

Department of the Treasury

PUBLIC DISCLOSURE COPY \*\*

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023 A For the 2022 calendar year, or tax year beginning OCT 2022 and ending SEP Check if applicable: C Name of organization D Employer identification number Address change WATER FOR PEOPLE Name change 84-1166148 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 720-488-4590 7100 E BELLEVIEW AVE 310 32,594,817. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return GREENWOOD VILLAGE, CO 80111 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: MARK DUEY Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: **X** 501(c)(3) 501(c) ( 4947(a)(1) or 527 (insert no.) If "No," attach a list. See instructions WWW.WATERFORPEOPLE.ORG H(c) Group exemption number K Form of organization: X Corporation Association Other L Year of formation: 1991 M State of legal domicile: CO ☐ Trust Part I Summary Briefly describe the organization's mission or most significant activities: SEE  $\overline{PART}$ III, LINE 1. **Activities & Governance** 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 13 3 Number of voting members of the governing body (Part VI, line 1a) 3 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 58 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 41,279,159. 31,599,549. Contributions and grants (Part VIII, line 1h) 8 4,368. 41,988. Program service revenue (Part VIII, line 2g) 41,875. 778,853. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 143,372. -133,522. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 41,191,880. 32,563,762. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 258,356. 309,863. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 11,518,769. 12,885,505. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 285,914. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 19,092,598. 23,386,943. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 30,869,723. 36,868,225. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 10,322,157. -4,304,463. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 29,191,140. 29,413,382 20 Total assets (Part X, line 16) 6,898,954. 11,056,331 21 Total liabilities (Part X, line 26) 三年 22,292,186. 18,357,051 Net assets or fund balances. Subtract line 21 from line 20 ..... Signature Block Part II Under penalties of pasiung a logic lare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, corredt, and composite Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign MARK DUEY, CO-CEO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature P00288314 RICHARD J. LOCASTRO, CPA Paid 03/15/2024 self-employed Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's EIN 52-1392008 Preparer Firm's address 4550 MONTGOMERY AVE SUITE 800N Use Only Phone no. 301-951-9090 BETHESDA, MD 20814-2930 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	WATER FOR PEOPLE EXISTS TO DEVELOP HIGH QUALITY WATER AND SANITATION,
	ACCESSIBLE TO ALL, AND SUSTAINED BY STRONG COMMUNITIES, BUSINESSES,
	AND GOVERNMENTS, WORKING IN NINE COUNTRIES; GUATEMALA, HONDURAS,
	TANZANIA, PERU, BOLIVIA, UGANDA, MALAWI, RWANDA, INDIA.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
<u></u>	(Code:) (Expenses \$24,033,542. including grants of \$) (Revenue \$)
	IN AFRICA, WE FOCUS ON IMPROVING ACCESS TO RELIABLE WATER AND
	SANITATION SERVICES IN NINE EVERYONE FOREVER DISTRICTS IN MALAWI,
	RWANDA, UGANDA AND NEWLY IN TANZANIA THROUGH PIPED WATER SUPPLY
	SYSTEMS, BOREHOLES, AND IN PUBLIC INSTITUTIONS (SCHOOLS AND HEALTH CARE
	FACILITIES). WE WORK WITH LOCAL AUTHORITIES TO CREATE AN ENABLING
	ENVIRONMENT FOR SANITATION SERVICE DELIVERY BY SUPPORTING ENTREPRENEURS
	TO PROVIDE SANITATION SERVICES THROUGH MARKET-BASED SOLUTIONS.
	PIT-EMPTYING BUSINESSES ARE THRIVING AND DECENTRALIZED FECAL SLUDGE
	TREATMENT PLANTS ARE SCALING. WE HAVE BEEN STRENGTHENING LOCAL CAPACITY
	TO IMPROVE SUSTAINABILITY WHILE INCREASING COVERAGE AND WE COLLABORATE
	WITH GOVERNMENT TO STRENGTHEN WASH SYSTEMS AT LOCAL AND NATIONAL
	LEVELS. THE EVERYONE FOREVER MODEL HAS (CONTINUED ON SCHEDULE O)
4b	(Code:) (Expenses \$4, 467, 457. including grants of \$) (Revenue \$
	IN LATIN AMERICA, WATER FOR PEOPLE COMBATS THE WORLD WATER AND
	SANITATION CRISIS BY IMPLEMENTING THE MOST CONTEXTUALLY APPROPRIATE
	INFRASTRUCTURE IN 18 EVERYONE FOREVER MUNICIPALITIES ACROSS FOUR
	COUNTRIES BOLIVIA, GUATEMALA, HONDURAS, AND PERU WHILE ENHANCING THE
	CAPACITY OF LOCAL PARTNERS TO MANAGE THOSE SYSTEMS. OUR SANITATION
	STRATEGY RAISES AWARENESS ON THE IMPORTANCE OF HOUSEHOLD SANITATION
	FACILITIES AND BUILDS BOTH PUBLIC AND PRIVATE PARTNERSHIPS TO MEET
	CONSUMER DEMAND. AS WE CONTINUE TO IMPLEMENT AND PROVE THE MODEL AT THE
	LOCAL LEVEL, WE ALSO ADVOCATE FOR ITS ADOPTION AMONG NATIONAL
	GOVERNMENTS AND PEER ORGANIZATIONS. IN 2023, WE REACHED 8,330 PEOPLE
	WITH IMPROVED WATER SERVICES, 63,650 WITH IMPROVED SANITATION SERVICES,
	AND FACILITATED HYGIENE EDUCATION FOR 8,137 PEOPLE.
4c	(Code:) (Expenses \$1,656,819. including grants of \$309,863. ) (Revenue \$
	IN INDIA, WE WORK TO IMPROVE ACCESS TO WATER AND SANITATION SERVICES
	AND BUILD THE CAPACITY OF COMMUNITIES AND GOVERNMENT TO OPERATE AND
	MAINTAIN SERVICES IN 10 EVERYONE FOREVER DISTRICTS. CURRENTLY, INDIA
	OPERATIONS SPAN IN BIHAR, MAHARASHTRA, WEST BENGAL, AND ASSAM . IN
	ADDITION TO SUPPORTING THE CONSTRUCTION OF WATER INFRASTRUCTURE IN
	COMMUNITIES AND PUBLIC INSTITUTIONS, WE PROVIDE TECHNICAL SUPPORT TO
	STATE AND DISTRICT GOVERNMENTS TO EFFECTIVELY IMPLEMENT NATIONAL WASH
	POLICIES AND PROGRAMS. ALONGSIDE LOCAL PARTNERS, WE WORK TO DEVELOP
	STRONG SANITATION MARKETS TO ENSURE THAT SANITATION SERVICES ARE
	RELIABLE AND AVAILABLE AT AFFORDABLE PRICES. IN 2023, WE REACHED 25,313
	PEOPLE WITH IMPROVED WATER SERVICES, 22,799 PEOPLE WITH IMPROVED
	SANITATION SERVICES, AND IMPLEMENTED HYGIENE (CONTINUED ON SCHEDULE O)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
	Total program service expenses 30, 157, 818.

13430315 745960 37451

# Form 990 (2022) WATER FOR PEOPLE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		1
8	, ,			x
_	Schedule D, Part III	8		
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?			3,7
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the appropriation projection of the control of the Light of the Light of the Light of the Control	14a	Х	
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<del>  -a</del>		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b	Х	
15	or more? If "Yes," complete Schedule F, Parts I and IV	140	- 21	
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	15	Х	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	21	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		_ v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		37	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	<u> </u>	$\vdash$
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
<b>20</b> a	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		<u> </u>
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		X

232003 12-13-22

Form **990** (2022)

37451\_\_1

Form 990 (2022) WATER FOR PEOPLE
Part IV Checklist of Required Schedules (continued)

	· · · · · ·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		$\vdash$
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	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		х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			ا
	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		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
25.2	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
	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		х
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		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	Note: All Form 990 filers are required to complete Schedule O To V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 22			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		7.7	
	(gambling) winnings to prize winners?	1c	X	(2022)

232004 12-13-22

Form 990	(2022) WA'I'ER	. FOR P	SEOPLE	•	84-1166148	Pa	age (
Part V	Statements Regarding	Other IF	RS 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								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2</b> b	Х						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		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	Х						
b	If "Yes," enter the name of the foreign country SEE SCHEDULE O								
	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		Х					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a		_		37					
	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	۵.							
-	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	7-		Х					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	710							
·	to file Form 8282?	7c		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х					
g									
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.								
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b							
10	Section 501(c)(7) organizations. Enter:								
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
a	Gross income from members or shareholders N/A 11a								
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZG							
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								
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		X					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  N/A	17							
	If "Yes," complete Form 6069.								

232005 12-13-22

Page 6

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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 13 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 12 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Another's website X Own website X Upon request \_\_ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records MARK DUEY - 720-488-4590 7100 E BELLEVIEW AVE. 310. GREENWOOD VILLAGE.

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

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

#### X

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

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	Ju		_ ((	C)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(D)	(E)	(F)
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per					s both		compensation	compensation	amount of
	week (list any		<u> </u>		<u> </u>		,	from the	from related organizations	other compensation
	hours for	direct				,		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	,	and related
	below	ndividual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	lndi	Inst	Officer	Key	High	For			
(1) MARK DUEY	40.00	1								
CO-CEO				Х				193,678.	0.	25,531.
(2) SAMSON HAILU BEKELE	40.00	1							_	
CO-CEO				Х				184,940.	0.	25,445.
(3) ABDI DEBELA	40.00									
CFO (THROUGH 1/2023)				Х				175,096.	0.	23,063.
(4) JODY K. DEBS	40.00									
CFAO				Х				173,570.	0.	19,618.
(5) KATHERINE WILLIFORD	40.00									
CHIEF GROWTH OFFICER						X		139,615.	0.	13,026.
(6) JENNIFER GANCE	40.00									
DIR OF TALENT MANAGEMENT						X		127,585.	0.	21,565.
(7) KELLY HONECKER	40.00									
DIR OF PRINCIPAL GIFTS						Х		116,394.	0.	25,024.
(8) ELEANOR ALLEN (SEE SCHEDULE O)	40.00									
CEO (THRU 6/22) THEN CHAIR		Х		Х				117,473.	0.	15,992.
(9) SCOTT MEYER	40.00									
CREATIVE DIR NEW PROD DEV (THRU 7/23						Х		114,034.	0.	18,195.
(10) KIMBERLY LEMME	40.00									
DIRECTOR OF INFLUENCE (THRU 12/22)						X		123,497.	0.	7,601.
(11) DEBRA COY	1.00									
TREASURER		Х		Х				0.	0.	0.
(12) IRENE LOFLAND	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(13) GREG MCINTYRE	1.00									
SECRETARY		Х		Х				0.	0.	0.
(14) VANESSA DAVISON	1.00									
DIRECTOR		Х						0.	0.	0.
(15) KATY KEIM	1.00									
DIRECTOR		Х						0.	0.	0.
(16) BEATRIZ BONNET	1.00									
DIRECTOR		Х						0.	0.	0.
(17) RICH D'AMATO	1.00									
DIRECTOR		Х						0.	0.	0.
										Form 990 (2022)

232007 12-13-22

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hiç	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(C				(D)	(E)		(F)		
Name and title	Average	(do		Posi	tion		no	Reportable	Reportable		Es	timated	
	hours per	box	, unle	heck n	son is	s both	an	compensation	compensatio	n	an	nount of	
	week		cer an	id a dir	recto	r/trust	ee)	from	from related			other	
	(list any	director						the	organization		ı	pensation	
	hours for related	or di	ee e			ated		organization	(W-2/1099-MIS		· · ·	om the	
	organizations	ustee	trust		eo eo	suedu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		ı ~	anization d related	
	below	lual tr	tional		yold	st con	_	'			l	anizations	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				l	ar il Edition to	
(18) PAULINE IDOGHO	1.00	_	_										
DIRECTOR		Х						0.		0.		0.	
(19) KATHERINE MILLIGAN	1.00												
DIRECTOR		Х						0.		0.		0.	
(20) SHANNON MUSIC	1.00												
DIRECTOR		Х						0.		0.		0.	
(21) WINIFRED NABAKIIBI	1.00												
DIRECTOR		Х						0.		0.		0.	
(22) MATT OSTROWER	1.00												
DIRECTOR		Х						0.		0.		0.	
1b Subtotal								1,465,882.		0.	19	5,060.	
c Total from continuation sheets to Part VI								0.		0.	4.0	0.	
d Total (add lines 1b and 1c)								1,465,882.		0.	19	5,060.	
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	9		1.2	
compensation from the organization											1	13	
												Yes No	
3 Did the organization list any <b>former</b> officer,		ee, k	сеу е	emplo	oye	e, or	hig	hest compensated emp	loyee on			37	
line 1a? If "Yes," complete Schedule J for s											3	X	
4 For any individual listed on line 1a, is the su											_	v	
and related organizations greater than \$150											4	X	
5 Did any person listed on line 1a receive or a	•				•			•			_	v	
rendered to the organization? If "Yes." com Section B. Independent Contractors	plete Schedule	e J f	or su	ıch p	ers	on .					5	X	
·									100 000 of accord		L: £		
Complete this table for your five highest con     the appropriation Report componential forth										pensa	tion ire	om	
the organization. Report compensation for t	ine calendar ye	eare	riair	ig wi	tri C	or wii	.mm		ear.			*1	
(A) Name and business	address							<b>(B)</b> Description of s	ervices	C	<b>))</b> compe	nsation	
ALLEGIANCE GROUP							$\dashv$				•		
PO BOX 9132, FARGO, ND 58	106						-	FUNDRAISING	SERVICES		31	7,799.	
10 Boll 3132   Times   ND 30							┪	- ONDIGITED INC.	SERVICES			111334	
2 Total number of independent contractors (in	ncluding but no	ot lir	nited	to t	hos	e lis	ted	above) who received mo	ore than				

Form **990** (2022)

\$100,000 of compensation from the organization

Form 990 (2022)
Part VIII S

Part VIII	Statement of Revenue
-----------	----------------------

		Check if Schedule O	conta	ains a res	onse	or note to any lin	e in this Part VIII			
							<b>(A)</b> Total revenue	(B) Related or exempt	<b>(C)</b> Unrelated	( <b>D</b> ) Revenue excluded
							Total Tovolido		business revenue	from tax under
40		<u> </u>			Т	020 700				sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns			1	938,798.				
S S		Membership dues			_					
fts,		Fundraising events								
ia i		Related organizations				5,567,506.				
ons,		Government grants (contr			+	3,307,300.				
utio	ī	All other contributions, gifts,				25,093,245.				
Ĕ₽	_	similar amounts not included			1	321,532.				
no u	-	Noncash contributions included in	lines 1	a-1f [10	\$	321,332.	31,599,549.			
Ora		Total. Add lines 1a-1f				Business Code	31,333,313.			
	2 a	SERVICE FEE				900099	41,988.	41,988.		
Ş	z a b	•				300033	12,500.	11,500.		
Ser	C									
E S	d									
gra Re	e									
Program Service Revenue		All other program service	rever	nie						
							41,988.			
	3	Investment income (include					, -			
	Ū						779,167.			779,167.
	4	Income from investment of					,			,
	5	Royalties			-					
		· · · · <b>,</b> · · · · · · · · · · · · · · · · · · ·		(i) R	al	(ii) Personal				
	6 a	Gross rents	6a							
		Less: rental expenses	6b							
		Rental income or (loss)	6с							
		Net rental income or (loss)	)							
		Gross amount from sales of		(i) Secu	rities	(ii) Other				
		assets other than inventory	7a	30	,159.	582.				
	b	Less: cost or other basis								
ē		and sales expenses	7b	31	,055.	0.				
len (	С	Gain or (loss)			-896.	582.				
ther Revenue		Net gain or (loss)			<u></u>		-314.			-314.
ē		Gross income from fundraising								
₹		including \$		of						
		contributions reported on	line	1c). See						
		Part IV, line 18			. 8a					
	b	Less: direct expenses			. 8b					
	С	Net income or (loss) from	fund	raising ev	ent <u>s</u>					
	9 a	Gross income from gamin	g act	tivities. S	ee					
		Part IV, line 19								
		Less: direct expenses								
		Net income or (loss) from	-	-	ies					
	10 a	Gross sales of inventory, I								
		and allowances			- 1					
		Less: cost of goods sold								
-	С	Net income or (loss) from	sales	of inven	ory	Busines C :				
ध्		EODETON EVOUNDE EE	20			Business Code	121 074			121 074
Je or		FOREIGN EXCHANGE FEI	20			900099	131,874.			131,874.
Miscellaneous Revenue						300033	11,498.			11,498.
Sce	C									
Ë		All other revenue			143,372.					
							32,563,762.	41,988.	0.	922,225.
	12	Total revenue. See instruction	ліѕ				32,303,102.	1 =1,300.	ı ,	5 000 (222)

232009 12-13-22 Form **990** (2022)

# Form 990 (2022) WATER FOR PEOPLE Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon		this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	309,863.	309,863.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1 040 660	200 000	F1 F 0 F 0	000 550
	trustees, and key employees	1,048,660.	328,002.	517,879.	202,779.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	0 001 000	6 606 225	1 254 056	050 007
7	Other salaries and wages	9,001,098.	6,696,235.	1,354,056.	950,807.
8	Pension plan accruals and contributions (include	546,246.	417,139.	74,773.	54,334.
_	section 401(k) and 403(b) employer contributions)	1 0// 760	1,406,318.	300,167.	138,284.
9	Other employee benefits	1,844,769. 444,732.	207,106.	147,982.	89,644
10	Payroll taxes	444,732.	207,100.	147,302.	05,044.
11	Fees for services (nonemployees):				
a	Management	25,504.	21,224.	-7,427.	11,707.
	Legal	173,049.	100,049.	73,000.	11,707
	Accounting	1/3,049.	100,049.	73,000.	
	LobbyingProfessional fundraising services. See Part IV, line 17	285,914.			285,914.
	Investment management fees	275.		275.	200,014.
f	Other. (If line 11g amount exceeds 10% of line 25,	275.		275	
g	column (A), amount, list line 11g expenses on Sch 0.)	2,653,856.	1,460,264.	633,241.	560,351.
12	Advertising and promotion	75,950.		131.	2,690.
13	Office expenses	824,331.	478,522.	34,181.	311,628.
14	Information technology	574,039.	366,007.	129,347.	78,685.
15	Royalties	3.2,0001	000,0070		,
16	Occupancy	650,518.	537,722.	72,826.	39,970.
17	Travel	1,116,840.	947,286.	59,035.	110,519.
18	Payments of travel or entertainment expenses	, , , , , ,	- ,	,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	962,358.	877,679.	66,060.	18,619.
20	Interest	•		•	•
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	138,538.	125,973.	9,320.	3,245.
23	Insurance	166,014.	82,000.	84,014.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	INFRASTRUCTURE	11,499,252.			
b	PARTNER EXPENSES	3,022,341.	3,022,341.		
С	SUBRECIPIENT EXPENSES	656,688.	656,688.		
d	DONATED GOODS	290,476.	224,694.	65,782.	
е	All other expenses	556,914.	320,325.	114,731.	121,858.
25	Total functional expenses. Add lines 1 through 24e	36,868,225.	30,157,818.	3,729,373.	2,981,034.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

Form 990 (2022)

Part X | Balance Sheet

t X	Balance Sheet					
	Check if Schedule O contains a response or note	to any	line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing			19,309,923.	1	927,841.
2					2	24,366,900.
3					3	1,358,209.
4			560,457.	4	80,630.	
5						
	trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
	controlled entity or family member of any of these		5			
6	Loans and other receivables from other disqualifi					
	under section 4958(f)(1)), and persons described	in sect	ion 4958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			527,943.	9	950,665.
10a						
		10a	1,736,884.			
b				411,716.		282,427. 646,342.
11				541,041.	11	646,342.
12	Investments - other securities. See Part IV, line 1		12			
13						
14		1 001 605		000 260		
15				1,071,625.		800,368.
16						29,413,382.
			3,568,700.		6,394,450.	
				2 102 000		2 741 426
				2,102,000.		3,741,436.
					21	
22						
			· ·		00	
00						
					24	
25						
		-		1.228.174.	25	920,445.
26						11,056,331.
		ck here	X	0,000,000		
27	• , , ,			20,146,182.	27	17,190,558.
				2,146,004.	28	17,190,558. 1,166,493.
	and complete lines 29 through 33.	•				
29	Capital stock or trust principal, or current funds				29	
30					30	
31					31	
32				22,292,186.	32	18,357,051.
<b>U</b> L	Total fiel decete of faile balances					
	2 3 4 5 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or trustee, key employee, creator or founder, substacontrolled entity or family member of any of these Loans and other receivables from other disqualification under section 4958(f)(1)), and persons described 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 1 13 Investments - program-related. See Part IV, line 1 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Felloans and other payables to any current or formit trustee, key employee, creator or founder, substacontrolled entity or family member of any of these Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated Unsecured notes and loans payable to unrelated Other liabilities. (including federal income tax, pay parties, and other liabilities not included on lines of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check and complete lines 27, 28, 32, and 33. 27 Net assets with donor restrictions Organizations that do not follow FASB ASC 958 and complete lines 29 through 33. 28 Capital stock or trust principal, or current funds Organizations that do not follow FASB ASC 958 and complete lines 29 through 33.	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former trustee, key employee, creator or founder, substantial or controlled entity or family member of any of these personal controlled entity or family member of any of these personal described in sect in Notes and loans receivables from other disqualified personal described in sect in Notes and loans receivable, net 6 Loans and other receivable, net 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 3 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal secured mortgages and notes payable to unrelated third personal described in the payables to any current or former office that the payable and payable to unrelated third personal secured mortgages and notes payable to unrelated third personal secured mortgages and notes payable to unrelated third	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1,736,884. b Less: accumulated depreciation 10b 1,454,457. Investments - publicity traded securities 11 Investments - publicity traded securities 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets. 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 10 Tax-exempt bond liabilities 11 Escrow or custodial account liability. Complete Part IV of Schedule D 12 Loans and other 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 13 Secured mortgages and notes payable to unrelated third parties 14 Unsecured notes and loans payable to unrelated third parties 15 Other liabilities (including federal income tax, payables to related third parties 16 Other liabilities. Add lines 17 through 25 17 Total liabilities. Add lines 17 through 25 18 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 19 Net assets with donor restrictions 19 Net assets with donor restrictions 20 Organizations that do not follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 21 Net assets w	1 Cash - non-interest-bearing 19, 309, 923. 2 Savings and temporary cash investments 2, 700, 741. 3 Pledges and grants receivable, net 4,067, 694. 4 Accounts receivable, net 560, 457. 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creatro or founder, substantial contributor, or 35% controlled entity or family member of any of these persons (as defined under section 4956(f)(1)), and persons described in section 4958(s)(3)(B) Notes and loans receivable, net 10 section 4958(s)(S)(B) Notes and loans receivable net 10 section 4958(s)(S)(B) Notes and loans section 4958(s)(S)(B) Notes and loans expected by 10 section 4958(s)(B) Notes And loans expected by 10 section 4958(s)(B) Notes And loans expected by 10 section 4958(s)(B) Notes And loans expected by 10 section 4958	Cash - non-interest-bearing

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	32,5		
2	Total expenses (must equal Part IX, column (A), line 25)	2	36,8		
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,3		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,2		
5	Net unrealized gains (losses) on investments	5		69,3	28.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	3	00,0	00.
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	18,3	57,0	51.
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 on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2i	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		20	c X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3	a X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3I	•	
			For	m <b>990</b>	(2022)

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open to Publ Inspection

**ZUZZ**Open to Public

OMB No. 1545-0047

Name of the organization

WATER FOR PEOPLE

Employer identification number 84-1166148

Pa	rt I	Reason for Public (	Charity Status. (	(All organizations must o	omplete th	nis part.) S	ee instructions.	
he	organ	zation is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)		
1	$\bigcap$	A church, convention of chu	·	- ·	-	-	)(A)(i).	
2	Ħ	A school described in <b>secti</b>					7. 7.7	
3	H			·		/h\/1\/	:1	
<u>ح</u>	H	A hospital or a cooperative	•					the heapital's name
4		A medical research organiza	ation operated in cor	ijunction with a nospital	described	III Sectio	n 170(b)(1)(A)(III). Enter	the nospital's name,
		city, and state:						
5		An organization operated for		lege or university owner	or operate	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C	complete Part II.)					
6		A federal, state, or local gov	ernment or governm	nental unit described in	section 17	'0(b)(1)(A)	(v).	
7	X	An organization that normal	lly receives a substar	ntial part of its support f	om a gove	ernmental	unit or from the general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	d in <b>section 170(b)(</b>	1)(A)(vi). (Complete Par	t II.)			
9	$\Box$	An agricultural research org				ed in coniu	inction with a land-grant	college
_		or university or a non-land-g				-	-	-
		university:	rant conege of agrici	artare (500 instructions).	Littor tilo i	iarrio, orty	, and state or the conege	, 01
40			lly receives (1) more t	than 22 1/20/ of its our	ort from o	ontribution	no momborobin foco on	d aroog receipte from
10		An organization that normal						
		activities related to its exem		· ·			• •	-
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See <b>section 509(a)(2).</b> (Cor	-					
11	Щ	An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	)9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne function	ns of, or to carry out the	purposes of one or
		more publicly supported org	ganizations describe	d in <b>section 509(a)(1)</b> d	r section :	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box on
		lines 12a through 12d that of	describes the type of	supporting organization	and com	plete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga	nization operated, su	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving
		the supported organization	on(s) the power to red	gularly appoint or elect a	maiority o	f the direc	tors or trustees of the su	upportina
		organization. You must c			, ,			11 3
h		Type II. A supporting orga	= :		ion with its	s sunnorte	d organization(s) by hav	vina
		control or management of						
					arrie persor	iis iiiai coi	ittoi or manage the supp	oortea
		organization(s). You mus						1 20
С		Type III functionally inte					• •	ea with,
		its supported organization	n(s) (see instructions)	. You must complete	Part IV, Se	ctions A,	D, and E.	
d			integrated. A supp	orting organization oper	ated in cor	nnection w	ith its supported organiz	zation(s)
		that is not functionally into	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and an attentiv	/eness
		requirement (see instructi	ons). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	nization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.		
f	Ente	r the number of supported o	rganizations					
g		ride the following information		d organization(s).				
	(	) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed na document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	18890355.	22598017.	20997122.	41579159.	31599549.	135664202
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						
4	Total. Add lines 1 through 3	18890355.	22598017.	20997122.	41579159.	31599549.	135664202
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)						13168654.
6	Public support. Subtract line 5 from line 4.						122495548
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	18890355.	22598017.	20997122.	41579159.	31599549.	135664202
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	370,257.	198,295.	9,191.	30,239.	779,167.	1387149.
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.)	25,151.	20,068.	52,941.	-134,256.	143,372.	107,276.
11	<b>Total support.</b> Add lines 7 through 10	•					137158627
	Gross receipts from related activities,	etc. (see instruction	ons)		•	12	58,230.
	First 5 years. If the Form 990 is for the	•	,			01(c)(3)	-
	organization, check this box and sto						
Sec	ction C. Computation of Publ						
14	Public support percentage for 2022 (	line 6, column (f), d	livided by line 11, o	column (f))		14	89.31 %
	Public support percentage from 2021					15	89.31 %
	33 1/3% support test - 2022. If the					ore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the						
	and <b>stop here.</b> The organization qua						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances to			-			
b	10% -facts-and-circumstances test	-	•	*	-		
_	more, and if the organization meets the	-					
	organization meets the facts-and-circ				· ·		
18	Private foundation. If the organization				•		
				,,	,		(Form 990) 2022

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

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

Se	ction A. Public Support	elow, please comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(12)	(5)====	(-7	(5) = 5 = 5	χ,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(2) = 3 : 3	(2) 20:0	(0) = 0 = 0	(4) = 5 = 1	(0) = 0 = 0	(1)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975					+	
	Add lines 10a and 10b  Net income from unrelated business activities not included on 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.)						<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		. —
_	check this box and stop here	- O 1 D -					
	ction C. Computation of Publi						
	Public support percentage for 2022 (I		•	column (f))		15	%
	Public support percentage from 2021 ction D. Computation of Inves					16	%
	•			: 10!···-· (f)		147	0/
	Investment income percentage for 20					17	%
	Investment income percentage from					18	% 7 is not
198	a 33 1/3% support tests - 2022. If the					-41	
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the		-	•	• •		
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	t <b>op here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14 10	a or 10h check th	nis hox and see in	structions	

232023 12-09-22

# Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

1		Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b			
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b			
3a	1		
3a			
3a			
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	2		
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
3c	3a		
3c			
3c			
4a	3b		
4a			
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	3с		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
4c 5a 5b 5c 6 7 8 8 9a 9b 9c	4a		
4c 5a 5b 5c 6 7 8 8 9a 9b 9c			
4c 5a 5b 5c 6 7 8 8 9a 9b 9c			
5a 5b 5c 6 7 8 9a 9b	4b		
5a 5b 5c 6 7 8 9a 9b			
5a 5b 5c 6 7 8 9a 9b			
5a 5b 5c 6 7 8 9a 9b			
5b	4c		
5b			
5b			
5b			
5b	F-		
5c 6 7 8 9a 9b 9c	5a		
5c 6 7 8 9a 9b 9c	Eh		
6 7 8 9a 9b 9c			
7 8 9a 9b	50		
7 8 9a 9b			
7 8 9a 9b			
7 8 9a 9b			
7 8 9a 9b	6		
9a 9b 9c			
9a 9b 9c			
9a 9b 9c	7		
9a 9b 9c			
9b 9c	8		
9b 9c			
9b 9c			
9c	9a		
9c			
	9b		
10a	9с		
10a			
10a			
	10a		
10b   10b   2000			

232024 12-09-22

Sche	edule A (Form 990) 2022 WATER FOR PEOPLE	84-1166148	8 Pa	age <b>5</b>
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of directors, or trustees at all times during the tay year? If I was it will be a provided in the power to the			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s, effectively operated, supervised, or controlled the organization's activities. If the organization had more than one sup			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amor	,		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion 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 during the year (see in:	structions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental en	ntity (see instruction:	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
b				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

232025 12-09-22 Schedule A (Form 990) 2022

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
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):			
a	Average monthly value of securities	1a		
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-function	ally integrate	d Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022

e Excess from 2022

# Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

**Schedule of Contributors** 

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

name of the organization		Employer identification number					
W	NATER FOR PEOPLE	84-1166148					
Organization type (check	c one):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> 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						
General Rule  For an organization	(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Specia ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tot ny one contributor. Complete Parts I and II. See instructions for determining a contribu	aling \$5,000 or more (in money or					
Special Rules							
sections 509(a)(1 contributor, durin	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support of 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount of EZ, line 1. Complete Parts I and II.	o, and that received from any one					
contributor, durin	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 contributions year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 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 <b>General Rule</b> applies to this organization because it received nonexe religious, charitable, etc., contributions totaling \$5,000 or more during the year							
Caution: An organization	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule	B (Form 990), but it <b>must</b>					

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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page 2

Name of organization Employer identification number

# WATER FOR PEOPLE

84-1166148

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>9,679,468.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 5,520,980.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 2,020,589.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* 1,500,000.	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
5		\$ <u>1,437,419</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 770,349.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **2** 

Name of organization Employer identification number

WATER FOR	PEOPLE	84-116614

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		\$\$	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		\$\$	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
	- Humo, dual coo, and Emily	\$	Person Payroll Ocomplete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

# WATER FOR PEOPLE

84-1166148

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b></b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	

Page 4

Name of organization **Employer identification number** WATER FOR PEOPLE 84-1166148 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Inspection

**Employer identification number** 

Name of the organization WATER FOR PEOPLE

84-1166148

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds o	r Accounts.	Complete if the	е
	Signification anomored 155 Girl Sim 555, Factor, inc	(a) Donor advise	ed funds	(b) Funds a	nd other accour	nts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	vriting that the assets he	eld in donor advised	d funds		
	are the organization's property, subject to the organization's e	exclusive legal control?			Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ac					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?				. Yes	☐ No
Pai	rt II Conservation Easements. Complete if the org					
1	Purpose(s) of conservation easements held by the organizatio	on (check all that apply).				
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of a	historically impo	ortant land area	
	Protection of natural habitat	,	Preservation of a	• •		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contrib	ution in the form of	a conservation	easement on the	e last
	day of the tax year.				d at the End of the	
а	Total number of conservation easements			2a		
b						
С	Number of conservation easements on a certified historic stru					
d	Number of conservation easements included in (c) acquired at					
	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele				ng the tax	
	year		•			
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the peri	odic monitoring, inspec	tion, handling of			
	violations, and enforcement of the conservation easements it	holds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h					ar
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and er	forcing conservation	n easements du	ring the year	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requiremen	ts of section 170(h)	(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation	on easements in its reve	nue and expense st	atement and		
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's	financial statemen	ts that describes	s the	
	organization's accounting for conservation easements.					
Pa	rt III Organizations Maintaining Collections of	Art, Historical Tre	asures, or Oth	er Similar As	sets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	B, not to report in its rev	enue statement and	d balance sheet	works	
	of art, historical treasures, or other similar assets held for public	lic exhibition, education	, or research in furt	herance of publi	С	
	service, provide in Part XIII the text of the footnote to its finance	cial statements that des	scribes these items.			
b	<b>b</b> If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance				ks of	
	art, historical treasures, or other similar assets held for public	exhibition, education, o	r research in furthe	rance of public s	ervice,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			\$ <u></u>		
2	If the organization received or held works of art, historical trea			ain, provide		
	the following amounts required to be reported under FASB AS	SC 958 relating to these	items:			
а	Revenue included on Form 990, Part VIII, line 1	-		\$ <u></u>		
	Assets included in Form 990, Part X			_		
LHA	For Paperwork Reduction Act Notice, see the Instructions				edule D (Form 9	990) 2022

232051 09-01-22

	t III Organizations Maintaining C		t. Histo	orical Tre	asures. or	Other	Simila		Continu		ige Z
3	Using the organization's acquisition, accession								COILLII	ieu)	
3	collection items (check all that apply):	on, and other records	s, crieck	ally of the i	ollowing that	make si	grillicarit	ise of its			
а	Public exhibition	d		l nan or evo	hange progra	m					
b	Scholarly research	e			nange progre						
C	Preservation for future generations	•		Otriei							
4	Provide a description of the organization's co	allections and explain	how th	av furthar th	ne organizatio	n'e even	ant nurno	sa in Dart	YIII		
5	During the year, did the organization solicit o							se iiii ait	AIII.		
3	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrange										140
	reported an amount on Form 990, Pai		יוו נווכ	Gugariizatio	ii alisweled	163 011	1 01111 990	, raitiv,	iii 16 3, 01		
	Is the organization an agent, trustee, custodi		iary for o	contributions	s or other ass	ets not i	ncluded				
	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII								_ 100		, 110
	Troo, oxplain the arrangement in rate xiii	and complete the for	iowing t	abio.					Amount		
c	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on Fe								Yes		No
	If "Yes," explain the arrangement in Part XIII.						•		_		
Par											
		(a) Current year		rior year	(c) Two year		(d) Three y	ears back	(e) Four	vears I	oack
1a	Beginning of year balance	, ,	, ,		, ,		, ,		, ,		
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
·											
f	and programs  Administrative expenses										
	End of year balance										
g 2	Provide the estimated percentage of the curr		line 1	r column (a)	// pold se.				l		
	Board designated or quasi-endowment	•	% %	j, coluitiii (a)	)) Held as.						
a b		%	_′0								
		<sup>70</sup>									
·	The percentages on lines 2a, 2b, and 2c sho	, -									
22	Are there endowment funds not in the posse	•	tion tha	t are hold ar	nd administar	od for th	^				
Ja	organization by:	ssion of the organiza	ilion ina	t are rielu ar	iu auministen	eu ioi iii	5		Г	Yes	No
	-								3a(i)		<del></del>
	(ii) Unrelated organizations								3a(ii)		
h	(ii) Related organizations	tions listed as requir	od on S	chodulo P2							
J A	Describe in Part XIII the intended uses of the								SD		
Par	t VI Land, Buildings, and Equipm	ent.	willelit i	urius.							
	Complete if the organization answere		Part IV	/ line 11a S	see Form 990	Part X	line 10				
	Description of property	(a) Cost or o			or other		ccumulate	<u></u>	(d) Book	volue	
	Description of property	basis (investn			(other)		preciation	iu	(u) book	value	;
	Land	<del>- '</del>		2000	(30.131)	uo					
	Land				-						
	Buildings Leasehold improvements			1 2	5,978.	1	135,9	78.			0.
	Leasehold improvements				5,159.		342,83		62	, 34	
	Equipment Other				5,747.		75,60		220		
	Other						, , , , , ,	-	282		

Schedule D (Form 990) 2022

Schedule D	(Form 990) 2022	WAIER FOR	PEOPLE	04-11001
Part VII	Investments -	Other Securities.		

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

(7) (8)

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

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) Federal income taxes	
(2) PROVISION FOR UNANTICIPATED LOSSES	66,229.
(3) OPERATING LEASE	840,683.
(4) FINANCING LEASE	13,533.
(5)	
(6)	
(8)	
(9)	<u> </u>
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	920,445.

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) 2022

Par	τ χι	Reconciliation of Revenue per Audited Financial Statemer	its with i	Revenue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total	revenue, gains, and other support per audited financial statements			1	32,732,034
2		nts included on line 1 but not on Form 990, Part VIII, line 12:				
а		nrealized gains (losses) on investments		69,328.		
b		ed services and use of facilities		99,219.		
С	Recov	veries of prior year grants	2c			
d	Other	(Describe in Part XIII.)	2d			
е	Add li	nes <b>2a</b> through <b>2d</b>			2e	168,547
3		act line <b>2e</b> from line <b>1</b>			3	32,563,487
4		nts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	275.		
b	Other	(Describe in Part XIII.)	4b			
		nes <b>4a</b> and <b>4b</b>			4c	275.
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	-1- \\^*		5	32,563,762
Pai	τ ΧΙΙ	· ·	ents with	Expenses per F	tetur	n.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total	expenses and losses per audited financial statements			1	36,967,169
2		nts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donat	ed services and use of facilities	2a	99,219.		
b	Prior	year adjustments	2b			
С	Other	losses	2c			
d	Other	(Describe in Part XIII.)	2d			
е	Add li	nes <b>2a</b> through <b>2d</b>			2e	99,219
3	Subtr	act line <b>2e</b> from line <b>1</b>			3	36,867,950
4		nts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	275.		
b	Other	(Describe in Part XIII.)	4b			
		nes <b>4a</b> and <b>4b</b>			4c	275.
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	36,868,225.
		Supplemental Information.				
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	•		; Part :	X, line 2; Part XI,
ines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	tional inform	nation.		
PAF	RT X	, LINE 2:				
FOF	R TH	E YEARS ENDED SEPTEMBER 30, 2023 AND 20	22, WF	'P HAS DOCU	MEN	TED ITS
CON	<u>ISID</u>	ERATION OF FASB ASC 740-10, INCOME TAXE	S, THA	T PROVIDES	GU	IDANCE FOR
REI	PORT	ING UNCERTAINTY IN INCOME TAXES, AND HA	S DETE	RMINED THA	T N	O MATERIAL
JNC	ERT	AIN TAX POSITIONS QUALIFY FOR EITHER RE	COGNIT	ION OR DIS	CLO	SURE IN
ГНЕ	<u>CO</u>	NSOLIDATED FINANCIAL STATEMENTS.				

# SCHEDULE F (Form 990)

# Statement of Activities Outside the United States

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

**Employer identification number** 

Name of the organization WATER FOR PEOPLE 84-1166148 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (f) Total employees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region SUPPORTING SAFE AND CLEAN WATER, SANITATION, AND HYGIENE EDUCATION TO CENTRAL AMERICA AND THE CARIBBEAN 27 PROGRAM SERVICES SCHOOLS AND COMMUNITIES 1,947,182. SUPPORTING SAFE AND CLEAN WATER, SANITATION AND HYGIENE EDUCATION TO SOUTH AMERICA PROGRAM SERVICES SCHOOLS AND COMMUNITIES. 2 23 1,644,435. SUPPORTING SAFE AND CLEAN WATER, SANITATION AND HYGIENE EDUCATION TO SCHOOLS AND COMMUNITIES SOUTH ASIA 30 PROGRAM SERVICES 1,399,815. 1 SUPPORTING SAFE AND CLEAN WATER, SANITATION AND HYGIENE EDUCATION TO SCHOOLS AND COMMUNITIES SUB-SAHARAN AFRICA 105 PROGRAM SERVICES 20,585,878. GRANTS TO RECIPIENTS SOUTH ASIA 0 0 LOCATED IN REGION 309,863. 9 185 25,887,173. 3 a Subtotal **b** Total from continuation 0 sheets to Part I ...... Totals (add lines 3a

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

Schedule F (Form 990) 2022

25,887,173.

and 3b)

185

Part II

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

1 (a) Name of organization	<b>(b)</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, FM\ appraisal, other)
			SUPPORTING SAFE AND					
			CLEAN WATER,					
			SANITATION, AND					
		SOUTH ASIA	HYGIENE EDUCATION TO	45,840.	WIRE	0.		
			SUPPORTING SAFE AND					
			CLEAN WATER,					
			SANITATION, AND					
		SOUTH ASIA	HYGIENE EDUCATION TO	22,808.	WIRE	0.		
			SUPPORTING SAFE AND					
			CLEAN WATER,					
			SANITATION, AND					
		SOUTH ASIA	HYGIENE EDUCATION TO	14,603.	WIRE	0.		
			SUPPORTING SAFE AND					
			CLEAN WATER,					
			SANITATION, AND					
		SOUTH ASIA	HYGIENE EDUCATION TO	212,832.	WIRE	0.		
			SUPPORTING SAFE AND					
			CLEAN WATER,					
			SANITATION, AND					
		SOUTH ASIA	HYGIENE EDUCATION TO	10,442.	WIRE	0.		

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a	ı tax
exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	

	 5
$\blacktriangleright$	C

3 Enter total number of other organizations or entities .....

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 duplic		pace is needed 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)	

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

Schedule F (Form 990) 2022

Page 5

# 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:

THE ORGANIZATION REQUIRES MONTHLY REPORTING FROM EACH FIELD OFFICE, QUARTERLY FORECASTING, PERIODIC GRANT REPORTS, PERIODIC GRANTOR AUDITS, PERIODIC INTERNAL AUDITS AND EXTERNAL AUDITS.

#### PART II, COLUMN (D):

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: SUPPORTING SAFE AND CLEAN WATER, SANITATION, AND

HYGIENE EDUCATION TO SCHOOLS AND COMMUNITIES.

## REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: SUPPORTING SAFE AND CLEAN WATER, SANITATION, AND HYGIENE EDUCATION TO SCHOOLS AND COMMUNITIES.

### REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: SUPPORTING SAFE AND CLEAN WATER, SANITATION, AND HYGIENE EDUCATION TO SCHOOLS AND COMMUNITIES.

# REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: SUPPORTING SAFE AND CLEAN WATER, SANITATION, AND HYGIENE EDUCATION TO SCHOOLS AND COMMUNITIES.

# REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: SUPPORTING SAFE AND CLEAN WATER, SANITATION, AND HYGIENE EDUCATION TO SCHOOLS AND COMMUNITIES.

# **SCHEDULE G** (Form 990)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Open to Public Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization						Employer ide	ntification number
WATER F	OR PEOPLE					84-1166	148
Part I Fundraising Activities required to complete this par	<ul> <li>Complete if the organization answer</li> <li>t.</li> </ul>	ered "Y	es" or	n Form 990, Part IV, li	ne 17	7. Form 990-EZ	filers are not
Indicate whether the organization rais     X Mail solicitations     Internet and email solicitations	sed funds through any of the followir e Solicita	tion of	non-g	Check all that apply. overnment grants nment grants			
c Phone solicitations d In-person solicitations	g X Special	l fundra	ising	events			
<ul> <li>2 a Did the organization have a written of key employees listed in Form 990, F</li> <li>b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the</li> </ul>	art VII) or entity in connection with point or entities (fundraisers) pursu	rofessi	onal fu	undraising services?		Yes	· · · · · · · · · · · · · · · · · · ·
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
A DIRECT SOLUTION - PO BOX		Yes	No			45 506	100
757, MARSTONS MILLS, MA ALLEGIANCE GROUP - PO BOX	MAIL SOLICITATIONS		Х	228,478.		45,706.	182,772.
9132, FARGO, ND 58106	MAIL SOLICITATIONS		х	62,101.		240,208.	-178,107.
				290,579.		285,914.	4,665.
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	or has been notified	it is e	exempt from re	gistration
AL, AK, AZ, AR, CA, CO, CT, MT, NE, NV, NH, NJ, NM, NY,							

232081 10-27-22

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2022

	edul I <b>rt I</b>	Fundraising Events. Complete if the			art IV, line 18, or reported		
		of fundraising event contributions and gr	oss income on Form 990	EZ, lines 1 and 6b. List	events with gross receip	ts greater than \$5,000.	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through	
ne			(event type)	(event type)	(total number)	col. <b>(c)</b> )	
Revenue	1	Gross receipts					
	2	Less: Contributions					
	3	Gross income (line 1 minus line 2)	<u> </u>				
	4	Cash prizes					
m	5	Noncash prizes					
bense	6	Rent/facility costs					
Direct Expenses	7	Food and beverages					
	8	Entertainment	I				
	9	Other direct expenses					
	10	Direct expense summary. Add lines 4 through					
Ds	ırt I						
		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Part IV, line 19, 0	r reported more than		
une –		\$ 10,000 0111 01111 000 EE, III10 00.	(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue					
es	2	Cash prizes					
Expenses	3	Noncash prizes					
Direct E	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	Yes % No	Yes %  No	6		
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)				
	8	Net gaming income summary. Subtract line 7	' from line 1, column (d)				
		ter the state(s) in which the organization condu the organization licensed to conduct gaming a	_			Yes No	
		No," explain:					
		ere any of the organization's gaming licenses re			year?	Yes No	

Schedule G (Form 990) 2022

232082 10-27-22

Sch	edule G (Form 990) 2022 WATER FOR PEOPLE 84-1	ТООТ	.40	Page 3					
11	Does the organization conduct gaming activities with nonmembers?	Y	'es	No					
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed								
	to administer charitable gaming?	Y	'es	No					
13	Indicate the percentage of gaming activity conducted in:								
а	The organization's facility	13a		%					
b	An outside facility	13b		%					
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:								
	Name								
	Address								
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<b> Y</b>	es'	☐ No					
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount								
	of gaming revenue retained by the third party \$								
c	If "Yes," enter name and address of the third party:								
	Name								
	Address								
16	Gaming manager information:								
	Name								
	Gaming manager compensation \$								
	Description of continue provided								
	Description of services provided								
	Director/officer Employee Independent contractor								
17	Mandatory distributions:								
	Is the organization required under state law to make charitable distributions from the gaming proceeds to								
-	retain the state gaming license?	Y	'es	☐ No					
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the								
	organization's own exempt activities during the tax year \$								
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III	rt III, line	s 9, 9	b, 10b,					
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.								
a.c	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	· .							
<u>5C</u>	REDULE G, PART I, DINE 2B, DIST OF TEN HIGHEST PAID FUNDRAISERS	) <b>.</b>							
<u>(I</u>	) NAME OF FUNDRAISER: A DIRECT SOLUTION								
/ T	ADDRESS OF FUNDDATSED. DO DOY 757 MADSHONS MILES MA 06240								
<u>(I</u>	) ADDRESS OF FUNDRAISER: PO BOX 757, MARSTONS MILLS, MA 06248								
_									

Schedule G (Form 990)	WATER FOR PEOPLE	84-1166148 Page 4
Part IV Suppleme	WATER FOR PEOPLE ental Information (continued)	<u> </u>
	Continucaj	
-		

## **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

WATER FOR PEOPLE

Employer identification number 84-1166148 **Questions Regarding Compensation** 

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Independent Consultant ☐ Independent Consultant ☐ Independent ☐ Ind			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:			
a		4a		Х
a h	Receive a severance payment or change-of-control payment?  Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
0				X
·	Participate in or receive payment from an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		
	Tes to any or lines 4a o, list the persons and provide the applicable amounts for each term in that in.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the revenues of:			
а		5a		Х
	The organization?  Any related organization?	5b		X
J	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
6	contingent on the net earnings of:			
_		60		х
a L	The organization?	6a		X
a	Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.	6b		- 21
7				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		Х
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		Λ
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		I

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

Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) MARK DUEY	(i)	193,678.	0.	0.	11,621.	13,910.	219,209.	0.	
CO-CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) SAMSON HAILU BEKELE	(i)	184,940.	0.	0.	0.	25,445.	210,385.	0.	
CO-CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) ABDI DEBELA	(i)	175,096.	0.	0.	10,506.	12,557.	198,159.	0.	
CFO (THROUGH 1/2023)	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) JODY K. DEBS	(i)	173,570.	0.	0.	10,414.	9,204.	193,188.	0.	
CFAO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) KATHERINE WILLIFORD	(i)	139,615.	0.	0.	8,377.	4,649.	152,641.	0.	
CHIEF GROWTH OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Page 2

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

## SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

2022

Open to Public Inspection

84-1166148

Department of the Treasury Internal Revenue Service

Name of the organization

WATER FOR PEOPLE

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

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

Employer identification number

Par	t I Types of Property								
		(a)	(b)	(c)		(d)			
		Check if	Number of	Noncash contri		Method of de		_	
		applicable	contributions or litems contributed	amounts repor Form 990, Part VI		noncash contribu	ition ar	nounts	3
1	Art - Works of art		Terrio certificatea	1 01111 000, 1 411 11	.,o .g				
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	8	31	,056.	FMV			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
.0									
14	Qualified conservation contribution - Other								
	***								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (SOFTWARE ) X 2 204,737.FMV				FMV				
26	Other ( SUPP. & MAT'L )	X	1	85	,738.	FMV			
27	Other ()				•				
28	Other (								
29	Number of Forms 8283 received by the organiz	ration during	the tax vear for co	ontributions					
	for which the organization completed Form 828	-	•		29				
	To Which the organization completed from each	30, r a, r v, D	onee mean					Yes	No
302	During the year, did the organization receive by	, contributio	n any property rep	orted in Part I line	e 1 throug	h 28 that it		103	140
Jua	must hold for at least 3 years from the date of t				-				
	•		•	•			20-		Х
	exempt purposes for the entire holding period?						30a		
	If "Yes," describe the arrangement in Part II.	alias de et e	autico the manier	of any nameter desire	التحالسا ومما	iana?		v	
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  31 X								
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash					37			
	contributions?						32a		_X_
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) fo	a type of property	for which column	(a) is chec	cked,			
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990	).		Schedule M	1 (Forn	n 990)	2022

232141 09-09-22

Schedule M (Form 990) 2022 232142 09-09-22

## SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

WATER FOR PEOPLE

Employer identification number 84-1166148

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
BEEN REPLICATED BY OTHER NGOS AND IS GAINING REGIONAL AND NATIONAL
MOMENTUM. IN 2023, WE DIRECTLY REACHED 192,373 PEOPLE WITH IMPROVED
WATER SERVICES, 480,854 PEOPLE WITH IMPROVED SANITATION SERVICES, AND
226,245 PEOPLE WITH HYGIENE INTERVENTIONS.
•
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
INTERVENTIONS FOR 30,748 PEOPLE ACROSS BOTH EVERYONE FOREVER DISTRICTS
AND ADDITIONAL PARTNER AREAS.
FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:
BOLIVIA, GUATEMALA, HONDURAS, INDIA,
MALAWI, RWANDA, PERU, UGANDA,
TANZANIA
FORM 990, PART VI, SECTION A, LINE 1:
THE EXECUTIVE COMMITTEE ACTS BETWEEN MEETINGS OF THE FULL BOARD OF
DIRECTORS TO CARRY OUT THE BUSINESS OF THE CORPORATION WITH FULL POWERS
OF THE BOARD EXCEPT THE POWER TO CHANGE OR AMEND THE ORGANIZATION'S
BYLAWS. THE EXECUTIVE COMMITTEE CONSISTS OF THE CHAIR, VICE-CHAIR,
TREASURER AND SECRETARY.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 WAS PREPARED BY OUTSIDE ACCOUNTANTS AND FIRST REVIEWED BY

WATER FOR PEOPLE MANAGEMENT STAFF, THEN FORWARDED TO THE FINANCE, AUDIT

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Name of the organization WATER FOR PEOPLE

Employer identification number 84-1166148

RISK COMMITTEE FOR REVIEW AND APPROVAL TO RECOMMEND TO THE EXECUTIVE

COMMITTEE FOR FINAL APPROVAL. THE FORM 990 WAS PROVIDED TO THE FULL BOARD

FOR REVIEW PRIOR TO FILING WITH THE IRS.

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

THE CODE OF CONDUCT APPLIES TO ALL EMPLOYEES, CONTRACTORS, CONSULTANTS, INTERNS, VOLUNTEERS, BOARD MEMBERS OF WATER FOR PEOPLE (WFP), AND ANYONE ACTING AS A REPRESENTATIVE OF WFP. THE CODE INCLUDES THE ORGANIZATION'S POLICY ON CONFLICT OF INTEREST. THE POLICY PROVIDES GUIDANCE ON ENSURING THAT OUTSIDE INTERESTS AND ACTIVITIES DO NOT CONFLICT WITH OBLIGATIONS TO WFP. WFP EMPLOYEES ARE PROHIBITED FROM ABUSING THEIR POSITIONS OF POWER AS A WFP REPRESENTATIVE. WFP PERMITS THE EMPLOYMENT OF QUALIFIED RELATIVES OF EMPLOYEES SO LONG AS SUCH EMPLOYMENT DOES NOT, IN THE OPINION OF WFP CREATE ACTUAL OR PERCEIVED CONFLICTS OF INTEREST. HIRING OF RELATIVES REQUIRES A DISCLOSURE TO THE ORGANIZATION. A CONFLICT OF INTEREST MAY ARISE IF A REPRESENTATIVE OF WFP OR A FAMILY MEMBER HOLDS A FINANCIAL INTEREST IN A PRIVATELY OWNED ENTERPRISE WITH WHICH WFP DOES BUSINESS OR COMPETES. THE CODE ALSO COVERS A RESPONSIBLE PERSON ACCEPTING GIFTS, ENTERTAINMENT OR OTHER FAVORS FROM ANY INDIVIDUAL OR ENTITY DOING OR WANTING TO DO BUSINESS WITH WFP. EACH NEW EMPLOYEE RECEIVES A COPY OF THE POLICY AND ACKNOWLEDGES IN WRITING THAT HE OR SHE HAS DONE SO. THE POLICY INCLUDES CLEAR GUIDANCE ON THE OBLIGATION TO REPORT AND WAYS OF REPORTING VIOLATIONS.

EACH BOARD MEMBER ANNUALLY COMPLETES A CONFLICT OF INTEREST DISCLOSURE

FORM. THE POLICY IS REVIEWED ANNUALLY BY EACH MEMBER OF THE BOARD OF

DIRECTORS. BOARD MEMBERS MUST DISCLOSE INFORMATION RELATIVE TO A CONFLICT

OF INTEREST BEFORE ANY BOARD OR COMMITTEE ACTION ON A CONTRACT OR

TRANSACTION, AND SUCH DISCLOSURE IS REFLECTED IN THE MEETING MINUTES. A

Schedule O (Form 990) 2022 Page 2

Name of the organization WATER FOR PEOPLE

Employer identification number 84-1166148

PERSON WHO HAS A CONFLICT OF INTEREST THAT WILL BE VOTED ON AT A MEETING

MAY NOT VOTE ON THE ISSUE. IN THE EVENT IT IS NOT ENTIRELY CLEAR THAT A

CONFLICT OF INTEREST EXISTS, THE INDIVIDUAL WITH THE POTENTIAL CONFLICT

DISCLOSES IN WRITING, THE CIRCUMSTANCE TO THE BOARD CHAIR OR CEO, WHO

DETERMINES WHETHER THERE IN FACT EXISTS A CONFLICT OF INTEREST THAT IS

SUBJECT TO THIS POLICY.

FORM 990, PART VI, SECTION B, LINE 15A:

THE SALARY OF THE CO-CEOS WERE REVIEWED BY THE EXECUTIVE COMMITTEE. SALARY

DATA WAS SOURCED FROM AN EXTERNAL SALARY SURVEY COMPANY. INCREASES WERE

DETERMINED BASED ON MARKET INFORMATION AND PERFORMANCE CONSISTENT WITH THE

PROCESS FOR THE EMPLOYEE POPULATION. THE PROCESS WAS DOCUMENTED IN THE

MINUTES OF THE BOARD. THIS REVIEW WAS LAST CONDUCTED IN SEPTEMBER 2023 FOR

BOTH CO-CEOS, MARK DUEY AND SAMSON HAILU BEKELE.

THE SALARIES OF OTHER OFFICERS, KEY EMPLOYEES AND TOP MANAGEMENT OF THE

ORGANIZATION ARE REVIEWED ANNUALLY BY THE CEO. SALARY DATA WAS SOURCED FROM

AN EXTERNAL SALARY SURVEY COMPANY. INCREASES WERE DETERMINED BASED ON

MARKET INFORMATION AND PERFORMANCE CONSISTENT WITH THE PROCESS FOR THE

EMPLOYEE POPULATION. THIS REVIEW WAS LAST CONDUCTED IN SEPTEMBER 2023.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT

VA, WV, WI

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THE

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** WATER FOR PEOPLE 84-1166148 FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE. FORM 990, PART VI, SECTION A, LINE 1: ELEANOR ALLEN WAS CEO OF WATER FOR PEOPLE UNTIL 06/03/2022 AT WHICH POINT SHE STEPPED DOWN FROM HER ROLE AND BEGAN SERVING AS CHAIR OF THE BOARD. THE COMPENSATION REPORTED ON PART VII WAS ALL RELATED TO HER ROLE AS CEO AND UNRELATED TO HER DUTIES AS BOARD CHAIR. FORM 990, PART XI, LINE 8 DURING THE AUDIT FOR THE FISCAL YEAR 2023, \$300,000 OF REVENUE WAS IDENTIFIED AS FISCAL YEAR 2022 REVENUE BUT WAS RECORDED IN FISCAL YEAR 2023. AN ADJUSTMENT HAS BEEN POSTED TO ACCOUNT FOR THIS ERROR.