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PUBLIC DISCLOSURE COPY

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

MARCH 31, 2021

Prepared for	
	THE WATER TRUST INC PO BOX 4668 #75942 NEW YORK, NY 10163
Prepared by	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

Form 9990 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) 20 Department of the Treasury Internal Revenue Service > Do not enter social security numbers on this form as it may be made public. > Do pon to the Internal Revenue Code (except private foundations) > Do pon to Instructions and the latest information. > Do pon to Instructions and the latest information. > Do to the Internal Revenue Code (except private foundations) > Do pon to Instructions and the latest information. > Do to the Instructions and the latest information. > Do to the Instructions and the latest information. > Do to the Instructions and the latest information. > Do to the Instruction and the Instructions and the latest information. > Do to the Instruction and the Instructions and the latest information. > Do to the Instruction and the Instructions and the Instruction and the	20 Public
Form 330 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Under section 501(c) , 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Open to Inspective A For the 2020 calendar year, or tax year beginning APR 1, 2020 and ending MAR 31, 2021 B Check if applicable: C Name of organization D Employer identification number Address Change THE WATER TRUST INC 26-0787621	
Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspective Inspective A For the 2020 calendar year, or tax year beginning APR 1, 2020 and ending MAR 31, 2021 B Check if applicable: C Name of organization D Employer identification number Address change THE WATER TRUST INC 26-0787621	
Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspective A For the 2020 calendar year, or tax year beginning APR 1, 2020 and ending MAR 31, 2021 B Check if applicable: C Name of organization D Employer identification number Address Change THE WATER TRUST INC 26-0787621	ction
B Check if applicable: C Name of organization Address THE WATER TRUST INC Demployer identification number Daing business as 26-0787621	
Address Change THE WATER TRUST INC Doing business as 26-0787621	
Image Image <th< th=""><td></td></th<>	
Name Change Doing business as 26-0787621	
Initial Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number	
$\square_{\text{Final}}^{\text{Final}} \text{PO BOX 4668 $\#75942} \tag{646} 681-2255$	
	5,108.
Amended NEW YORK, NY 10163 H(a) Is this a group return	
Applica- If Name and address of principal officer: CHRISTOPHER PROTTAS for subordinates?	XNo
Pending SAME AS C ABOVE H(b) Are all subordinates included? Yes	No
I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instruct	tions
J Website: WATERTRUST. ORG H(c) Group exemption number	
K Form of organization: X Corporation Trust Association Other L Year of formation: 2007 M State of legal de	omicile: CT
Part I Summary	
Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1.	
2 Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1a)	
2 Check this box 🕨 🛄 if the organization discontinued its operations or disposed of more than 25% of its net assets.	0
3 Number of voting members of the governing body (Part VI, line 1a)	8
4 Number of independent voting members of the governing body (Part VI, line 1b) 4	8 2
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<u>2</u> 8
a Number of independent voting members of the governing body (Part Vi, line Tb) 14 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a	0.
7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T. Part I, line 11 7b	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Prior Year Current	-
1 0.61 830 1 00F	5,031.
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	
	77.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-58.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -10,085. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,060,321.	-58.
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11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -10, 085. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1, 060, 321. 1, 005 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 680, 030. 860 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 112, 107. 115 16a Professional fundraising fees (Part IX, column (D), line 25) 31, 180. 0. 0. 17 Other expenses (Part IX, column (A), line 11e) 0. 0. 0. 0. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 31, 180. 0. 0. 0. 19 Revenue less expenses. Subtract line 18 from line 12 211, 914. -32 0.	-58. 5,050. 0,881. 0. 5,152. 0. 5,152. 0. 436. 7,469. 2,419. 7ear 2,419. 7ear 3,114. 3,040.

TICIC									
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature,	Date	Check PTIN					
Paid	RICHARD J. LOCASTRO, CPA	Rectard J. Locastro	2/14/2021	self-employed P00288314					
Preparer	Firm's name 🕞 GELMAN , ROSENBER		Firm	sEIN ▶ 52-1392008					
Use Only	Firm's address 4550 MONTGOMERY	AVE SUITE 800N							
	BETHESDA, MD 208	14-2930	Phor	ne no.(301) 951-9090					
May the IRS discuss this return with the preparer shown above? See instructions									

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	<u>1 990 (2020) THE WATER TRUST INC 26-078</u>	37621	Page
Par	rt III Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	<u></u>
1	Briefly describe the organization's mission: EMPOWER THE POOREST RURAL COMMUNITIES IN UGANDA TO PROVIDE THE	TR STS	
	CHILDREN CLEAN, SUSTAINABLE WATER AND HEALTHY, HYGIENIC HOMES.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	
_	If "Yes," describe these new services on Schedule O.		V
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured b	Vovpoper	.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	•	
	revenue, if any, for each program service reported.	oxponeco,	ana
4a	(Code:) (Expenses \$ 944,933 • including grants of \$ 860,881 •) (Revenue \$		
	THE WATER TRUST PARTNERS WITH THE POOREST COMMUNITIES IN RURAL		
	TO PROVIDE CLEAN, SUSTAINABLE WATER AND A HEALTHY, HYGIENIC EN		
	FOR CHILDREN AND THEIR FAMILIES TO THRIVE. SINCE 2008, THE WAT		
	HAS PARTNERED WITH MORE THAN 900 VILLAGES, SCHOOLS, AND HEALTH BENEFITTING MORE THAN 300,000 PEOPLE. THE WATER TRUST REGULARI		ERS
	MONITORS AND EVALUATES ITS PROGRAMS, ADAPTING ITS APPROACHES A		
	NECESSARY TO MAXIMIZE IMPACT ON HEALTH AND WELL-BEING.	<u></u>	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		
4 -1			
4d	Other program services (Describe on Schedule O.))	
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 944,933.)	
70		Form	390 (2)
3200	12 12-23-20		
	3		
90	214 745960 37385 2020.05070 THE WATER TRUST INC	373	85_
			_

Form 990 (2020)	THE	WATER	TR
Part IV	Checklist of	Require	d Schedu	ıles

THE WATER TRUST INC

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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? <i>If</i> "Yes," <i>complete Schedule C, Part I</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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	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,	_		x
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
-	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		
120	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	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		37	
	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			x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
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? <i>If</i> " <i>Yes</i> ," <i>complete Schedule G, Part I</i>	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	X
032003	3 12-23-20	Form	990	(2020)

15390214 745960 37385 2020.05070 THE WATER TRUST INC

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Form 990 (2020)			TRUST	
Part IV Che	cklist of Require	a Scheat	JIES (continu	uea)

THE WATER TRUST INC

	110 The WATER TROST TIRE 20-078	1021	- P	age 4
Par				
00			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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	23		x
24.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		- 23
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		240		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		- 23
		240		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			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
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 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
	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 lines 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		Х
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 in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	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	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	2		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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	5			

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Form 990 (2020) THE WATER TRUST INC 26-0787621 Page							
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 2		x				
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	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).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
	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						
	any contributions that were not tax deductible as charitable contributions?	6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).			37			
а	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		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v			
_	to file Form 8282?	7c		X			
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X			
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? N/A	•					
•		8					
9	Sponsoring organizations maintaining donor advised funds. N/λ	0-					
a L	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a 0h					
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? <u>N/A</u>	9b					
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
b 11	Section 501(c)(12) organizations. Enter:						
11 a	Gross income from members or shareholders N/A 11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
D	amounts due or received from them.) 11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N/A}{12b}$	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?N/A	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 13b						
с	Enter the amount of reserves on hand 13c						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation 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 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		х			
	If "Yes," complete Form 4720, Schedule O.						

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Form 990 (2020)

THE WATER TRUST INC

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					-
			0		Yes	╞
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8			l
	If there are material differences in voting rights among members of the governing body, or if the governing					l
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.		_			I
b	Enter the number of voting members included on line 1a, above, who are independent	1b	8			I
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other				ļ
	officer, director, trustee, or key employee?			2		ļ
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervis	ion			I
	of officers, directors, trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 was filed?		4		
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		
6	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					I
	more members of the governing body?			7a		I
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					1
	persons other than the governing body?			7b		I
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					t
	The governing body?			8a	Х	l
h	Each committee with authority to act on behalf of the governing body?			8b	x	ł
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			00		┨
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
	tion B. Policies (This Section B requests information about policies not required by the Internal Re			9		
					Yes	
0-	Did the organization have local chapters, branches, or affiliates?]	10a	103	
				104		
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch			106		
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the	e form?	11a	<u></u>	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	+
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	4
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye					I
	in Schedule O how this was done			12c	<u>X</u>	4
3	Did the organization have a written whistleblower policy?			13	X	4
4	Did the organization have a written document retention and destruction policy?			14	Х	
5	Did the process for determining compensation of the following persons include a review and approva	al by independer	nt			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b		J
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					1
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with a				ļ
	taxable entity during the year?			16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					İ
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					ļ
	exempt status with respect to such arrangements?			16b		l
ec	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed NONE					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ai	nd 990-T (Sectio	n 501(c)(3)	s onlv) avai	ŀ
-	for public inspection. Indicate how you made these available. Check all that apply.		(0)(0)	. <u>.</u> y	, a	
		on Schedule O)				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		policy or	d fina-		
I		Uniterest	policy, and	u iiriar	icial	
~	statements available to the public during the tax year.	-lis and i				
0	State the name, address, and telephone number of the person who possesses the organization's bo CUPTCHOPUEP POMPAC - (646) 691 - 2255	oks and records	▶			
	CHRISTOPHER PROTTAS - (646)681-2255					
	PO BOX 4668 #75942, NEW YORK, NY 10163			-	000	_
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، ^				2		
90	214 745960 37385 2020.05070 THE WATER TRUST	L TNG		373	885_	_

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Employees, and Independe	ent Contra	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per		not c	Pos heck	ition more	than is bot		Reportable compensation	Reportable compensation	Estimated amount of
	week					or/trus		from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	Individual trustee or director	æ			Highest compensated employee		organization	(W-2/1099-MISC)	from the
	related organizations	'ustee	trust		ee	npens		(W-2/1099-MISC)		organization and related
	below	dual tr	itional		nploy	st cor	5			organizations
	line)	Individ	Institutional trustee	Officer	Key employee	Highe	Former			
(1) CHRISTOPHER PROTTAS	37.00									
EXECUTIVE DIRECTOR	3.00	1		X				106,000.	0.	0.
(2) PAUL SCHRIMPF	1.50									
BOARD CHAIR	1.50	X		X				0.	0.	0.
(3) BEN ANDREW	1.50									
TREASURER/SECRETARY	1.50	Х		X				0.	0.	0.
(4) JEFFREY KAPLAN	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(5) MICHAEL TRAPANESE	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(6) PATRICIA OBOZUWA	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(7) JENNIFER STOLTZ FAVUS	2.00									_
DIRECTOR	0.00	Х						0.	0.	0.
(8) ALLEN ASIIMWE	2.00									_
DIRECTOR	0.00	Х						0.	0.	0.
(9) ISABEL SATRA	2.00									•
DIRECTOR	0.00	X						0.	0.	0.
		4								
		4								
		-								
		-								
		-		<u> </u>						
		1								
		-		-	-					
										Form 990 (2020)

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		R TRUST								26-0	787	621	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C		es (continued)				
	(A) Name and title	(B) Average hours per week	box offic	not c , unle	ss pe	ition more rson i	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatic from related	on J	an	(F) stimate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org an	pensa rom the anizat d relat anizatie	e ion ed
1b	Subtotal								106,000.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0. 106,000.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed al	bove	e) wł	no re	eceived more than \$100),000 of reportab	le			1
													Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	,	,	,	•	,		0	ghest compensated emp	5		3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150			-					-	-		4		х
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	-				-			-			5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for	-	-								pens	ation	from	
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	C)) compe	;) nsatio	n
								_						
								_						
2	Total number of independent contractors (i	•	ot lii	mite	d to		•	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organiz	zation 🕨				()					Form	990 (2	2020)

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			Check if Schedule O c	onta	ains a res	ponse	or note to any li	ne in this Part VIII			
							ž	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded
lts ts	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			-		1			
Ame G			Fundraising events				9,500.	1			
ar /					10	-		1			
s, G			Government grants (contri		····· —	_		1			
ion Si			All other contributions, gifts, g					1			
but		-	similar amounts not included				995,531.				
i di		a	Noncash contributions included in			j \$	60,021.	1			
and		-	Total. Add lines 1a-1f					1,005,031.			
							Business Code	,,			
e	2	а									
, vic	2	b									
Program Service Revenue		č									
E Š		d									
Be		2									
Pro		f	All other program service r		nue						
		' a	Total. Add lines 2a-2f								
	3	9	Investment income (includ								
	Ŭ		other similar amounts)	•				77.			77.
	4		Income from investment o								
	5		Royalties								
	Ŭ				(i) Re		(ii) Personal				
	6	2	Gross rents	6a	(7)		(1			
	U		Less: rental expenses	6b				1			
			Rental income or (loss)	6c				1			
			Net rental income or (loss)								
			Gross amount from sales of		(i) Secu	 irities	(ii) Other				
	'	a	assets other than inventory	7a	(,) 0000		(, 0.1.0.	1			
		h	Less: cost or other basis	14				1			
e		D		7b							
ent		~		70 7c				1			
Sev.							<u> </u>				
erF			Net gain or (loss) Gross income from fundraisin								
Other Revenue	0	a	including \$9								
			contributions reported on								
			Part IV, line 18			8a	0.				
		b	Less: direct expenses			. 8b	58.				
		с	Net income or (loss) from f	und	raising ev	vents	►	-58.			-58.
	9	а	Gross income from gaming	g act	tivities. S	ee					
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		с	Net income or (loss) from g	gami	ing activi	ties	🕨				
	10	а	Gross sales of inventory, le	ess i	returns						
			and allowances			10a					
		b	Less: cost of goods sold			10 b					
		с	Net income or (loss) from s	sales	s of inver	tory	🕨				
s							Business Code				
Miscellaneous Revenue	11	а					L				
lan		b					L				
evel Sel		С					L				
Mis			All other revenue								
		е	Total. Add lines 11a-11d								
	12		Total revenue. See instructio	ns				1,005,050.	0.	0.	19.

THE WATER TRUST INC

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Part VIII Statement of Revenue

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Page 9

12

13

14

15

16

17

18

19

20

21

22 23

24

а

b

С d Insurance

282.

740.

130.

209.

722.

187.

31,180.

66.

1,035.

387.

540.

109.

195.

377.

97.

34.

61,356.

3,626.

	R TRUST INC		26-07	87621 _{Page}
Part IX Statement of Functional Exp Section 501(c)(3) and 501(c)(4) organizations must		er organizations must co	omplete column (A).	
Check if Schedule O contains a re	esponse or note to any line in	this Part IX		
Do not include amounts reported on lines 6b, 7b, 8b, 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 organiza and domestic governments. See Part IV, line 21	tions 			
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and for individuals. See Part IV, lines 15 and 16		860,881.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees		68,968.	12,732.	24,40
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	d			
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions				
9 Other employee benefits				
10 Payroll taxes		5,881.	1,086.	2,08
Fees for services (nonemployees):a Management				
b Legal c Accounting	44 000	476.	40,665.	16
d Lobbying				
e Professional fundraising services. See Part IV, line				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 2 column (A) amount, list line 11g expenses on Sch	5,		1,508.	1,15

282.

2,088.

2,925.

2,040.

944,933.

528.

186.

369.

591.

3,215.

4,125.

4,500.

909.

195.

3,139.

812.

286.

All other expenses е 1,037,469. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Advertising and promotion

Office expenses

Information technology

Royalties

Occupancy

Travel

Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings

Interest Payments to affiliates _____

Depreciation, depletion, and amortization

above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)

BOOKS, SUBS., REFERENCE

PAYROLL SERVICE FEES

MISCELLANEOUS

..... Other expenses. Itemize expenses not covered

Form 990 (2020)

15390214 745960 37385

Check here

032010 12-23-20

11 2020.05070 THE WATER TRUST INC

12

THE WATER TRUST INC

		Balance Sheet			20-	0/0/021 Page 11
. u		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		602,412.	1	378,366.
	2	Savings and temporary cash investments			2	195,936.
	3	Pledges and grants receivable, net			3	104,605.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or		-		
		trustee, key employee, creator or founder, subst				
		controlled entity or family member of any of thes			5	
	6	Loans and other receivables from other disqualit				
		under section 4958(f)(1)), and persons described			6	
ŝ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
¥8	9	Prepaid expenses and deferred charges		9	1,872.	
	10a	Land, buildings, and equipment: cost or other		-		
		basis. Complete Part VI of Schedule D	10a 35,980	•		
	b	Less: accumulated depreciation		• 0.	10c	0.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	375.
	16	Total assets. Add lines 1 through 15 (must equa			16	681,154.
	17	Accounts payable and accrued expenses			17	12,282.
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F			21	
ŝ	22	Loans and other payables to any current or form				
liti		trustee, key employee, creator or founder, subst	antial contributor, or 35%			
Liabilities		controlled entity or family member of any of thes	e persons		22	
	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	20,832.
	25	Other liabilities (including federal income tax, page	ables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D		9,052.	25	0.
	26	Total liabilities. Add lines 17 through 25		9,840.	26	33,114.
ß		Organizations that follow FASB ASC 958, che	ck here 🕨 🔀			
čě		and complete lines 27, 28, 32, and 33.				
alan	27	Net assets without donor restrictions		-553,821.	27	212,267.
Ä	28	Net assets with donor restrictions		1,496,473.	28	435,773.
un		Organizations that do not follow FASB ASC 9	58, check here 🕨 📖			
г Г		and complete lines 29 through 33.				
ts c	29	Capital stock or trust principal, or current funds			29	
sse	30	Paid-in or capital surplus, or land, building, or eq	uipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			31	
Ne	32	Total net assets or fund balances		942,652.	32	648,040.
	33	Total liabilities and net assets/fund balances		952,492.	33	681,154.

Form 990 (2020)

	990 (2020) THE WATER TRUST INC	<u>26-07</u>	87621	Paç	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	1,00		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,03		
3	Revenue less expenses. Subtract line 2 from line 1	3			19.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			52.
5	Net unrealized gains (losses) on investments	5		2,5	04.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	-26	4,6	
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	64	8,0	40.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			37	
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 separat	te basis,			
	consolidated basis, or both:				
	Separate basis 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	,		37	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
_	If the organization changed either its oversight process or selection process during the tax year, explain on Sc				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			37
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	L

Form **990** (2020)

032012 12-23-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

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

	OMB No. 1545-0047
1	2020
	Open to Public Inspection
Employer	identification number

Name of the organization	Name	of the	organization	

		THE	WATER TRUS	T INC				2	6-0787621			
Pa	rt I	Reason for Public	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructior					
The	orgar	nization is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)						
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)([.]	1)(A)(i).					
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)						
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170)(b)(1)(A)(i	ii).					
4		A medical research organiz	ation operated in co	njunction with a hospita	described	d 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 co	llege or university owned	d or opera	ted by a g	overnmental u	unit describ	bed in			
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) .										
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
		section 170(b)(1)(A)(vi). (Complete Part II.)										
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9		An agricultural research or	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college			
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or										
		university:										
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, members	hip fees, a	nd gross receipts from			
		activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment										
		income and unrelated busi	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.			
		See section 509(a)(2). (Co	mplete Part III.)									
11		An organization organized	-	•	•							
12		An organization organized	-	-	-			•				
		more publicly supported or	-						Check the box in			
		lines 12a through 12d that	• •			-		-				
а		Type I. A supporting orga	-	-	•	-						
		the supported organization			a majority o	of the dire	ctors or truste	ees of the s	supporting			
		organization. You must o	-									
b		Type II. A supporting org										
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	ported			
		organization(s). You mus			in connoc	tion with	and functions	lly intograt	od with			
С		_ Type III functionally inte its supported organizatio						ily integrate	ed with,			
d		Type III non-functionally	.,	•		-	-	rtod organi	zation(s)			
u		that is not functionally int		•••				-				
		requirement (see instruct			•		-	u an allem	IVEIIE33			
е		Check this box if the orga						II Type III				
Ũ		functionally integrated, o					x 1990 I, 1990	n, type n				
f	Ent	er the number of supported of		nany mogratod capport	ing organi	Lation						
q		vide the following information	•	ed organization(s).					·			
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed ng document?	(v) Amount of	monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)			
Tota	al											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

2020.05070 THE WATER TRUST INC

Schedule A (Form 990 or 990 EZ) 2020 THE WATER TRUST INC

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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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	998,730.	1,021,290.	750,036.	1,069,761.	1,005,031.	4,844,848.
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	998,730.	1,021,290.	750,036.	1,069,761.	1,005,031.	4,844,848.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2,190,432.
6	Public support. Subtract line 5 from line 4.						2,654,416.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	998,730.	1,021,290.	750,036.	1,069,761.	1,005,031.	4,844,848.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	4.	70.	237.	645.	77.	1,033.
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						4,845,881.
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First 5 years. If the Form 990 is for th	,	,				
	organization, check this box and stor	- horo					
Sec	ction C. Computation of Publ		rcentage				
-	Public support percentage for 2020 (column (f))		14	54.78 %
	Public support percentage from 2019					15	51.49 %
	33 1/3% support test - 2020. If the o					nore, check this bo	x and
	stop here. The organization qualifies	-					► X
b	33 1/3% support test - 2019. If the o						is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-		····· ··· ··· ··· ··· ··· ··· ··· ···	
b	10% -facts-and-circumstances tes	•	•		•		
-	more, and if the organization meets th	-					
	organization meets the facts-and-circ				• •		
18	Private foundation. If the organization		•				
				,,, e. ITK		dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2020

032022 01-25-21

Schedule A (Form 990 or 990 EZ) 2020 THE WATER TRUST INC

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disgualified 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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
2	(less section 511 taxes) from businesses						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the	l o organization's f	I	fourth or fifth toy	I	1 501(c)(3) organizat	l
14	check this box and stop here	ie organization S T					ын, ► П
<u>So</u>	ction C. Computation of Publ	ic Support De					
	-			I			
	Public support percentage for 2020 (column (f))		15	<u>%</u>
	Public support percentage from 2019					16	%
	ction D. Computation of Invest						
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
1 9a	33 1/3% support tests - 2020. If the						17 is not
b	more than 33 1/3%, check this box a 33 1/3% support tests - 2019. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t			
03202	23 01-25-21			1.0	Sch	edule A (Form 990) or 990-EZ) 2020
390)214 745960 37385	20	20.05070	16 THE WATER	TRUST IN	С	373851

1

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 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.)

032024 01-25-21

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2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990 or 990-EZ) 2020 Part IV Supporting Organizations (continued)

1

2

No

No

Yes

2a

2b

За

3b

			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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in 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)
	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

~	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
	supervised, or controlled the supporting organization.

Section C.	Type II Supporting	ny organizations	

			Yes	ĺ
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			ĺ
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			I
	or management of the supporting organization was vested in the same persons that controlled or managed			l
	the supported organization(s).	1		l
Sec	tion 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 in 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? <i>If "Yes," describe in</i> Part VI <i>the role the organization</i> '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 organization used to satisfy the Integral Part Test of	luring the yealsee 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. b

c		The organization supported a	governmental entity.	Describe in Part VI how	you supported a gove	ernmental entity (see instructions).
---	--	------------------------------	----------------------	-------------------------	----------------------	--------------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- 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 in 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.

032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2020.05070 THE WATER TRUST INC 15390214 745960 37385

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Schedule A (Form 990 or 990-EZ) 2020 THE WATER TRUST INC

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

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
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):			
а	Average monthly value of securities	1 a		
b	Average monthly cash balances	1b		
с	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-functiona	Illy integra	ted Type III supporting org	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

Par	t v Type III Non-Functionally integrated 509	(a)(s) Supporting Orga	anizations (continu	<u>ied)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		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 organizatior	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2020 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	IS	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

	See instructions.)						
					Sobodule A	(Eorm 000	or 990-EZ) 2
32028 01-25-21					ounequie A	THE CHARLES MANUAL	リーシンローニアーン

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

26-	07	187	62	1
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	THE	WATER	TRUST	INC
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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 or 990-EZ), 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 $\dots \longrightarrow$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

Name of organization

Employer identification number

26-0787621

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 X Person Payroll 301,828. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 250,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 4 Person Payroll X 49,852. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 X Person Payroll 25,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 X Person Pavroll 34,985. Noncash \$ (Complete Part II for noncash contributions.) 023452 11-25-20 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) 23

2020.05070 THE WATER TRUST INC

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THE WATER TRUST INC

Name of organization

Employer identification number

THE WATER TRUST INC

26-0787621

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$79,210.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$120,000.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
023452 11-25-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
	24	4	.,,,,

2020.05070 THE WATER TRUST INC

Name of organization

THE WATER TRUST INC

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

(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	325 SHARES OF MATCH GROUP, INC.		
		\$49,852.	12/23/20
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) Io. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Employer identification number

26-0787621

15390214 745960 37385

2020.05070 THE WATER TRUST INC

Page 4

art III	ATER TRUST INC Exclusively religious, charitable, etc., contributio	ons to organizations described in	$\frac{26-0787621}{\text{section 501(c)(7), (8), or (10) that total more than $1,000 for}}$
	from any one contributor. Complete columns (a) to completing Part III, enter the total of exclusively religious, ch	through (e) and the following line e	ntry For organizations
	Use duplicate copies of Part III if additional s	baritable, etc., contributions of \$1,000 of	r less for the year. (Enter this into, once.)
) No.			
rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ft
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
Γ			
) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
	I	(e) Transfer of gi	ft
	Transferee's name, address, and	d 7IP + 4	Relationship of transferor to transferee
F			
) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
F	I	(e) Transfer of gi	ift
-	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
) No. rom			
rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			[
—			
H		(e) Transfer of gi	π
			Relationship of transferor to transferee
	Transferee's name, address, and	d ZIP + 4	· · · · · · · · · · · · · · · · · · ·
	Transferee's name, address, an	d ZIP + 4	
-	Transferee's name, address, an	d ZIP + 4	

SCHEDU	LE D
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Department of the Treasury

Internal Revenue Service

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



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Name of the organization

Employer identification number	er
26-0787621	

Part I Organizations Mainta	ATER TRUST IN				26-0787621
	-		er Similar Funds or	Αссοι	Ints.Complete if the
organization answered "Yes"	' on Form 990, Part IV, lir				
		(a) Donor ad	vised funds	(b) Fur	ids and other accounts
1 Total number at end of year					
2 Aggregate value of contributions to					
3 Aggregate value of grants from (duri					
4 Aggregate value at end of year					
5 Did the organization inform all donor		-			
are the organization's property, sub					Yes
6 Did the organization inform all grant					
for charitable purposes and not for t	the benefit of the donor of	or donor advisor, or fo	or any other purpose conf	erring	
					Yes
Part II Conservation Easeme	ents. Complete if the or	ganization answered	"Yes" on Form 990, Part I	V, line 7	•
1 Purpose(s) of conservation easement	nts held by the organizat	ion (check all that ap	ply).		
Preservation of land for public	use (for example, recrea	ation or education)	Preservation of a his	torically	important land area
Protection of natural habitat			Preservation of a cer	tified hi	storic structure
Preservation of open space					
2 Complete lines 2a through 2d if the	organization held a quali	fied conservation cor	ntribution in the form of a o	conserv	ation easement on the las
day of the tax year.					Held at the End of the Tax
a Total number of conservation easen	nents			2a	
b Total acreage restricted by conservation	ation easements			2b	
c Number of conservation easements	on a certified historic st	ructure included in (a)	2c	
d Number of conservation easements	included in (c) acquired	after 7/25/06, and no	ot on a historic structure		
listed in the National Register				2d	
3 Number of conservation easements				anizatio	n during the tax
year 🕨					
4 Number of states where property su	ubject to conservation ea	sement is located			
5 Does the organization have a writter					
violations, and enforcement of the c			······································		Yes
6 Staff and volunteer hours devoted to					
•		,	-,		······································
7 Amount of expenses incurred in mo	nitorina, inspectina, han	dling of violations, an	d enforcing conservation	easeme	nts during the vear
► \$			a chief and g control ration i		ine dannig the year
8 Does each conservation easement r	reported on line 2(d) abo	ve satisfy the require	ments of section 170(h)(4)	(B)(i)	
and section 170(h)(4)(B)(ii)?		•			Yes
9 In Part XIII, describe how the organi					
balance sheet, and include, if applic					
		note to the organizat		inal ues	
organization's accounting for conse Part III Organizations Mainta		of Art Historical	Treasures or Other	Simi	ar Assots
art m Organizations Mainta	•	AIL, INSTOLICA	riedsures, or other	omm	ai A33et3.
Complete if the organization		000 Part IV line 8			
Complete if the organization					
1a If the organization elected, as permi	itted under FASB ASC 95	58, not to report in its			
1a If the organization elected, as permi of art, historical treasures, or other s	itted under FASB ASC 95 similar assets held for pu	58, not to report in its blic exhibition, educa	tion, or research in furthe		
1a If the organization elected, as permi of art, historical treasures, or other s service, provide in Part XIII the text of	itted under FASB ASC 95 similar assets held for pu of the footnote to its fina	58, not to report in its blic exhibition, educa ncial statements that	tion, or research in further describes these items.	ance of	public
 1a If the organization elected, as permi of art, historical treasures, or other s service, provide in Part XIII the text of If the organization elected, as permi 	itted under FASB ASC 95 similar assets held for pu of the footnote to its fina itted under FASB ASC 95	58, not to report in its blic exhibition, educa ncial statements that 58, to report in its rev	tion, or research in further describes these items. enue statement and balar	rance of	public et works of
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 1a If the organization elected, as permi of art, historical treasures, or other s service, provide in Part XIII the text of If the organization elected, as permi art, historical treasures, or other sim provide the following amounts relatii (i) Revenue included on Form 990, (ii) Assets included in Form 990, Particular descent descen	itted under FASB ASC 95 similar assets held for pu of the footnote to its fina itted under FASB ASC 95 hilar assets held for public ing to these items: , Part VIII, line 1	58, not to report in its blic exhibition, educa ncial statements that 58, to report in its rev c exhibition, educatio	tion, or research in further describes these items. enue statement and balar n, or research in furtheran	rance of nce shee nce of pr ►	public et works of ublic service, \$\$
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 1a If the organization elected, as permind of art, historical treasures, or other service, provide in Part XIII the text of b If the organization elected, as perminart, historical treasures, or other simprovide the following amounts relatin (i) Revenue included on Form 990, (ii) Assets included in Form 990, Pa 2 If the organization received or held with the following amounts required to be a following amounts requi	itted under FASB ASC 95 similar assets held for pu of the footnote to its fina itted under FASB ASC 95 hilar assets held for public ing to these items: , Part VIII, line 1 art X works of art, historical tre e reported under FASB A rt VIII, line 1	58, not to report in its blic exhibition, educa ncial statements that 58, to report in its rev c exhibition, educatio easures, or other simi ASC 958 relating to th	tion, or research in further describes these items. enue statement and balar n, or research in furtheran lar assets for financial gair nese items:	rance of nce shee nce of pr h, provic	public et works of ublic service, \$ \$ le \$
 1a If the organization elected, as permind of art, historical treasures, or other service, provide in Part XIII the text of b If the organization elected, as permind art, historical treasures, or other sime provide the following amounts relative (i) Revenue included on Form 990, (ii) Assets included in Form 990, Part of the organization received or held with the following amounts required to be a Revenue included on Form 990, Part of the organization elected on Form 990, Part Part of the following amounts required to be a Revenue included on Form 990, Part Part of the following amounts required to be a for the following amounts required to be a for the following amounts for the following amounts for the following amounts required to be a for the following amounts for the followi	itted under FASB ASC 95 similar assets held for pu of the footnote to its fina itted under FASB ASC 95 hilar assets held for public ing to these items: , Part VIII, line 1 art X works of art, historical tre e reported under FASB A rt VIII, line 1	58, not to report in its blic exhibition, educa ncial statements that 58, to report in its rev c exhibition, educatio easures, or other simi	tion, or research in further describes these items. enue statement and balar n, or research in furtheran lar assets for financial gair nese items:	ince shee ince shee ince of pr ince of pr in	public et works of ublic service, \$!e \$

2020.05070 THE WATER TRUST INC

Sche	dule D (Form 990) 2020 THE WAT	ER TRUST I	NC				2	6-07	87621	L Pa	ige 2
Par	t III Organizations Maintaining C	Collections of A	rt, Histo	orical Tr	easures, o	or Othe	r Simila	r Asse	ts (contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following that	t make sig	gnificant ι	ise of its			
	collection items (check all that apply):										
а	Public exhibition	c			hange progra						
b	Scholarly research	e	e 🗆 c	Other							
с	Preservation for future generations										
4	Provide a description of the organization's c							se in Par	t XIII.		
5	During the year, did the organization solicit of		,		,			_	7		1
Des	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the o	organizatio	n answered "	Yes" on I	Form 990,	Part IV,	line 9, or		
4.	reported an amount on Form 990, Pa		-lieu (feu e								
1a	Is the organization an agent, trustee, custod								Yes		No
h	on Form 990, Part X?							······ L		L	INO
b	If "Yes," explain the arrangement in Part XIII	and complete the id	nowing ta	able.					Amount		
<u> </u>	Reginning balance						1c		Amount		
	Beginning balance Additions during the year										
	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII]
Par									_		
		(a) Current year	(b) Pri	ior year	(c) Two years	s back 🛛 🕻	d) Three ye	ars back	(e) Four	years l	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										
	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		ce (line 1g	ı, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		%									
•	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	are neid a	na administei	rea for th	e organiza	ation	г	Vee	
	by: (i) Unrelated organizations									Yes	No
									3a(i) 3a(ii)		
h	(ii) Related organizations	ations listed as requi	red on Sc	hedule R2							
4	Describe in Part XIII the intended uses of the										
	t VI Land, Buildings, and Equipn										
	Complete if the organization answere		0, Part IV,	line 11a. S	See Form 990	, Part X, I	ine 10.				
	Description of property	(a) Cost or c		(b) Cost			cumulated	a l	(d) Book	value	
	· -· -· -· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··	basis (investr		basis			reciation		.,		
1a	Land										
	Buildings										
	Leasehold improvements		1								
	Equipment			3	5,980.		35,98	0.			0.
	Other										
Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colum	n (B), line 1	0c.)						0.
							~	- اربام ماردا -	D /F	0001	0000

Schedule D (Form 990) 2020

Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990 Part IV line	11b Soo Form 000 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)		
	lumn (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 liability	(b) Book value
(1) Fe	ederal income taxes	
(2)		

(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (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...

Schedule D (Form 990) 2020

032053 12-01-20

Sche	dule D (Form 990) 2020 THE WATER TRUST INC		26-0787621 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Staten	nents With Revenu	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.	
1	Total revenue, gains, and other support per audited financial statements		
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	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
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		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial State	•	ses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	t XIII Supplemental Information.		

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.

SCHEDULE F (Form 990)					ivities Outside the Un n answered "Yes" on Form 990, Part			омв	No. 1545-0047
	rtment of the Treasury al Revenue Service		Go to	www.irs.gov/Fo	Attach to Form 990. Attach to Form 990. Attach to Form 990 for instructions and the latest	information.		Open to Inspect	o Public tion
	ne of the organizatio	on					Employer	-	ation number
TH	E WATER TH	RUST	INC				26-07	87621	
Ра				Activities Ou	tside the United States. Comple	te if the orgar	ization answ	vered "Ye	s" on
1	Form 990,			a maintain ragar	ds to substantiate the amount of its gra	nto and other	accietance		
					the selection criteria used to award the				es 🗌 No
2	For grantmakers United States.	s. Desci	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	ther assista	nce outsid	de the
3		gion. (Th			an be duplicated if additional space is n				
	(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 typ (s) in the rec	e, pe	(f) Total expenditures for and investments in the region
					GRANTS TO RECIPIENTS				
SUB	-SAHARAN AFRICA	A	1	. 26	LOCATED IN REGION				860,881.
3 2	Subtotal		1	. 26					860,881.
	Total from contine sheets to Part I	uation	0						0.
с	Totals (add lines and 3b)		1	. 26					860,881.

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

Schedule F (Form 990) 2020

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31 2020.05070 THE WATER TRUST INC

15390214 745960 37385

OMB No. 1545-0047 Statement of Activities Outside the United States 2020

Schedule F (Form 990) 2020 THE WA

Part II

THE WATER TRUST INC

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)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN		0.00.001				
		AFRICA	CLEAN WATER PROJECT	860,881.	WIRE	0.		
			recognized as charities by the					
			or counsel has provided a sec	ction 501(c)(3) ed	quivalency letter	►		<u> </u>
3 Enter total number of	other organizations of	or entities				🕨		0

Schedule F (Form 990) 2020

26-0787621

 Part III
 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

 Part III can be duplicated if additional space is needed.
 (a) Number of (b) Number of (c) Numer of (c) Numer of (c) Number of (c) Number of (c) Number of (c) N

Schedule F (Form 990) 2020

THE WATER TRUST INC

(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)

Schedule F (Form 990) 2020

26-0787621

Page 3

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	X Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; 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," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <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? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2020

Part V Supplemental Information

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

PART I, LINE 2:

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.

032075 12-03-20

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2020

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Employer identification number 26 - 0787621

Department of the Treasury	
Internal Revenue Service	

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

Open to Public . Inspection

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

<u>т</u>	HE.	WATER	TRUST	TNC

Par	tl	Types of Property		-				
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut		nts
1	Art -	Works of art						
2		Historical treasures						
3		Fractional interests						
4		ks and publications						
5	Clot	hing and household goods						
6	Cars	and other vehicles						
7	Boat	ts and planes						
8		lectual property						
9	Secu	urities - Publicly traded	Х	2	60,021.	FMV		
10	Secu	urities - Closely held stock						
11		urities - Partnership, LLC, or : interests						
12	Seci	urities - Miscellaneous						
13		lified conservation contribution -						
	Histo	pric structures						
14		lified conservation contribution - Other						
15	Real	estate - Residential						
16		estate - Commercial						
17		estate - Other						
18		ectibles						
19		d inventory						
20		s and medical supplies						
21	Taxi	dermy						
22	Histe	orical artifacts						
23	Scie	ntific specimens						
24	Arch	eological artifacts						
25	Othe	er 🕨 ()						
26	Othe	er 🕨 ()						
27	Othe	er 🕨 ()						
28		er 🕨 ()						
29		ber of Forms 8283 received by the organi:						•
	for v	which the organization completed Form 828	83, Part V, I	onee Acknowledg	jement 29			0
						-	Yes	i No
30a		ng the year, did the organization receive by		•••••				
		t hold for at least three years from the date		al contribution, and	d which isn't required to be u			v
_		npt purposes for the entire holding period?	?			·····	30a	X
		es," describe the arrangement in Part II.	12		-former to the true	tion of		v
31 00-		s the organization have a gift acceptance p	-	-	•	itions?	31	X
32a		s the organization hire or use third parties or the structure of the struc		-			222	x
h		ributions? es," describe in Part II.				·····	32a	
33		e organization didn't report an amount in c	olumn (c) fo	r a type of propert	v for which column (a) is che	cked		
00		cribe in Part II.		a type of propert	y to writen column (a) is che			
	4000	and and all the						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

032141 11-23-20

	Schedule M (Form 990) 2020 $$ $ m TH$	E WATER TRUST INC
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Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

Part II

THE AMOUNT IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTORS.

Schedule M (Form 990) 2020

032142 11-23-20

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 26-0787621

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

THE WATER TRUST INC

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.

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, AND WAS DETERMINED BASED ON THE REVIEW OF DATA FOR SIMILAR POSITIONS AT COMPARABLE ORGANIZATIONS. THE LAST COMPENSATION REVIEW TOOK PLACE IN MARCH 2020. THE ORGANIZATION HAS NO OTHER COMPENSATED OFFICERS OR KEY EMPLOYEES.

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.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

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 11-20-20

2020.05070 THE WATER TRUST INC

38

Name of the organization THE WATER						Employer identification num 26-0787621
INE WAIER .	IRUSI INC					20-0707021
FORM 990 - GENERAL EXPLAN	NATION:					
THE AUDIT OF THE MARCH 32	1, 2021 FINANC	IAL	STATEM	ENTS I	S NO	OT YET
COMPLETE. IF, UPON COMPLI	ETION OF THE A	UDIT	', IT I	S DETE	RMII	NED THAT THIS
990 IS INACCURATE OR INCO	OMPLETE, THE C	RGAN	IZATIO	N WILL	FI	LE AN AMENDED
990.						
)32212 11-20-20					Sche	dule O (Form 990 or 990-EZ) 2
90214 745960 37385	2020.05070	39 דוד	WATER	TRUST	TNC	37385

SCH	EDULE	R

(Form 990)

Department of the Treasury Internal Revenue Service

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. OMB No. 1545-0047

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.

(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	conti	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	

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

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020 THE WATER TRUST INC

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. Part III

(a)	(b)	(c)	(d)		e)	((f)	(9	g)	()	h)	(i)		(j)	(k
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predomir (related, excluded fr	ant income unrelated, om tax under 512-514)		of total ome	end-c	re of of-year sets	Disprop alloca	ortionate tions?	Code V-UE amount in b 20 of Sched	ox ^r	managing partner?	Percei owne
		country)		sections	512-514)					Yes	No	K-1 (Form 10)65) h	res No	
IV Identification of Related Org				omplete if t	he organizati	on answ	vered "Yes'	" on For	m 990, P	art IV,	line 34	4, because it h	nad or	ne or n	nore rela
organizations treated as a con	rporation or trust duri	ng the tax	- -												1
(a)			(b)	(c)	(d)		(e)		(f)			(g)		(h)	(i Sect
Name, address, and E of related organization	IN	Prim	ary activity	Legal domicile (state or	Direct cont entity		Type of e (C corp, S		Share o inco			Share of end-of-year	Perc	entage	512(b
or related organization				foreign country)	entity		or trus		1100			assets		ersnip	enti
															Yes

Schedule R (Form 990) 2020 THE WATER TRUST INC

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Image: Control of Co	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.								
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity 1a X b Gift, grant, or capital contribution to related organization(s) 1c X c Gift, grant, or capital contribution from related organization(s) 1c X d Loans or loan guarantees to or for related organization(s) 1d X e Loans or loan guarantees by related organization(s) 1e X f Dividends from related organization(s) 1f X g Sale of assets to related organization(s) 1f X g Sale of assets to related organization(s) 1f X i Exchange of assets from related organization(s) 1g X j Lease of facilities, equipment, or other assets to related organization(s) 1i X k Lease of facilities, equipment, or other assets from related organization(s) 1i X n Performance of services or membership or fundraising solicitations for related organization(s) 1i X n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1n X n Sharing of facilities, equipment, mailing solicitations for related organization(s) 1n X n Sharing of facilities, equipment, mailing lists, or other assets with related organiza	1			Yes	No				
b Gift, grant, or capital contribution to related organization(s) 1b X c Gift, grant, or capital contribution from related organization(s) 1d X d Loans or loan guarantees to or for related organization(s) 1d X f Dividends from related organization(s) 1f X g Sale of assets to related organization(s) 1f X g Sale of assets from related organization(s) 1f X h Purchase of assets from related organization(s) 1h X i Exchange of assets with related organization(s) 1i X j Lease of facilities, equipment, or other assets to related organization(s) 1i X k Lease of facilities, equipment, or other assets from related organization(s) 1i X n Performance of services or membership or fundraising solicitations for related organization(s) 1i X n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1i X p Reimbursement paid to related organization(s) 1i X n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1i X n Sharing of paid employees with related organization(s) 1i X n Sh	a		1a		X				
c Gift, grant, or capital contribution from related organization(s) 1c X d Loans or loan guarantees to or for related organization(s) 1d X e Loans or loan guarantees by related organization(s) 1e X f Dividends from related organization(s) 1e X g Sale of assets to related organization(s) 1g X h Purchase of assets to related organization(s) 1g X i Exchange of assets with related organization(s) 1i X j Lease of facilities, equipment, or other assets to related organization(s) 1i X k Lease of facilities, equipment, or other assets from related organization(s) 1k X k Lease of facilities, equipment, or other assets from related organization(s) 1k X m Performance of services or membership or fundraising solicitations for related organization(s) 1m X n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1m X p Reimbursement paid to related organization(s) 1m X n Sharing of paid employees with related organization(s) 1n X p Reimbursement paid to related organization(s) for expenses 1p X p Reimbursement paid				Х					
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(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	860,881.	ACTUAL AMOUNT TRANSFERRED
(2)			
(3)			
(4)			
(5)			
_(6)	4.2		

Schedule R (Form 990) 2020 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) all s sec.)(3) .? No	(f) Share of total income	(g) Share of end-of-year assets	Dispr tior alloca	n) ropor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managing partner? Yes NO	(k) Percentage ownership

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THE WATER TRUST INC

Part VII Supplemental Information

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

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44 2020.05070 THE WATER TRUST INC Schedule R (Form 990) 2020