of public inspection. Indicate now you made these available. Check all that apply. Image: The section of public inspection. Indicate now you made these available. Check all that apply. Image: The section of public inspection. Indicate now you made these available. Check all that apply. Image: The section of public inspection. Indicate now you made these available. Check all that apply. Image: The section of public inspection. Indicate now you made these available. Check all that apply. Image: The section of public inspection. Indicate now you made these available. Check all that apply. Image: The section of public inspection. Indicate now you made these available. Check all that apply. Image: The section of public inspection. Indicate now you made these available. Check all that apply. Image: The section of public inspection. Th	n on C	abadula O			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c		,	l finan	cial	
	statements available to the public during the tax year.		and policy, and	. in a h		
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks an	d records			
	CHRISTOPHER PROTTAS - 646-681-2255					
	PO BOX 4668, #75942, NEW YORK, NY 10163					
232006	12-13-22			Form	990	(2022)
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2022.05030 THE WATER TRUST, INC

TWTINC.1

Form 990 (2022)	THE WATER TRUST, INC	26-0787621 Page 7
Part VII Compens	ation of Officers, Directors, Trustees, Key Empl	oyees, Highest Compensated
Employee	es, and Independent Contractors	
Check if Sch	edule O contains a response or note to any line in this Part VII	
Section A. Officers, Di	irectors, Trustees, Key Employees, and Highest Compensat	ted Employees
	or all persons required to be listed. Report compensation for th iization's current officers, directors, trustees (whether individua	e calendar year ending with or within the organization's tax year. als or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average	(do	not c	(C Pos heck	C) ition	I than o	one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any	offi	, unles cer an	ss per Id a d	rson i irecto	s both r/trus	tee)	compensation from the	compensation from related organizations	amount of other compensation
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) CHRISTOPHER PROTTAS	40.00	_	_				-			
EXECUTIVE DIRECTOR		1		х				138,260.	0.	Ο.
(2) BEN ANDREW	1.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(3) ISABEL SATRA	1.00									
TREASURER / SECRETARY		Х		Х				0.	0.	0.
(4) PAUL SCHRIMPF	1.00									
DIRECTOR		Х						0.	0.	0.
(5) JEFFREY KAPLAN	1.00									
DIRECTOR		Х						0.	0.	0.
(6) MICHAEL TRAPANESE	1.00									
DIRECTOR		Х						0.	0.	0.
(7) PATRICIA OBOZUWA	1.00									
DIRECTOR		Х						0.	0.	0.
(8) JENNIFER STOLTZ FAVUS	1.00									
DIRECTOR		Х						0.	0.	0.
(9) EVELYN MUGENYI	1.00									
DIRECTOR		Х						0.	0.	0.
(10) LAUREN WHITEHEAD	1.00									_
DIRECTOR		Х						0.	0.	0.
(11) TADDEO MURIUKI	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(12) ALLEN ASIIMWE	1.00									0
DIRECTOR		X						0.	0.	0.
		1								
232007 12-13-22	1						L	I	1	Form 990 (2022)

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	990 (2022) THE WATER	R TRUST,	I	NC						26-078	7621 Pa	age 8
Par			loy	ees,			ghes	t C		, ,		
	(A) Name and title	(B) Average hours per week	box offic	not c , unles	ss per	ition nore son i) than o s both pr/trus	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimate amount other	of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensa from the organizati and relate organizatio	e ion ed
	Subtotal Total from continuation sheets to Part VI								138,260. 0.	0		0.
 2	Total (add lines 1b and 1c) Total number of individuals (including but n		<u></u>		<u></u>				138,260.	0		0.
3	compensation from the organization Did the organization list any former officer,	director, truste	e, k	key e	empl	oye	e, or	hig	hest compensated emp	loyee on	Yes	1 No
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> For any individual listed on line 1a, is the su	m of reportable	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization	3	x x
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com	iccrue compen	sati	on fr	om	any	unre	elate	ed organization or indivi	dual for services	4 5	X
Sec 1	tion B. Independent Contractors Complete this table for your five highest con the organization. Report compensation for t										sation from	
	(A) Name and business	address	NC	ONE	2				(B) Description of s	services	(C) Compensation	n
								_				
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nitec	to	thos (ted	above) who received m	ore than		
	· · · · · · · · · · · · · · · · · · ·										Form 990 (2	2022)

232008 12-13-22

			2022) THE WATER TH	RUS	T, INC			26-0787	621 Page 9
Pa	rt V	/111	Statement of Revenue						
			Check if Schedule O contains a respon	<u>se or</u>	note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1	а	Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b]			
a, G Am			Fundraising events 1c						
Gifi İlar			J						
ons, Sim			Government grants (contributions)1eAll other contributions, gifts, grants, and						
butic		•		2,5	43,027.				
a ot		g	Noncash contributions included in lines 1a-1f						
Col		h	Total. Add lines 1a-1f			2,543,027.			
				В	Business Code				
rice	2	a L							
Serv		b c							
am (d							
Program Service Revenue		е							
P			All other program service revenue						
			Total. Add lines 2a-2f						
	3		Investment income (including dividends, int other similar amounts)			190.			190.
	4		other similar amounts) Income from investment of tax-exempt bon						1900
	5		Royalties						
			(i) Real		(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
		с А	Rental income or (loss) 6c Net rental income or (loss)						
			Gross amount from sales of (i) Securitie		(ii) Other				
	-		assets other than inventory 7a						
		b	Less: cost or other basis						
venue			and sales expenses 7b						
evel			Gain or (loss)						
er Re			Net gain or (loss)						
Other	Ŭ	u	including \$ of						
			contributions reported on line 1c). See						
			· · · · · · · · · · · · · · · · · · ·	8a					
				8b					
			Net income or (loss) from fundraising events	s					
	9	d	Gross income from gaming activities. See Part IV, line 19	9a					
		b		9b					
			Net income or (loss) from gaming activities						
	10	а	Gross sales of inventory, less returns						
			and allowances						
			Less: cost of goods sold Net income or (loss) from sales of inventory	10b					
_			Not meetine or hossy from sales of invehilling		Business Code				
e ous	11	а							
ane		b		_ [
iscellaneous Revenue		с		- -					
Mis			All other revenue						
	12		Total. Add lines 11a-11d Total revenue. See instructions			2,543,217.	0.	0.	190.
23200						,,,•		<u> </u>	Form 990 (2022)

232009 12-13-22

Form 990 (2022)

THE WATER TRUST, INC Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	(<u>(0)</u>	
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	1,294,681.	1,294,681.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	141,212.	91,788.	16,945.	32,479
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes	10,591.	6,884.	1,271.	2,436
1	Fees for services (nonemployees):	.,	.,	,	_,
	Management				
b	Legal				
	Accounting	40,062.	1,666.	37,466.	930
		10,002.	1,0001	5771000	
d	Lobbying Professional fundraising services. See Part IV, line 17				
-					
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	3,131.	130.	2,928.	73
0	column (A), amount, list line 11g expenses on Sch 0.)	5,151.	130.	2,520.	15
2	Advertising and promotion	2,971.	1,803.	600.	568
3	Office expenses	307.	186.	62.	59
4	Information technology	507.	100.	02.	
5	Royalties	3,359.	2 0 2 7	679.	613
6		5,158.	<u>2,037</u> . 3,353.	619.	<u> </u>
7	Travel	5,150.	3,353.	019.	1,100
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates	1 500	0.0.0	100	2 - 4
2	Depreciation, depletion, and amortization	1,526.	992.	183.	351
3	Insurance				
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), emount list line 24e expenses on Schedule Q).				
~	amount, list line 24e expenses on Schedule 0.)	4,770.	2,893.	964.	913
a h	MISCELLANEOUS	834.	542.	100.	192
u c		0,54.	574.	T00•	± 9 2
c d	-				
d	All other expenses				
	All other expenses	1,508,602.	1,406,955.	61,817.	39,830
5 6	Total functional expenses. Add lines 1 through 24e	1,J00,002.	<u>т, 400, 900.</u>	01,01/•	
6	Joint costs . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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11 2022.05030 THE WATER TRUST, INC

TWTINC.1

10170124 138138 TWTINC.001

TWTINC.1

26-0787621 Page **11**

1 Cash - non-interest-bearing 292,424.1 1 1,190 2 Savings and temporary cash investments 54,896.2 65 3 Piedges and grants receivable, net 54,896.2 65 4 Accounts receivable, net 60,000.3 182 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 6 6 Loans and other receivables from other disqualified persons (da defined under section 4958(f)(1), and persons described in section 4958(c)(3(b) 6 7 8 Inventories for sale or use 7 8 1 6 9 Prepaid expenses and deferred charges 1,636.9 1 1 10a 38,611. 0b 0 10c 1 11 Investments - publicy traded securities 11 11 1 14 12 Investments - publicy traded securities 114 14 14 14 10a 38, 611. 10 14 14 14 13 Investments							
Beginning of year End of ye 1 Cash - non-interest-bearing 292,424. 1 1,190 2 Savings and temporary cash investments 292,424. 1 1,190 3 Pledges and grants receivable, net 60,000. 3 182 4 Accounts receivable, net 60,000. 3 182 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 6 Loans and other receivables from other disqualified persons (as defined under section 4958(r)(1)), and persons described in section 4958(c)(3)(B) 6 7 7 Notes and loans receivable, net 7 1 1 1 10 Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D 10a 38, 611. 10a 1 1 1 11 Investments - publicly traded securities 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 <t< th=""><th></th><th>Check if Schedule O contains a response or n</th><th>ote to any line</th><th>e in this Part X</th><th></th><th></th><th></th></t<>		Check if Schedule O contains a response or n	ote to any line	e in this Part X			
2 Savings and temporary cash investments 54,896.2 65 3 Pledges and grants receivable, net 60,000.3 182 4 Accounts receivable, net 4 5 5 Leans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Leans and other receivables from other disqualified persons (as defined under section 4958(f)(1), and persons described in section 4958(c)(3)(8) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deterred charges 1,636.9 1 10a 138, 611. 10a 38, 611. 10a 137, 506.0 0.10c 1 11 Investments - publicly traded securities 11 12 12 Investments - program-related. See Part IV, line 11 13 14 13 Investments - program-related. See Part IV, line 11 14 14 14 Intargible assets 14 14 14							(B) End of year
2 Savings and temporary cash investments 54,896. 2 65 3 Pledges and grants receivable, net 60,000. 3 182 4 Accounts receivable, net 4 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1), and persons described in section 4958(c)(3)(8) 6 7 Notes and loans receivable, net 8 7 9 Prepaid expenses and deferred charges 1,636. 9 1 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 38, 611. 1 11 Investments - publicly traded securities. 11 12 1 12 Investments - pogram-related. See Part IV, line 11 13 14 13 Investments - pogram-related. See Part IV, line 11 14 14 14 Total assets. See Part IV, line 11 13 14 14 16 Total assets. Add lines 1 through 15 (must equal line 33) 409, 33	1	Cash - non-interest-bearing				1	1,190,272.
3 Pledges and grants receivable, net 60,000.3 182 4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 8 9 Prepaid expenses and deferred charges 1,636.9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 38,611. 11 Investments - publicly traded securities 11 12 12 Investments - program-related. See Part IV, line 11 13 13 13 Investments - program-related. See Part IV, line 11 13 14 14 Transpite and accrued expenses 7, 432.17 4 16 Total assets. Add lines 1 through 15 (must equal line 33) 409, 331.1 16 1, 441 17 Accounts payable and accrued expenses 7, 432.17 4 4 18 Grants payable 18 <td>2</td> <td></td> <td></td> <td></td> <td>54,896.</td> <td>2</td> <td>65,322.</td>	2				54,896.	2	65,322.
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Organizations that follow FASB ASC 958, check here	26				7,432.		4,489.
			heck here	X	.,		
27 Net assets without donor restrictions 239,408.27 807 28 Net assets with donor restrictions 162,491.28 629 0rganizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 29 Paid-in or capital surplus, or land, building, or equipment fund 30	es	-					
28 Net assets with donor restrictions 162,491.28 629 28 Net assets with donor restrictions 162,491.28 629 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30					239,408.	27	807,180.
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30 Paid-in or capital surplus, or land, building, or equipment fund 30	5 20		ls			29	
	s 30	• • • •					
	SS 31					31	
32 Total net assets or fund balances	a 32				401,899.		1,436,514.
Z O2 Fortal floct assets of full balances 33 Total liabilities and net assets/fund balances							1,441,003.
				·····			Form 990 (2022)

12

Form 990 (2022)
Part X Balance Sheet

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THE WATER TRUST, INC

Form	1990 (2022) THE WATER TRUST, INC	26-07	87621	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,543		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,508		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,034		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	401	.,8	<u>99.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,436	5,52	14.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				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 on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	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:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		L
				000	

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Name o	f the organization						Employer	identification number
	THE	WATER TRUS	Γ, INC				2	6-0787621
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The orga	anization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)			
1	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	ו 990).)				
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	overnmental u	nit describe	ed in
	section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6	A federal, state, or local go	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7 X	An organization that norma	Ily receives a substar	ntial part of its support fr	rom a gove	ernmental	unit or from th	ne general l	oublic described in
	_ section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9	An agricultural research org	-			-		-	-
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or
	university:							
10	An organization that norma							
	activities related to its exen		-					-
	income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
	See section 509(a)(2). (Col					O(-)(4)		
11 L	An organization organized a An organization organized a	-	•	•			rn, out tho	nurnance of one or
	more publicly supported or	-	-	-			•	
	lines 12a through 12d that	-						
a	Type I. A supporting orga	• •					-	aivina
	the supported organization		-	•	-			
	organization. You must o							
b [Type II. A supporting org	-		ion with its	s supporte	ed organizatio	n(s), by hav	ving
	control or management o	-				-		•
	organization(s). You mus	t complete Part IV,	Sections A and C.					
с [Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	ed with,
_	its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.		
d	Type III non-functionally	/ integrated. A supp	orting organization oper	ated in cor	nnection v	vith its suppor	ted organiz	zation(s)
	that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/eness
_	requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .		
e	Check this box if the orga					Туре I, Туре	II, Type III	
	functionally integrated, or	<i>.</i>	nally integrated supportion	ng organiz	ation.			[]
	ter the number of supported of	•						
g Pr	ovide the following information (i) Name of supported	ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other
	organization	() =	(described on lines 1-10	in your governi Yes	ng document? No	support (see ir		support (see instructions)
	-		above (see instructions))	163	140			
Totol								
Total								

Schedule A	(Form	000	2022
Schedule A		990	1 2022

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	750,036.	1069761.	1005031.	1089539.	2543027.	6457394.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	750,036.	1069761.	1005031.	1089539.	2543027.	6457394.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2731914.
	Public support. Subtract line 5 from line 4.						3725480.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	750,036.	1069761.	1005031.	1089539.	2543027.	6457394.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	237.	645.	77.		190.	1,149.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						6458543.
12	, ,	,	,			12	
13	First 5 years. If the Form 990 is for the	-					
0.0	organization, check this box and stor		-				·····
	ction C. Computation of Publi		-				
	Public support percentage for 2022 (I		•			14	57.68 % 55.22 %
	Public support percentage from 2021					15	
16a	33 1/3% support test - 2022. If the c						37
	stop here. The organization qualifies	, , , ,	0				
b	33 1/3% support test - 2021. If the c	•					
47.	and stop here. The organization qual						
1/a	10% -facts-and-circumstances test						
	and if the organization meets the fact				•	•	
1-	meets the facts-and-circumstances te	-		• • • •	-	To and line 1E is :	
0	10% -facts-and-circumstances test	0					10% Or
	more, and if the organization meets the						
10	organization meets the facts-and-circu						
IÖ	Private foundation. If the organizatio	T UIU HOL CHECK A		a, 100, 17a, or 170	o, check this dox a		(Form 990) 2022
						Schedule A	(1 JIII 330) 2022

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Schedule A	Form	990) 2022

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
 5 The value of services or facilities furnished by a governmental unit to 						
the organization without charge \dots						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support					1	
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	nization,
Section C. Computation of Publ					1	
15 Public support percentage for 2022 (-	column (f))		15	%
16 Public support percentage from 2021 Section D. Computation of Invest					16	%
· · · · · · · · · · · · · · · · · · ·					47	0/
17 Investment income percentage for 20					17 18	%
18 Investment income percentage from					· · · · · · · · · · · · · · · · · · ·	%
19a 33 1/3% support tests - 2022. If the more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2021. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
232023 12-09-22		····, ··	. ,			lule A (Form 990) 2022
		16	;			· · · / =-

1

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3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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10b | Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022 ${ m T}$	HI
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Supporting Organizations (continued

Part IV

WATER TRUST, INC Е

1

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			

	directors, or trustees at an times during the tax year? If "No," describe in Fait VI now the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated

oviding such benefit carried out the purposes of the supported organization(s) that operated. or controlled the supporting organization

<u> </u>	DEIVIS	eu. 0/ cu		ne suppo	rung orga	iizalion.	
Sectio	n C.	Týpe II	Suppo	orting O	Irganiza	itions	

Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1

Section D. All Type III Supporting Organizations
--

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с [The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruction <u>s).</u>	
-----	--	---	--	--

- Activities Test. Answer lines 2a and 2b below. 2
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Yes No 2a 2b 3a 3b Schedule A (Form 990) 2022

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4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally i	integra	ated Type III supporting organ	nization (see
	instructions).			
			S	chedule A (Form 990) 2022

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.

1

2

3

Schedule A (Form 990) 2022

Section A - Adjusted Net Income

Net short-term capital gain

Recoveries of prior-year distributions

3 Other gross income (see instructions)

1

1

2

THE WATER TRUST, INC

All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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(B) Current Year

(optional)

(A) Prior Year

232026 12-09-22

a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

_	dule A (Form 990) 2022 THE WATER TRU		nizotiono		6-0787621	Page 7
	rt V Type III Non-Functionally Integrated 509	(a)(s) Supporting Orga	inizations (continu	ed)	.	
	ion D - Distributions				Current Ye	ar
1	Amounts paid to supported organizations to accomplish exe			1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		•		
	organizations, in excess of income from activity		-	2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - prior I	ovide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive		~		
	(provide details in Part VI). See instructions.			<u>8</u> 9		
9	Distributable amount for 2022 from Section C, line 6					
10	Line 8 amount divided by line 9 amount	(1)		10	(
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(iii) Distributat Amount for 2	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
с	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
_	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					

20

Schedule A (Form 990) 2022

Part VI	Form 990) 2022 Supplemental Int Part IV Section A line	formation.	Provide th	e explanation	ns required by F	art II, line 10; F	Part II, line 17a o	26-0787621 r 17b; Part III, line 12; 1 and 2; Part IV, Sectio	
	line 1; Part IV, Section A, line Section D, lines 5, 6, a (See instructions.)	n D, lines 2 an	d 3; Part IV	, Section E, li	nes 1c, 2a, 2b, 3	3a, and 3b; Pai	t V, line 1; Part	V, Section B, line 1e; Pa	art V,
32028 12-09-22	2							Schedule A (Form	990) 202

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Schedule of Contributors

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

2022

Employer identification number

26-0787621

D	epartmen	t of the	Treasu	y

(Form 990)

Internal Revenue Service

Schedule B

Name of the organization

THI	3	WATER	TRUST,	INC	
Organization type (check on	e):				

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 Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of the set of the parts unless to the set of the

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

THE WATER TRUST, INC

26-0787621

	CONTRIBUTORS (see instructions). Use duplicate copies of Part I if ad		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$400,000.	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
2		\$293,687.	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		\$1,175,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c)	(d)
NU.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>4</u>	Name, address, and ZIP + 4	\$150,000.	Type of contribution Person X Payroll
	(b) Name, address, and ZIP + 4		Person X Payroll Noncash (Complete Part II for
4	(b)	\$(c)	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)
4 (a) No.	(b)	\$(c) (c) 	Person X Payroll
(a) 5(a)	(b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4	\$(c) (c) 	Person X Payroll

2022.05030 THE WATER TRUST, INC

10170124 138138 TWTINC.001

Port I Contributors (a

Schedule	В	(Form	990)	(2022)
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Name of organization

Employer identification number

26-0787621

THE WATER TRUST, INC

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	

10170124 138138 TWTINC.001

2022.05030 THE WATER TRUST, INC

24

Name of o	organization		Employer identification number
тне w	ATER TRUST, INC		26-0787621
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,) through (e) and the following line entry.	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations
	Use duplicate copies of Part III if additional	space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		e) Transfer of gift	1
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
223454 11-15	5-22	25	Schedule B (Form 990) (2022

10170124 138138 TWTINC.001

2022.05030 THE WATER TRUST, INC

TWTINC.1

		• • • •			L OMP No 1545 0047	
SC	HEDULE D		al Financial Statements		OMB No. 1545-0047	
(Forn	n 990)		nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		ZUZZ	
Depart	ment of the Treasury	A	ttach to Form 990.		Open to Public	
	Revenue Service		0 for instructions and the latest information.	_	Inspection	
Nam	e of the organization	on THE WATER TRUST, I	NC	Emp	bloyer identification number 26-0787621	
Par	t I Organiza		d Funds or Other Similar Funds or Ac	coun		
		n answered "Yes" on Form 990, Part IV, lin				
			(a) Donor advised funds (I	b) Fun	ds and other accounts	
1	Total number at er	nd of year				
2		f contributions to (during year)				
3	Aggregate value of	f grants from (during year)				
4	Aggregate value at					
5	Did the organizatio	S				
			exclusive legal control?		Yes No	
6	•		dvisors in writing that grant funds can be used or	-		
			r donor advisor, or for any other purpose conferri	U U		
Dor	impermissible priva	ate benefit?		<u></u>	Yes No	
Par			ganization answered "Yes" on Form 990, Part IV,	line /.		
1		servation easements held by the organization	· · · · ·			
		of land for public use (for example, recrea				
		f natural habitat	Preservation of a certif	ried his	storic structure	
•		of open space			the second of the local	
2	day of the tax year	o o i	fied conservation contribution in the form of a cor	iserva	Held at the End of the Tax Year	
				0-	neiu al life Eliu ul life Tax Teal	
a L				2a 0h		
b	-		usture included in (a)	2b		
			ucture included in (a)	2c		
a		vation easements included in (c) acquired a		2d		
3			eased, extinguished, or terminated by the organiz		during the tax	
3	year	valion easements modified, transferred, rei	eased, extinguished, or terminated by the organiz	Lation	during the tax	
4		 where property subject to conservation eas	sement is located			
5		tion have a written policy regarding the per				
•		orcement of the conservation easements it			Yes No	
6	,		handling of violations, and enforcing conservation			
		с, т с,			0 ,	
7	Amount of expens	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation eas	ement	ts during the year	
8	Does each conserv	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)		
	and section 170(h)	(4)(B)(ii)?	· · · · · · · · · · · · · · · · · · ·		Yes 📃 No	
9			on easements in its revenue and expense stateme			
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization's financial statements tha	t desc	ribes the	
	organization's acc	ounting for conservation easements.				
Par			Art, Historical Treasures, or Other Si	mila	r Assets.	
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bala	nce sh	neet works	
	of art, historical tre	easures, or other similar assets held for put	blic exhibition, education, or research in furtheran	ce of p	oublic	
	· •		ncial statements that describes these items.			
b	-		8, to report in its revenue statement and balance			
			exhibition, education, or research in furtherance	of put	olic service,	
	-	ng amounts relating to these items:				
					\$	
-	(ii) Assets included in Form 990, Part X					
2	•		asures, or other similar assets for financial gain, p	provide	9	
	-	unts required to be reported under FASB A	-		^	
					ቅ	
			for Form 990		₽ Sebadula D (Earm 000) 0000	
	• ор-01-22	eduction Act Notice, see the Instructions	5 101 FULIII 330.		Schedule D (Form 990) 2022	
ະບະບປ	00-01-22					

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~	~		^	-	^

2022.05030 THE WATER TRUST, INC TWTINC.1

Sche		ER TRUST,						26-07			age 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tre	easures, o	r Other S	Similar	Assets	contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, checł	any of the t	following that	t make sigr	nificant u	se of its			
	collection items (check all that apply):										
а	Public exhibition				hange progra						
b	Scholarly research		е 🗌	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	in how th	ney further th	ne organizatio	on's exemp	ot purpos	e in Part	XIII.		
5	During the year, did the organization solicit o				-				_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pal		lete if the	e organizatio	n answered '	"Yes" on F	orm 990,	Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodi		diary for	contribution	s or other as	sets not in	cluded				
ia	on Form 990, Part X?		•						Yes		No
b	If "Yes," explain the arrangement in Part XIII							∟		L	
~			showing .						Amoun	t	
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
	Ending balance						1f				
	Did the organization include an amount on Fe						/?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the e	xplanatic	on has been	provided on	Part XIII					
Par	t V Endowment Funds. Complete i	if the organization a	nswered	"Yes" on Fo	orm 990, Part	IV, line 10			-		
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back 🛛 (c	d) Three ye	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С		<u>_</u> %									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are held ar	nd administer	red for the			r		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
	Describe in Part XIII the intended uses of the	2	owment f	unds.							
Fai	t VI Land, Buildings, and Equipm Complete if the organization answere		0 Dart IV	/ lino 110 S	oo Earm 000	Dort V lir	no 10				
									(-1) D		-
	Description of property	(a) Cost or			or other	.,	cumulate reciation	d	(d) Boo	k valu	е
4 -	Land	basis (invest	inenty	Dasis	(other)	uepi	Colation				
	Land										
b	Buildings										
	Leasehold improvements			2	8,611.		37,50	6.		1 1	05.
	Equipment				•,•±•	· · ·	57,50	••	-	-,-	55.
	Other		+V actor	nn (B) <i>li==</i> 1						1 1	05.
Total	. Add lines 1a through 1e. (Column (d) must e	iyual FOITH 990, Pan	<u>, colun</u>	uu (¤), iine i				 Schedule			
							•				

232052 09-01-22

Schedule D) (Form 990) 2022	TH	E	WATER	TRUST,	INC
			-				

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of hability	(b) BOOK value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990 Part X col. (B) line 25.)	

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

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

Part XIII ... X

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 THE WATER TRUST, INC			-0/8/621 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Rever	nue per Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
1	Total revenue, gains, and other support per audited financial statements		1	2,543,217.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			2,543,217.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
-				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			2,543,217.
5		nents With Expe	nses per Retu	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)	nents With Expe	nses per Retu	rn.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents With Expe ^{2a.}	nses per Retu	
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents With Expe	nses per Retu	rn.
5 Ра 1	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) TXII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	nents With Expe	nses per Retu	rn.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With Expe	nses per Retu	rn.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nents With Expe 'a. 2a 2b	nses per Retu	rn.
5 Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	nents With Expe 2a 2a 2b 2c	nses per Retu	rn.
5 Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2a 2b 2c 2d	nses per Retu	rn. 1,508,602.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2a 2b 2c 2d	2e	rn.
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) T XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2a 2b 2c 2d	2e	rn. 1,508,602.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) Total revenue Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2a 2b 2c 2d	2e	rn. 1,508,602.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) T XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	2e	rn. 1,508,602.
5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) T XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	2e	rn. 1,508,602. 0. 1,508,602. 0.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	2e 3	rn. 1,508,602. 0. 1,508,602.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE WATER TRUST, INC. IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE UNITED STATES INTERNAL REVENUE

CODE AND IS RECOGNIZED AS SUCH BY THE INTERNAL REVENUE SERVICE.

THE PROVISIONS INCLUDED IN ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE

UNITED STATES OF AMERICA PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING

FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S COMBINED

FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT"

FOR RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX

RETURN. TWT PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS AS OF MARCH

Schedule D (Form 990) 2022	31,	2023	AND	2022,	AND	DETERMINED	THAT	THERE	WERE	NO	MATTERS	THAT	WOULD
	232054 0	9-01-22										Schedu	le D (Form 990) 2022

10170124 138138 TWTINC.001

29 2022.05030 THE WATER TRUST, INC

Schedule D (Form 990) 2022 THE WATER TRUST, INC 26-078	7621 _{Pa}	age 5
Part XIII Supplemental Information (continued)		
REQUIRE RECOGNITION IN THE COMBINED FINANCIAL STATEMENTS OR WHICH M	AY HAVE	3
ANY EFFECT ON ITS TAX-EXEMPT STATUS. AS OF MARCH 31, 2023, THE STAT	UTE OF	
LIMITATIONS FOR FISCAL YEARS 2020 THROUGH 2023 REMAINS OPEN WITH TH	E U.S.	
FEDERAL JURISDICTION. IT IS THE WATER TRUST, INC.'S POLICY TO RECOG	NIZE	
INTEREST AND/OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF AN	Y, IN	
INCOME TAX EXPENSE.		

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE F (Form 990)	ites	OMB No. 1545-0047				
. ,	Complete if the	e organization a	nswered "Yes" on Form 990, Part IV, Attach to Form 990.	line 14b, 15, d	or 16.	Open to Public
Department of the Treasury Internal Revenue Service	Go to w	ww.irs.gov/Form	990 for instructions and the latest in	formation.		Inspection
Name of the organization					Employer i	dentification number
THE WATER TRUST	F, INC				26-078	37621
Part I General Info	ormation on A	ctivities Out	side the United States. Comple	te if the organ	ization answe	ered "Yes" on
Form 990, Part						
			ds to substantiate the amount of its gran he selection criteria used to award the g			Yes X No
2 For grantmakers. Des United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistanc	e outside the
			n be duplicated if additional space is no			
(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 (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region) 	is a pro describe	vity listed in (gram service, specific type (s) in the regio	expenditures for and investments
SUB-SUHARAN AFRICA	1		GRANTS TO RECIPIENTS LOCATED IN REGION			1,294,681.
SOD SONAKAN AFRICA			HOCKIED IN REGION			1,254,001.
3 a Subtotal	1	0				1,294,681.
b Total from continuation		0				
sheets to Part I c Totals (add lines 3a	0	0				0.
and 3b)	1	0				1,294,681.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2022

232071 10-17-22

THE WATER TRUST, INC Schedule F (Form 990) 2022

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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN						
		AFRICA	CLEAN WATER PROJECTS	1294681.	WIRE	0.		
2 Enter total number of	recipient organization	I ns listed above that are r	I recognized as charities by the f	oreign country,	recognized as a tax	I		1
exempt 501(c)(3) orga	nization by the IRS, o	or for which the grantee	or counsel has provided a sect		Second and a second and a second	►		
3 Enter total number of	other organizations of	or entities				•		

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	aditional opuoe is neede	J.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

THE WATER TRUST, INC Schedule F (Form 990) 2022

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. (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash assistance noncash assistance

Schedule F (Form 990) 2022

Page 3

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If "Yes,"</i> the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign <i>Corporation</i> (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report 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; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2022

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

PART I, LINE 2:

MONTHLY GRANTS ARE MADE TO THE ORGANIZATION'S SUBSIDIARY ENTITY. THE

ORGANIZATION MAINTAINS DIRECT OVERSIGHT OVER ITS SUBSIDIARY ENTITY,

MONITOR ITS ACTIVITIES, AND APPROVES ITS ANNUAL BUDGET, QUARTERLY

FINANCIAL REPORTING AND MONTHLY EXPENDITURES.

Schedule F (Form 990) 2022

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SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



26-0787621

THE WATER TRUST, INC

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WATER AND HEALTHY, HYGIENIC HOMES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE

EXECUTIVE DIRECTOR. A COPY IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO

FILING WITH THE IRS.

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FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY, EACH DIRECTOR AND EMPLOYEE SIGNS A CONFLICT OF INTEREST

ATTESTATION STATEMENT. IF THERE IS A POTENTIAL CONFLICT OF INTEREST, THE

EXECUTIVE COMMITTEE (EXCLUDING ANY INTERESTED PARTY) DETERMINES BY MAJORITY

VOTE IF A CONFLICT OF INTEREST EXISTS. THE COMMITTEE WILL TAKE APPROPRIATE

STEPS TO ADDRESS THE CONFLICT, INCLUDING, WHEN APPROPRIATE, CONSIDERING

WHETHER THERE ARE REASONABLE ALTERNATIVES TO A PROPOSED TRANSACTION THAT

WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. THE MINUTES OF ANY MEETING

AT WHICH A MATTER INVOLVING A CONFLICT OF INTEREST WAS DISCUSSED INCLUDES

ALL DETAILS REGARDING THE DISCUSSION.

FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE DIRECTOR'S COMPENSATION WAS APPROVED BY THE BOARD OF DIRECTORS, LED BY EXECUTIVE COMMITTEE, AND BOARD CHAIRE AND WAS DETERMINED BASED ON THE REVIEW OF DATA FOR SIMILAR POSITIONS AT COMPARABLE ORGANIZATIONS. THE ORGANIZATION HAS NO OTHER COMPENSATED OFFICERS OR KEY EMPLOYEES.

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FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENTS ARE AVAILABLE THROUGH THE ORGANIZATION'S WEBSITE.

POLICIES AND BY-LAWS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

Schedule O (Form 990) 2022

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232161 09-14-22 LHA

Related Organizations and Unrelated Partnerships

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number

26-0787621

Name of the organization

THE WATER TRUST, INC

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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 Part II organizations during the tax year

					1		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
THE WATER TRUST LIMITED	IMPLEMENTATION OF CLEAN						
PO BOX 51	WATER AND SANITATION				THE WATER TRUST		
, MASINDI, UGANDA	PROJECTS	UGANDA			INC.	x	
	_						
	-						
	_						
			1		1	1	

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

Schedule R (Form 990) 2022



SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Schedule R (Form 990) 2022 THE WATER TRUST, INC

Part III 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 treated as a partnership during the tax year.

	······j· ·····j· ····	· ,													
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)				
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related, unrelated, excluded from tax under	(related, unrelated, excluded from tax under	(related, unrelated,	(related, unrelated, excluded from tax under	(related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?			or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	0				
	-														
	-														
	-														
	-														
	4														
	4														

Part IV 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	contr	i) b)(13) rolled tity?
		country)				400010		Yes	

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

ear, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? erest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity upital contribution to related organization(s) upital contribution from related organization(s) uarantees to or for related organization(s)	<u>1b</u>		X
pital contribution to related organization(s) pital contribution from related organization(s)	<u>1b</u>		v
pital contribution to related organization(s) pital contribution from related organization(s)	<u>1b</u>	v	A
pital contribution from related organization(s)		_ A	
			Х
			Х
Jarantees by related organization(s)			Х
related organization(s)	1f		Х
o related organization(s)			Х
ets from related organization(s)			Х
sets with related organization(s)			Х
s, equipment, or other assets to related organization(s)			Х
s, equipment, or other assets from related organization(s)	1k		Х
services or membership or fundraising solicitations for related organization(s)			Х
services or membership or fundraising solicitations by related organization(s)			Х
ies, equipment, mailing lists, or other assets with related organization(s)			Х
employees with related organization(s)			Х
paid to related organization(s) for expenses	1 p		Х
paid by related organization(s) for expenses	<u>1q</u>		Х
i cash or property to related organization(s)	<u>1r</u>		X
			Х
t of	t paid by related organization(s) for expenses of cash or property to related organization(s) of cash or property from related organization(s)	Iq 1q of cash or property to related organization(s) of cash or property from related organization(s) If cash or property from related organization(s)	t paid by related organization(s) for expenses

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE WATER TRUST LIMITED	В	1,294,681.	ACTUAL AMOUNT TRANSFERRED
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2022 THE WATER TRUST, INC

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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3 orgs.? Yes No	(g) Share of end-of-year assets	n) opor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2022

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2022

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