			EXTENDED TO FEBRUARY 15, 2 Return of Organization Exempt From		OMB No. 1545-0047
Form 990			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		2021
			Do not enter social security numbers on this form as it many first of the international security numbers on this form as it many first of the international security numbers on this form as it many first of the international security numbers on this form as it many first of the international security numbers on this form as it many first of the international security numbers on this form as it many first of the international security numbers on this form as it many first of the international security numbers on the int		
	rtment of th al Revenue		Go to www.irs.gov/Form990 for instructions and the la		Open to Public Inspection
AF	or the 2	021 calenda		g MAR 31, 2022	
	beck if pplicable:	C Name of	organization	D Employer identificat	tion number
	Address change	WATE	RAID AMERICA INC		
	Name change	Doing bu	isiness as	30-0181674	<u> </u>
	Initial return Final return/		and street (or P.O. box if mail is not delivered to street address) Room/ BROADWAY 2705	Suite E Telephone number 212-683-04	130
	termin- ated		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	24,856,015.
	Amended return	-	YORK, NY 10279	H(a) Is this a group retu	rn
	Applica-		nd address of principal officer: LOUISE KELLY PARSONS	for subordinates?	Yes X No
	pending		AS C ABOVE	H(b) Are all subordinates inclue	ded? Yes No
			X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or	527 If "No," attach a lis	t. See instructions
			WATERAID.ORG	H(c) Group exemption r	
			X Corporation ☐ Trust ☐ Association ☐ Other ► L	Year of formation: 2003 M S	itate of legal domicile: DE
Pa		Summary		DENNERODME TTU	
e			e the organization's mission or most significant activities: WATERAII NG ACCESS TO CLEAN WATER,HYGIENE, AN:		THE
Governance	I —				
/ern			if the organization discontinued its operations or disposed of i		s. 14
g	1		ing members of the governing body (Part VI, line 1a) ependent voting members of the governing body (Part VI, line 1b)		14
<u>مە</u>			of individuals employed in calendar year 2021 (Part V, line 2a)		29
ties			of volunteers (estimate if necessary)		14
Activities &				7a	0.
				7b	0.
			, , , , , , , , , , , , , , , , , , , ,	Prior Year	Current Year
	8 Co	ontributions	and grants (Part VIII, line 1h)	17,535,638.	24,827,258.
Revenue	9 Pr	ogram servi	ce revenue (Part VIII, line 2g)	0.	0.
eve	10 Inv	vestment inc	ome (Part VIII, column (A), lines 3, 4, and 7d)	24,098.	24,746.
£	11 Ot	ther revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,801.	4,011.
	12 To	otal revenue	add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,562,537.	24,856,015.
	13 Gr	rants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	10,739,540.	18,091,048.
	14 Be	enefits paid t	o or for members (Part IX, column (A), line 4)	0.	0.
es	15 Sa		compensation, employee benefits (Part IX, column (A), lines 5-10)	2,753,710.	3,843,428.
Expenses	16a Pr	ofessional fu	Indraising fees (Part IX, column (A), line 11e)	0.	0.
ă	b To		ng expenses (Part IX, column (D), line 25) • 902, 103.		1 466 022
			es (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>1,567,417.</u> 15,060,667.	<u>1,466,933.</u> 23,401,409.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,501,870.	1,454,606.
or		evenue less	expenses. Subtract line 18 from line 12	Beginning of Current Year	
sts o ance	20 To	ntal accote /E	Part X, line 16)	10,837,204.	End of Year 16,422,746.
t Assets od Balanc	20 TO		'art X, line 16) (Part X, line 26)	4,968,655.	9,137,525.
Net.			fund balances. Subtract line 21 from line 20	5,868,549.	7,285,221.
Pa	art II	Signature		- ,	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best				atements, and to the best of my kn	owledge and belief, it is
		and complete.	Declaration of preparer (other than officer) is based on all information of which pre		
		Lelly F	a KS ANA S		
Sig	n	Signature	₩ef-officer	Date 1/30/2	023
Hor	~ `		SE KELLY PARSONS, CEO		

11010			
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	HARRISON PEREIRA	Warrison Pereira	Date Check PTIN 01/16/23 self-employed P00746867
Preparer	Firm's name TAIT , WELLER & B	AKER LLP	Firm's EIN ▶ 23-1144520
Use Only	Firm's address 50 SOUTH 16TH ST	REET, SUITE 2900	
	PHILADELPHIA, PA	19102	Phone no. 215-979-8800
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions	X Yes No
132001 12-0	9-21 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.	Form 990 (2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	n 990 (2021) WATERAID AMERICA INC	30-0181674 Page 2
Pa	rt III 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:	
	WATERAID TRANSFORMS LIVES BY IMPROVING ACCESS TO CLEAN WA	<u> </u>
		K WITH LOCAL
	PARTNERS AND INFLUENCE DECISION-MAKERS TO MAXIMIZE OUR IM	PACT.
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	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?	Yes X No
	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 m	
	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. (Code:) (Expenses \$ 19,194,285. including grants of \$ 18,091,048.) (Revenue	
4a	(Code:) (Expenses \$ 19,194,285. including grants of \$ 18,091,048.) (Revenue AS PART OF THE GLOBAL WATERAID FEDERATION, WATERAID AMERIC	
	THROUGH PARTNERS AROUND THE WORLD TO ENABLE MORE THAN 1 M	
	TO ACCESS ESSENTIAL WATER, SANITATION AND HYGIENE SERVICE.	
	APPROPRIATE, INTEGRATED, AND SUSTAINABLE. HERE IN THE US,	
	AMERICA ALSO ADVOCATED TO DONORS AND NATIONAL GOVERNMENTS	
	HIGHER PRIORITY AND RESOURCES TO THE PROVISION OF WATER,	
	HYGIENE EDUCATION, PARTICULARLY FOR THE POOREST AND MOST	
	COMMUNITIES.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
	·	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses > 19,194,285.	/
		Form 990 (2021)
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WATERAID AMERICA INC Form 990 (2021) Part IV Checklist of Required Schedules 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 3 public office? If "Ves " complete Schedule C Part I

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

	,,,,,,,,,
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
6	

	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 Schedule D, Part III

9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?
	If "Yes," complete Schedule D, Part IV

or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X, 11 as applicable.

Did the organization, directly or through a related organization, hold assets in donor-restricted endowments

а	Did the organization report an amount for land, buildings, and equipment in Part A, line 10? If "Yes," complete Schedule D,
	Part VI
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 162, If "Voo " complete Schodule D, Part VIII

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

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

е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
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
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete
	Schedule D, Parts XI and XII
b	Was the organization included in consolidated, independent audited financial statements for the tax year?

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000

	of more? If "Yes," complete Schedule F, Parts I and IV
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any
	foreign organization? If "Yes," complete Schedule F, Parts II and IV
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions
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

		-
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	Ŀ
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	2
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	2

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Yes

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No

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11f	X	
12a	х	
12b		x
13		X X
14a	Х	
14b		
15	x x	
16		<u>x</u>
17		x
18		x
19		x x
20a		X
20b		
21		x
Form	990	(2021)
	31	62.0

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Pa	t IV Checklist of Required Schedules (continued)			
00			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
20	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		<u> </u>
	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	24c		
Ь	any tax-exempt bonds?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	210		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			х
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		
21	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
	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	28c		х
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
54	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
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		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> " <i>Yes</i> ," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
00	· · · ·	38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
		,	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1a 1a 1b 1b	7		
b c	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
U	(gambling) winnings to prize winners?	1c		
132004	9 12-09-21		990	(2021)
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2021.05030 WATERAID AMERICA INC

2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 29 Ves No 2 If all estimation in the use of each of the all equated bedreal employment tax returns? 29 X Note: If the sum of thes 1 and 2 is ig state than 250, you may be required to <i>e</i> , <i>ebs</i> . See instructions. 28 X 3 Data the organization have uncelled balances of soil no one each migh the yea? 28 X 4 A tax yim during the cellending year, did the organization have an integers on other authority or <i>a</i> , financial account? 28 X 5 If '''''s, '''rest'' the might of the second to be any to a provide tax stepter transaction at any to a provide tax stepter transaction at any to a provide tax stepter transaction or any to a provide tax stepter transaction any to any to a provide tax stepter transaction any to any to any to any to any tot any to any tot any tot any to any provide tax stepte		990 (2021) WATERAID AMERICA INC 3	0-01816	74	Р	_{age} 5
2a Enter the number of employees reported on Form W.3. Transmittation VMage and Tax Statements. 2a 2a X bit at least one is reported on line 2a, dd the organization file all required federal employment tax returns? 2b. X X 3a Data on Others 1 and 02 to sepast the 23 by curving be required foreign seminations. 3a X 3b Data the organization have unveloted numbers gross incores of 31,000 or none aurgination on Schedule O 3a X 3b Data the organization have unveloted numbers gross incores of 31,000 or none aurgination on Schedule O 3a X 3b Data the organization have an optimation have an integer to a significance or ther authority over, a francel account? 3a X 3c Na the organization in a form on point for 10,000, and the organization in a form on the number of the organization in a form on point tax in the arrest in a significant on a form on a significant on a form on a significant on a form on the significant on a form of the organization in a form on tax in the arrest in a significant on a form on a significant on a form of the organization in a form on a significant on a form of the organization in form on tax in the arrest in a significant on a form of the organization in a significant on a form of the organization in a dark of the organization in a significant on a form of the organization in a form of the organization in a significant on a s	Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
The fact the calendar year anding with or within the year covered by this return 29 2 Note: If the sum of lines 1 and 2 is greater than 250, you may be required to exits. See instructions: 3 3 30 bit the organization have unreaded buarses gross and to covere 4 \$1000 more alung the year? 30 30 41 A lary time during the calendar year, do the organization have an interest in, or a signitude or other authority over, a financial account's profile account, a contine account, and the financial account's FBA00 30 51 If 'Yes,'' has it filled a Form 390-T for hits year? <i>it</i> 'No' to fine 30, provide an explanation or Schedule 0 49 X 52 If 'Yes,'' has it filled a Form 390-T for hits year? <i>it</i> 'No' to fine 30, provide an explanation accounts of FBA00 50 X 54 If 'Yes,'' return the name of the foregr country > NTCCARROUX, CCCARDANIX Accounts FBA00 50 X 54 If 'Yes,'' return the said or 50, do the organization that 'ware or the account's provide the schedule account's provide the schedule account's provide the schedule account's provide the schedule account's provide the account's provide t	0-	Enter the number of employees reported on Ferm W/2. Transmittel of Wess and Tay Statements	Г		Yes	No
b It at east one is reported on time 2a, did the organization the all required to e.d.s. So instructions. gb X 3a Det the organization have unrelated business gross income 651,000 or more during the year? gb Xa 4a A any time during the calendar year, did the organization have an infrare in to a signature or other submay over, a time during the calendar year, did the organization have an infrare in the association or other shandard and the organization have an infrare in the association or other mandel account? gb Xa b If "vise", is intent the name of the organization in the association or other mandel account? ga Xa b If "vise", intent the organization in the account, a teamine account, or other mandel account? ga Xa b Vise the instructions for film group memory by NECARAGUA, COLOMBIA Ga Xa b Vise the instructions for film group memory by NECARAGUA, COLOMBIA Ga Xa c Vise the instructions for film group memory by the organization film the asy part? Ga Xa c Vise the instructions film argument in the set off film the angenization film film the angenization film the asy part? Ga Xa d Vise, 'indicate ne number of extent 8867 Ga Xa d	Za		2.9			
Note: The sum of lines 1 and 2a is greater than 250, you may be required to ex_da. See instructors. Image: Second 1 and 1 a	b			2b	х	
3a Dd the organization have unrelisted business gross income of \$1,000 ar more during the year? 3a 3a <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td></td<>						
4 A Aray time during the calendary year, did the organization have an interest in, or a signature or other stunding over, a francial account of the foreign acountry (such as a bank account scurtes account) or other functional accounts (FBAR) 4 X b If Year, "enter the name of the foreign nountry > NICEARAGUA , COLOMBIA 5a 6a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 6a Uses the organization have arround greats receipts that are normally greater than \$100,000, and did the organization solit, any contributions that were not acclutable as a charable contributions? 5a 7b Organizations that may no tax deductable as charable contributions? 7a X 7b Organization solit are approximation include with every solicitation an express statement that such contributions or gifts were not tax deductables and handbe contributions? 7a X 7b Organization solit are provided to the party? 7a X 7b Uf the organization noticitie with every solicitation an express statement that such contributions or gifts were not tax deductables and handbe contribution and propenty for which I was required to the part? 7a X 7b Uf the organization noticitie with every solicitation in express statement that such contribution and propenty or which I was required to the part? 7a X 7b Uf the organization noticitie with every solicitation in express provided? 7a X 7b Uf the organization noticitie solution or gifts? 7a X 7b Uf the organization notici	3a			3a		Х
In trace, include scouth is dreign county (such as a bank account, count or other financial account); 4a X In trace, include the name of the longin county, PMICARAGUA, COLOMBIA 5a	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		
b TYes," enter the name of the toreign country. ► NICRARGUA. COLOMB IA. 58 Was the organization a party to a prohibited tax sheft transaction at any time during the tax year? 58 59 Was the organization aparty to a prohibited tax sheft transaction? 56 50 Did any taxable party notify the organization in form 888-17 56 50 Did any taxable party notify the organization in form 888-17 56 61 Does the organization have annual gross receipts that are normally greater than \$100.000, and did the organization solid any contributions that ween or tax doctactible or charable contributions? 56 7 Organization subta may receive deductible contributions under section 170(c). 60 8 If "Yes," indit the organization include with every solicitation an express statement that such continbution ar grifts were not tax doctactibles or the value of the good or services proided? 76 7 Did the organization sective a payment in excess 0 \$75 male party as a contribution and party for social and senteness provided to the payor? 7a 8 Did the organization receive a contribution or griftery. 7a X 7 Tys," indicate the number of Forms \$282 filed during the year 7d 7a 8 Did the organization receive a contribution of quarks on the value of the goonization file an Form 1098-C? 7n X 9 Did the organization receive a contribution of anos, b	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	a			
See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FRAT) Sa X b Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction at any time during the tax yea? Sa X b Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction? Sa X b Did any taxable party notify the organization the form 8880-17. Sa X b Dif Ves, " (in the organization total goos cellation an express statement that such contributions orgits were not tax deductible? Sa X b Dif Ves, " (in the organization total with every solicitation an express statement that such contributions orgits were not tax deductible? Sa X b Dif Ves, " (in the organization notify the donor of the value of the pools or services provided? Ta X c Dif the organization needwa any funds, directly or indirectly, to pay premiums on a personal beneft contract? Ta X d Did the organization needwa tany funds, directly or indirectly, to pay premiums on a personal beneft contract? Ta X d Did the organization needwa any funds, directly or indirectly, to pay premiums on a personal beneft contract? Ta X d Dif the sognaziton medwa any funds, directly or indirectly, to pay premiums on a personal beneft contract? Ta X <td< td=""><td></td><td></td><td> L</td><td>4a</td><td>X</td><td><u> </u></td></td<>			L	4a	X	<u> </u>
5a Most the organization a party to a prohibited tax sheller transaction? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction? 5a X 6a Does the organization have amound gross neopits that are normally greater than \$100,000, and did the organization solid any contributions fait were not tax debutbles a charlable contributions? 5a X 6a Does the organization include with every solicitation an express statement that such contributions or gifts were not tax debutble is a charlable contributions? 6a X b If Yes, 'idd the organization neider againstation end the value of the part of the value of the part of the organization end the part of the value of the part of the organization end the part of the organization end the part of the value of the part of the organization end the part of the value of the part of the organization end the part of the part of the organization end the part of the organization end the part of the part o	b		I			
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b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a vote: See the instructions for additional information the organization must report on Schedule O. 13b 13a 14a b Enter the amount of reserves on hand 13b 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 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 <	11	Section 501(c)(12) organizations. Enter:				
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 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? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization and clust function of an excise tax under section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 I7 I7 I8 I8 I9 I9 <tr< td=""><td>b</td><td>Gross income from other sources. (Do not net amounts due or paid to other sources against</td><td></td><td></td><td></td><td></td></tr<>	b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
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If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 16 "Yes," complete Form 6069. 132005 12-09-21 5		If "Yes," see the instructions and file Form 4720, Schedule N.				
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activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069. 7 132005 12-09-21 5						
If "Yes," complete Form 6069. Form 990 (2021) 132005 12-09-21 5	17					1
132005 12-09-21 5 Form 990 (2021)			····· -	17		
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WATERAID AMERICA INC 30-0181674 Page 6 Form 990 (2021) 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 14 **1a** Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. 14**b** Enter the number of voting members included on line 1a, above, who are independent 1h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 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 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 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? х 7b 8 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 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the х organization's mailing address? If "Yes." provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? х 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? 10b 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? х 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 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a а Х 15b b Other officers or key employees of the organization 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? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, AZ, CA, CO, CT, DC, FL, GA, HI, IL 17 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 18 for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request ___ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 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 20 CADRIA HIBBERT - 212-683-0430 233 BROADWAY SUITE 2705, NEW YORK, NY 10279 SCHEDULE O FOR FULL LIST OF SEE STATES Form 990 (2021) 132006 12-09-21

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2021.05030 WATERAID AMERICA INC

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Form 990 (2021) WATERAID AMERICA INC	30-0181674	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Con	mpensated	
Employees, and Independent Contractors		
Check if Schedule O contains a response or note to any line in this Part VII		
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending w	vith or within the organization's	s tax year.
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardent -0- in columns (D), (E), and (F) if no compensation was paid.	ardless of amount of compensation	ation.
• List all of the organization's current key employees, if any. See the instructions for definition of "key employees, if any.	oyee."	
• List the organization's five current highest compensated employees (other than an officer, director, trustee able compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the o		
• List all of the organization's former officers, key employees, and highest compensated employees who red	ceived more than \$100,000 of	

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

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

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

(A) Name and title	(B) Average hours per week	box	not c , unles	ss per	itior more rson i	than o s both r/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) KELLY PARSONS	40.00									
CEO	40.00			Х			K	256,000.	0.	4,557.
(2) MARGARET COHEN MANAGING DIRECTOR, DEVELOPMENT	40.00					x		142,000.	0.	34,549.
(3) SARAH DOBSEVAGE	40.00							112,0001		51,5150
MANAGING DIRECTOR, PARTNER						x		142,000.	0.	15,530.
(4) KATHERINE CRIDER	40.00									
CHIEF OF STAFF						X		122,692.	0.	34,659.
(5) EMILY HAILE	40.00									
DIRECTOR OF MARKETING & COMMUNICATIO						X		123,165.	0.	33,419.
(6) ELIZABETH MARCEY	40.00									
DIRECTOR OF POLICY AND ADVOCACY						X		141,000.	0.	4,801.
(7) ROMAIN BROSEUS	40.00									
DIRECTOR GRANTS & COMPLIANCE						X		140,701.	0.	175.
(8) JAMES O'SULLIVAN	40.00									
CFO				Х				136,583.	0.	0.
(9) MARC ROBERT	2.00									
CHAIR				Х				0.	0.	0.
(10) DESMOND G. FITZGERALD	2.00								0	
VICE-CHAIR	0.00			Х				0.	0.	0.
(11) SARAH RYERSON	2.00							•	0	
TREASURER	2 00			Х				0.	0.	0.
(12) ROYA S. MALEKIAN	2.00			77				0	0	0
SECRETARY (13) CHRISTINA BRENNER	2.00			Х				0.	0.	0.
DIRECTOR	2.00	х						0.	0.	0.
(14) DANIEL LISK	2.00							0.	0.	0.
DIRECTOR	2.00	х						0.	0.	0.
(15) ANDREW C. TOWLE	2.00									<u>0.</u>
DIRECTOR		х						0.	0.	0.
(16) MARC ZIMMER	2.00									
DIRECTOR		x						0.	0.	0.
(17) JAMES HUNT	2.00									
DIRECTOR		х						0.	Ο.	0.
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Form **990** (2021)

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Form 990 (2021) WATERAID	AMERICA	I	NC					30-0181	674 Page 8
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,			est C	ompensated Employee	s (continued)	
(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average	(do		Positi	iON ore thai	none	Reportable	Reportable	Estimated
	hours per	box	, unles	ss perso	on is bo	oth an	compensation	compensation	amount of
	week		Jer an	d a dire	ector/tru	istee)	from	from related	other
	(list any hours for	recto					the	organizations	compensation
	related	or di	ee		ated		organization	(W-2/1099-MISC/	from the
	organizations	ustee	trust		ee		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		st con	yee	,		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee Highest compensated	Former			organizationio
(18) KIT KRUGMAN	2.00	_			<u> × + '</u>	a II.			
DIRECTOR		х					0.	0.	0.
(19) ANAND PAREKH	2.00								
DIRECTOR	2.00	х					0.	0.	0.
(20) NAM HEE KIM	2.00	Δ					0.	0.	0.
DIRECTOR	2.00	х					0.	0.	0.
(21) PAOLO BELFIGLIO	2 00	Λ			_		0.	0.	0.
,	2.00	37							0
DIRECTOR	0.00	Х					0.	0.	0.
(22) RASHMI GUPTA	2.00								•
DIRECTOR		Х					0.	0.	0.
(23) CHARLOTTE E. AMMOURI	2.00							· · ·	-
DIRECTOR		Х					0.	0.	0.
(24) SARAH L TIMPSON	2.00								
DIRECTOR		Х					0.	0.	0.
(25) CATHERINE LUZIO	0.50								
DIRECTOR		Х				K	0.	0.	0.
(26) E. ROBERT MEANEY	2.00								
DIRECTOR		Х					0.	0.	0.
1b Subtotal							1,204,141.	0.	127,690.
c Total from continuation sheets to Part VI							0.	0.	0.
d Total (add lines 1b and 1c)							1,204,141.	0.	127,690.
2 Total number of individuals (including but no						ho re		000 of reportable	
compensation from the organization							· · · · · · · · · · · · · · · · · · ·	I	6
				$\overline{}$					Yes No
3 Did the organization list any former officer,	director, truste	ee, k	ev e	mplo	vee. o	or hic	hest compensated emp	lovee on	
line 1a? If "Yes," complete Schedule J for su					-	-		•	3 X
4 For any individual listed on line 1a, is the su									
and related organizations greater than \$150								-	4 X
5 Did any person listed on line 1a receive or a									
rendered to the organization? If "Yes." com					•		•		5 X
Section B. Independent Contractors	<u>olete Schedule</u>	2 J 10	or su	<u>ICH DE</u>	erson				5 11
1 Complete this table for your five highest cor	popertod ind		ndor	nt con	tract	ore th	hat received more than	100 000 of component	tion from
. , , ,		•						· ·	
the organization. Report compensation for t	ne calendar ye	ear e	nuir	ig wit					(0)
(A) Name and business	address	мc	ONE	,			(B) Description of s	services C	(C) Compensation
		INC	JINT	2			Booonption of t		
2 Total number of independent contractors (ir	•	ot lin	nitec	to th	-	isted	above) who received m	ore than	
\$100,000 of compensation from the organiz	ation 🕨				0				
									Form 990 (2021)

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			2021) WATERAII) AMER	ICA INC			30-0181	674 Page 9
Ра	rt V	/111							
			Check if Schedule O contains a	i response d	or note to any lin	<u>e in this Part VIII …</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f	1f 1g \$	4,247,594. 20,579,664.	24,827,258.			
0 0		h	Total. Add lines 1a-1f	<u></u>	Business Code	24,027,230.			
Program Service Revenue	2	b c d e							
ā			All other program service revenue						
	3 4		Total. Add lines 2a-2f Investment income (including divide other similar amounts) Income from investment of tax-exer	ends, intere	st, and roceeds	24,746.	9		24,746.
		b c	Gross rents6aLess: rental expenses6bRental income or (loss)6c	(i) Real	(ii) Personal	2			
nue	7	a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	Securities	(ii) Other				
evenue			Gain or (loss) 7c						
Other R			Net gain or (loss) Gross income from fundraising events (including \$ contributions reported on line 1c). \$ Part IV, line 18	of See 8a					
			Less: direct expenses						
	9	а	Net income or (loss) from fundraisin Gross income from gaming activitie Part IV, line 19	s. See 9a	····· •				
			Less: direct expenses						
	10	а	Gross sales of inventory, less return and allowances	ns 10a					
			Net income or (loss) from sales of ir		>				
Miscellaneous Revenue	11	а	MISCELLANEOUS		Business Code 561499	4,011.			4,011.
ellaneo: evenue		b c							
lisce Re			All other revenue						
Σ			Total. Add lines 11a-11d		►	4,011.			
	12		Total revenue. See instructions		►	24,856,015.	0.	0.	28,757.
13200	9 12-	09-	21						Form 990 (202 ⁻

Form 990 (2021) WATERAID AMERICA INC Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do the include and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Total expenses Program service expenses Management and general expenses Func 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Imagement and foreign organizations, foreign governments, and foreign organizations, foreign governments, and foreign organization of current officers, directors, trustees, and key employees 18,091,048. 18,091,048. 18,091,048. 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 417,767. 108,237. 255,304. 9 7 Other salaries and wages 2,806,6666. 615,956. 1,806,922. 36 8 Pension plan accruals and contributions (include section 4058(r)(1)) and persons described in section 4958(c)(3)(B) 2,806,6666. 615,956. 1,806,922. 36 9 Other employee benefits 359,018. 93,017. 219,400. 42 413,549. 55,327. 130,503. 413,549. 413,549. 413,549. 413,549. 413,549. 413,549. 413,549. 413,549. 413,549. 413,549. 413,549. 413,549. 413,549. 413,549. 413,549. 413,549. 413,549.	(D) draising benses 54,226. 83,788.
Do that include almounts reported on lines 60, Total expenses Program service expenses Management and general expenses Function of the expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 1	draising benses 54,226.
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 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 4958(c)(3)(B) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management	54,226.
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 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan acruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management	
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7 Other salaries and wages 2,806,666. 615,956. 1,806,922. 38 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 46,428. 12,029. 28,373. 9 Other employee benefits 359,018. 93,017. 219,400. 400. 10 Payroll taxes 213,549. 55,327. 130,503. 200. 11 Fees for services (nonemployees): 400. 400. 400. 400. 11 Management 400. 400. 400. 400. 400.	83,788.
 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 359,018.93,017.219,400.4 10 Payroll taxes 213,549.55,327.130,503.2 11 Fees for services (nonemployees): a Management 46,428.12,029.28,373. 	<u></u>
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10 Payroll taxes 213,549. 55,327. 130,503. 2 11 Fees for services (nonemployees):	6 026
10 Payroll taxes 213,549. 55,327. 130,503. 2 11 Fees for services (nonemployees):	<u>6,026.</u> 46,601.
11 Fees for services (nonemployees): a Management	<u>40,001.</u> 27,719.
a Management	27,719.
a Management	
b Legal 76,387. 15,598. 49,605.	<u>11,184.</u> 6,151.
c Accounting 42,009. 8,578. 27,280.	<u>6,151.</u>
d Lobbying	
e Professional fundraising services. See Part IV, line 17	
f Investment management fees	
g Other. (If line 11g amount exceeds 10% of line 25,	
column (A), amount, list line 11g expenses on Sch 0.) 329,521. 67,286. 213,989.	48,246.
12 Advertising and promotion	
13 Office expenses 325,777. 27,957. 274,083. 2	23,737.
14 Information technology 58,992. 10,506. 39,566.	23,737. 8,920.
15 Royalties	
16 Occupancy 212,150 37,783 142,287 37	32,080.
	14,724.
	11,7210
18 Payments of travel or entertainment expenses	
for any federal, state, or local public officials	
19 Conferences, conventions, and meetings	
20 Interest	
21 Payments to affiliates	2 005
22 Depreciation, depletion, and amortization 20,405. 3,634. 13,686.	3,085.
23 Insurance 1,422. 253. 954.	215.
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 0.)	
a <u>COMMUNICATION AND OUTRE</u> 285,786. 4,330. 60,989. 22	20,467.
b DUES, SUBSCRIPTIONS & S 66,973. 27,909. 24,130.	14,934.
c	
d	
e All other expenses	
	02,103.
26 Joint costs. Complete this line only if the organization	5272030
reported in column (B) joint costs from a combined	
advectional comparian and fundraising calibration	
educational campaign and fundraising solicitation.	
Check here Fillowing SOP 98-2 (ASC 958-720)	m 990 (2021

2021.05030 WATERAID AMERICA INC

10

Form 9 Part		2021) WATERAID AMERI Balance Sheet	CA I	NC		30-	0181674 Page 11
		Check if Schedule O contains a response or not	e to anv	line in this Part X			
			c to any		(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			7,740,976.	1	13,834,378.
	2	Savings and temporary cash investments			421,223.	2	445,795.
	3	Pledges and grants receivable, net		2,270,586.	3	1,773,014.	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualit		l l			
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net		ſ		7	
Assets	8	Inventories for sale or use				8	×
As	9	_			276,142.	9	233,423.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	281,302.			
	b		10b	207,401.	66,042.	10c	73,901.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line ⁻	[13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			62,235.	15	62,235.
	16	Total assets. Add lines 1 through 15 (must equa	al line 33	3)	10,837,204.	16	16,422,746.
	17	Accounts payable and accrued expenses			708,157.	17	558,680.
	18	Grants payable			3,748,751.	18	8,072,937.
	19	Deferred revenue			511,747.	19	505,908.
:	20	Tax-exempt bond liabilities				20	
:	21	Escrow or custodial account liability. Complete I	Part IV o	f Schedule D		21	
se	22	Loans and other payables to any current or form					
liti		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
:	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines					
	~~	of Schedule D			4,968,655.	25	9,137,525.
	26	Total liabilities. Add lines 17 through 25		▶ ▼	4,900,055.	26	9,137,323.
s		Organizations that follow FASB ASC 958, che	ск nere				
DCe /	07	and complete lines 27, 28, 32, and 33.			1,652,782.	07	3,049,056.
ala	27 20				4,215,767.	27 28	4,236,165.
d B	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 9		ak hara	4,213,707.	20	4,230,103.
۳.		-	56, cheo				
٦,	20	and complete lines 29 through 33. Capital stock or trust principal, or current funds				29	
ets	29 30	Paid-in or capital surplus, or land, building, or ec				30	
Ass	30 31	Retained earnings, endowment, accumulated in		ſ		30	
	31 32	Total net assets or fund balances		r	5,868,549.	32	7,285,221.
	33	Total liabilities and net assets/fund balances			10,837,204.	33	16,422,746.
				·····			Form 990 (2021)

132011 12-09-21

Form	990 (2021) WATERAID AMERICA INC	30-0	181674	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,850		
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,403		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,454		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,868	3,5	<u>49.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	- 3'	7,9	34.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	7,28	5,2	21.
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	0.			77
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate) basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	,		37	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
•	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin		0	х	
	Act and OMB Circular A-133?		3a	<u> </u>	
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit	01-	х	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b Form		(0001)
			Form	550	(2021)

SCHEDULE A		Dublic Cha	rity Status an	d Duk	slic Su	innort		OMB No. 1545-0047
(Form 990)			ization is a section 501					2021
		494	47(a)(1) nonexempt cha	ritable tru	ıst.			
Department of the Treasury Internal Revenue Service			Attach to Form 990 or F //Form990 for instruction			formation		Open to Public Inspection
Name of the organizati					ie ialest ii	normation.	Employer	identification number
_	WATE	RAID AMERI	CA INC				3	0-0181674
Part I Reason	for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	is.	
The organization is not a	a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1 A church, co	nvention of chu	urches, or associatio	n of churches described	in sectio	on 170(b)(1)(A)(i).		
			Attach Schedule E (Forn					
	-		nization described in se			-		
		ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	.)(III). Enter	the hospital's name,
city, and stat 5 An organizati	-	or the benefit of a col	lege or university owned	or operat	ed by a do	vernmentalu	nit describe	d in
	-	Complete Part II.)	loge of aniversity evines	or operat	ou by u go			
			nental unit described in	section 17	70(b)(1)(A)	(v).		
7 🛛 An organizati	on that normal	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from t	ne general p	oublic described in
section 170(b)(1)(A)(vi). (C	omplete Part II.)						
			1)(A)(vi). (Complete Par	-				
		•	in section 170(b)(1)(A)(· · ·		•	U U
	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
university:	on that normal	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	s membersh	nin fees and	d gross receipts from
			t to certain exceptions; a					
			(less section 511 tax) fro					
See section	509(a)(2). (Cor	mplete Part III.)						
11 An organizati	on organized a	and operated exclusi	vely to test for public sa	ety. See	section 50)9(a)(4).		
-	-	-	vely for the benefit of, to	· · · · · ·			-	
		-	d in section 509(a)(1) o					Check the box on
	-	•••	f supporting organizatior upervised, or controlled				-	nivina
			gularly appoint or elect a					
	-	complete Part IV, Se						
			or controlled in connect	ion with it	s supporte	d organizatio	n(s), by hav	ing
control or r	nanagement o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	oorted
<u> </u>	. ,	t complete Part IV,						
	-	-	g organization operated				lly integrate	d with,
	0		 You must complete I orting organization oper 				rtad argania	vation(a)
	-		ation generally must sat				-	
			nplete Part IV, Sections					
	-		written determination fro				II, Type III	
functionally	integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.			
f Enter the number		•						
g Provide the follow (i) Name of supp		about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	f monetary	(vi) Amount of other
organization		(,	(described on lines 1-10	in your governi Yes	ing document?	support (see i	,	support (see instructions)
			above (see instructions))	100				
Total								
LHA For Paperwork Re	duction Act N	lotice, see the Instru	uctions for Form 990 or	990-EZ.	132021 01-	04-22	Sche	dule A (Form 990) 2021

	edule A (Form 990) 2021 W rt II Support Schedule for	ATERAID A			$h(1)(\Lambda)(in)$ and		1674 Page 2		
Fd		-		•			•		
	(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 failed 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Gifts, grants, contributions, and	(4) 2011	(0) 2010		(4) 2020				
•	membership fees received. (Do not								
		12646413	14679517.	16227475.	17535638.	24827258	85916301.		
2	Tax revenues levied for the organ-	12040415.	140799170	1022/4/5.	1,3330301	2402/250.	000100010		
2	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	10646412	14670517	16007475	17525620	24027250	05016201		
4	Total. Add lines 1 through 3	12040413.	140/951/.	1022/4/5.	1/222020	2482/258.	85916301.		
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)						23154092.		
6	Public support. Subtract line 5 from line 4.						62762209.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
7	Amounts from line 4	12646413.	14679517.	16227475.	<u>17535638.</u>	24827258.	85916301.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	2,505.	6,772.	19,990.	13,135.	24,746.	67,148.		
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	4							
	assets (Explain in Part VI.)	9,800.	11,032.	4,432.	2,801.	4,011.	32,076.		
11	Total support. Add lines 7 through 10				,	, -	86015525.		
12	Gross receipts from related activities,	etc. (see instructio	ins)			12			
	First 5 years. If the Form 990 is for th			fourth or fifth tax					
10	organization, check this box and stop	~		•	•				
Sec	tion C. Computation of Publi								
				column (f))		14	72.97 %		
15	Public support percentage from 2020					15	73.57 %		
	33 1/3% support test - 2021. If the o					· · ·			
104									
h	stop here. The organization qualifies								
D	33 1/3% support test - 2020. If the ordered atom have The exception and	•				•			
	and stop here. The organization qual								
17a	10% -facts-and-circumstances test	-							
	and if the organization meets the fact			-	-	VI how the organi	zation		
	meets the facts-and-circumstances te	-							
b	10% -facts-and-circumstances test	-					10% or		
	more, and if the organization meets the				•				
	organization meets the facts-and-circl	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	▶∐		
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s ►		
						Schedule A	(Form 990) 2021		

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Schedule A (Form 990) 2021

WATERAID AMERICA INC

Pa	rt III Support Schedule for C	-					
	(Complete only if you checked			organization failed	to qualify under P	art II. If the	organization fails to
<u> </u>	qualify under the tests listed b	elow, please comp	lete Part II.)				
	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 20	021 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
-	• • • • • • • • • • • • • • • • • • • •						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Add lifes 1 through 5						
10	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received						
-	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 20	021 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4					
b	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	O					
12	Other income. Do not include gain or loss from the sale of capital						
12	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	L	l ret socond third i	ourth or fifth tax y	l	$\frac{1}{(0)(3)}$ or (I
14	check this box and stop here	-			•		
Sec	ction C. Computation of Publi	c Support Per	centage	<u></u>			
	Public support percentage for 2021 (I			olumn (f))		15	%
16	Public support percentage from 2020					16	%
	ction D. Computation of Inves			<u></u>			/0
17	Investment income percentage for 20			ne 13 column (f)		17	%
18	Investment income percentage from					18	%
	1 33 1/3% support tests - 2021. If the			on line 14 and line			
190	more than 33 1/3%, check this box ar						
F	33 1/3% support tests - 2020. If the						▶□
L	line 18 is not more than 33 1/3%, che	•					·
	mie to is not more than 33 1/3%, Che	on this buy all U St		uv auvut uudilles a	a DUDIICIV SUDDU	ווכט טועמוו	
20							
	Private foundation. If the organizatio					structions	

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WATERAID AMERICA INC

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

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

Section A. All Supporting Organizations

Schedule A (Form 990) 2021

- 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")? "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?
- 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 disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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Sche	dule A (Form 990) 2021 WATERAID AMERICA INC 30-0	18167	4 Pa	age 5
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		
	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			
800	_{detail in} Part VI. tion B. Type I Supporting Organizations	11c		
Sec	tion B. Type i Supporting Organizations		Y.	
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Yes	No
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,			
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
360			Y.	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
•	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	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a	2		
	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			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction The organization satisfied the Activities Test. Complete line 2 below.	5).		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c 2	The organization supported a governmental entity. <i>Describe in</i> Part VI <i>how you supported a governmental entity (see Activities Test.</i> Answer lines 2a and 2b below.	nstruction		No
2	Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
а	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			
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	2 a		
	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	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021 WATERAID AMERICA INC			0-0181674 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1 Check here if the organization satisfied the Integral Part Test as a qualifying		•	Part VI). See instructions
All other Type III non-functionally integrated supporting organizations must of	complete	e Sections A through E.	1
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	integrat	ed Type III supporting organ	nization (see
	5	,	

instructions).

Schedule A (Form 990) 2021

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Sche Par	dule A (Form 990) 2021 WATERAID AMER: t V Type III Non-Functionally Integrated 509(nizatione / //		0-0181674	Page 7
		allo Supporting Organ	nizations _{(continu}	ied)	Ourse and Ma	
	on D - Distributions			4	Current Ye	ar
_1 _2	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp			1		
2	organizations, in excess of income from activity	r purposes of supported		2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		3		
4	Amounts paid to acquire exempt-use assets	s of supported organizations		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	wide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which th	e organization is responsive				
-	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	is	(iii) Distributab Amount for 2	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
C	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
7	Part VI. See instructions. Excess distributions carryover to 2022. Add lines 3j					
'	and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					

Schedule A (Form 990) 2021

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<u>Schedul</u> e A (Form 990) 2021	WATERAID AM			30-0181674 Page 8
	Part IV, Section A, I line 1; Part IV, Secti	ines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, ion D, lines 2 and 3; Part IV, Se	9a, 9b, 9c, ⁻ ction E, line:	required by Part II, line 10; Part II, line 17a d 11a, 11b, and 11c; Part IV, Section B, lines s 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Ind 6. Also complete this part for any additi	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
		0			

Schedule	В
(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

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Employer identification number

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Department of the Treasury	
Internal Revenue Service	
	1

Name of the organization

WA	TERAID AMERICA INC	30-0181674
Organization type (check or	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	~
	501(c)(3) taxable private foundation	

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

30-0181674

WATERAID AMERICA INC

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
<u> 1</u>	CONRAD H. HILTON FOUNDATION 10100 SANTA MONICA BLVD LOS ANGELES, CA 90007	\$	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
	BILL AND MELINDA GATES FOUNDATION PO BOX 23350 SEATTLE, WA 98102	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	THE LEONA M. & HARRY B. HELMSLEY <u>CHARITABLE</u> <u>230 PARK AVENUE, SUITE 659</u> <u>NEW YORK, NY 10169</u>	\$3,739,149.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	LATTER DAY SAINTS CHARITIES 50 E. NORTH TEMPLE STREET SALT LAKE CITY, UT 84150	\$ 2,409,112.	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	ONE DROP FOUNDATION 550, BEAUMONT, SUITE 400 MONTREAL, QUEBEC, CANADA	\$ <u>1,551,243.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	PEPSICO FOUNDATION 700 ANDERSON HILL ROAD PURCHASE, NY 10577	\$ <u>1,663,595.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
123452 11-1	1-21		Schedule B (Form 990) (2021)

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Schedule I	R (Form	990)	(2021)
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Name of organization

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30-0181674

WATERAID AMERICA INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	KIMBERLY CLARK FOUNDATION P.O BOX 619100 DALLAS, TX 75261	\$1,799,146.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 8 </u>	CARE USA 151 ELLIS ST NE ATLANTA, GA 30303	\$	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
<u> 9 </u>	GAP INC <u>2 FOLSOM STREET</u> <u>SAN FRANCISCO, CA 94105</u>	\$ <u>1,037,846.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	VF CORPORATION VF ASIA SOURCING LIMITED KOWLOON, HONG KONG	\$545,738.	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
	BOEING 100 NORTH RIVERSIDE CHICAGO, IL 60606	\$ <u>500,154.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
123452 11-11	I-21		Schedule B (Form 990) (2021)

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WATERAID AMERICA INC 30-018167. Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions) Date re (a) No. Part I (c) (See instructions) (c) FMV (or estimate) (c) (See instructions) (c) (C) (See instructions) (c) (See instructions) (c) (Se		B (Form 990) (2021)			Page
Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. From Part 1 (b) Description of noncash property given (c) FMV (or estimate) (See instructions) (c) Date re (a) No. from Part 1 (c) Description of noncash property given (c) FMV (or estimate) (See instructions) (c) Date re (a) No. from Part 1 (c) Description of noncash property given (c) FMV (or estimate) (See instructions) (c) Date re (a) No. from Part 1 (b) Description of noncash property given (c) FMV (or estimate) (See instructions) (c) Date re (a) No. from Part 1 (b) Description of noncash property given (c) FMV (or estimate) (See instructions) (c) Date re (a) No. from Part 1 (b) Description of noncash property given (c) FMV (or estimate) (See instructions) (c) Date re (a) No. From Part 1 (b) (See instructions) (c) FMV (or estimate) (See instructions) (c) Date re (a) No. No. (b) (c) FMV (or estimate) (See instructions) (c) Date re	Name of o	rganization		Emplo	yer identification number
(a) No. Part I (c) FMV (or estimate) (See instructions.) Date re (a) No. from Part I (c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (c) Date re (a) No. from Part I (c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (c) Date re (a) No. Form Part I (c) FMV (or estimate) (See instructions.) (c) Date re (a) No. Form Part I (c) FMV (or estimate) (See instructions.) (c) Date re (a) No. Fart I (b) Description of noncesh property given (c) FMV (or estimate) (See instructions.) (c) Date re (a) No. Fart I (b) Description of noncesh property given (c) FMV (or estimate) (See instructions.) (c) Date re (a) No. (b) No. (b) (b) FMV (or estimate) (See instructions.) (c) Date re (a) No. (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (c) Date re	VATER	AID AMERICA INC		30	-0181674
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No. (b) (C) (d			\$		
Part I Description of noncash property given (See instructions.) Date re	No. from	(b) Description of noncash property given	FMV (or estimate		(d) Date received
			¢		

2021.05030 WATERAID AMERICA INC

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	(Form 990) (2021)			Page		
Name of org	anization			Employer identification number		
	ID AMERICA INC			30-0181674		
	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line e charitable, etc., contributions of \$1,000 c	ntry. For organizations			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held		
-						
-		(e) Transfer of g	ift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held		
Part I						
		(e) Transfer of g				
-	Transferee's name, address, a			nsferor to transferee		
-						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held		
-	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee		
-						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee		
-						
123454 11-11-2	1	25		Schedule B (Form 990) (202		

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2021.05030 WATERAID AMERICA INC

SCHEDULE C	Po	litical Campaign	and Lobbyir	ng Activities	OMB No. 1545-0047
(Form 990) For Organizations Exempt From Income Tax Under section 501(c) and section 527					2021
Department of the Treasury Internal Revenue Service	Open to Public Inspection				
f the organization ans	wered "Yes," on	Form 990, Part IV, line 3, or Fo	orm 990-EZ, Part V, li	ne 46 (Political Campaign A	ctivities), then
 Section 501(c)(3) org 	ganizations: Com	plete Parts I-A and B. Do not co	mplete Part I-C.		
 Section 501(c) (other 	r than section 50	1(c)(3)) organizations: Complete	Parts I-A and C below	. Do not complete Part I-B.	
 Section 527 organiz 	ations: Complete	Part I-A only.			
		Form 990, Part IV, line 4, or Fo			
		nave filed Form 5768 (election ur			•
		nave NOT filed Form 5768 (election			•
		Form 990, Part IV, line 5 (Prox	xy Tax) (See separate	instructions) or Form 990-E	Z, Part V, line 35c (Proxy
Fax) (See separate inst		iono: Complete Dort III			
Vame of organization), or (6) organizat	ions: Complete Part III.		Emple	over identification number
Varine of organization	ωλωσολ Τ.	D AMERICA INC		Empt	30-0181674
Part I-A Compl		anization is exempt und	er section $501(c)$	or is a section 527 or	
1 Provido a descripti	on of the organiz	ation's direct and indirect politic	al compaign activities	in Part IV	
2 Political campaign	•	•			
10	, ,	ures gn activities			
	pontical campai				
Part I-B Compl	ete if the org	anization is exempt und	er section 501(c)((3).	
1 Enter the amount of	of any excise tax	incurred by the organization unc	ler section 4955	▶\$	
	•	incurred by organization manage			
		n 4955 tax, did it file Form 4720			
		·			
b If "Yes," describe ir					
Part I-C Compl	ete if the org	anization is exempt und	er section 501(c),	, except section 501(c)	(3).
1 Enter the amount of	lirectly expended	by the filing organization for se	ction 527 exempt func	tion activities > \$	
2 Enter the amount of	of the filing organ	ization's funds contributed to ot	her organizations for s	ection 527	
exempt function ac	tivities			▶\$	
3 Total exempt funct	ion expenditures	. Add lines 1 and 2. Enter here a	nd on Form 1120-POL	-,	
line 17b				►\$	
4 Did the filing organ	ization file Form	1120-POL for this year?			🗌 Yes 🗌 No
		ployer identification number (Ell			
		ion listed, enter the amount paid			
		omptly and directly delivered to a			segregated fund or a
-		additional space is needed, prov			
(a) Name	Э	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate
					political organization. If none, enter -0
			1		

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

Schedule C (Form 990) 2021

132041 11-03-21

Schedule C (Form 990) 2021	WATER.	AID AM	ERICA INC		30-0	181674 Page 2
Part II-A Complete if the orga	anizatio	n is exen	npt under section	n 501(c)(3) and file	ed Form 5768 (ele	ction under
section 501(h)).						
				Part IV each affiliated	group member's name	e, address, EIN,
expenses, and share		, ,	. ,			
B Check b if the filing organizat	ion check	ed box A ar	nd "limited control" pro	visions apply.		
		oying Exper eans amou	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence pub	ic opinion (g	grassroots lobbying)			
b Total lobbying expenditures to influ	ence a leg	gislative bod	ly (direct lobbying)		23,344.	
c Total lobbying expenditures (add lin					23,344.	
d Other exempt purpose expenditure					19,170,941.	
e Total exempt purpose expenditures					19,194,285.	
f Lobbying nontaxable amount. Ente	r the amo	unt from the	e following table in both	n columns.	1,000,000.	
If the amount on line 1e, column (a) or	(b) is:	The lob	bying nontaxable amo	ount is:		
Not over \$500,000		20% of 1	the amount on line 1e.			
Over \$500,000 but not over \$1,000	,000	\$100,00	0 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000	\$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000	\$225,00	0 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (ent	er 25% of	line 1f)			250,000.	
h Subtract line 1g from line 1a. If zero	o or less, e	enter -0-			0.	
i Subtract line 1f from line 1c. If zero	or less, e	nter -0			0.	
j If there is an amount other than zer	o on eithe	r line 1h or l	line 1i, did the organiza	ation file Form 4720	-	
reporting section 4911 tax for this y	/ear?	<u></u>				Yes No
(Some organizations th		a section 5	eraging Period Under D1(h) election do not l ate instructions for lin	have to complete all	of the five columns be	low.
	Lobl	oying Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a)	2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					1,000,000.	1,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))						1,500,000.
c Total lobbying expenditures					23,344.	23,344.
d Grassroots nontaxable amount					250,000.	250,000.
e Grassroots ceiling amount (150% of line 2d, column (e))						375,000.
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2021

132042 11-03-21

Schedule C (Form 990) 2021	WATERAID	AMERICA	INC

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description (a)	(b)
of the lobbying activity. Yes No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers?	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	
c Media advertisements?	
d Mailings to members, legislators, or the public?	
e Publications, or published or broadcast statements?	
f Grants to other organizations for lobbying purposes?	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	
i Other activities?	
j Total. Add lines 1c through 1i	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	
b If "Yes," enter the amount of any tax incurred under section 4912	
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section	n
501(c)(6).	
	Yes No
1 Were substantially all (90% or more) dues received nondeductible by members? 1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3	-
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A answered "Yes."	
1 Dues, assessments and similar amounts from members	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	
expenses for which the section 527(f) tax was paid).	
a Current year 2a	
b Carryover from last year 2b	
c Total 2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	
expenditure next year?	
5 Taxable amount of lobbying and political expenditures. See instructions 5	
Part IV Supplemental Information	

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2021

132043 11-03-21

	HEDULE D n 990)		al Financial Statements anization answered "Yes" on Form 990,		OMB No. 1545-0047			
Depart	ment of the Treasury I Revenue Service	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. 90 for instructions and the latest information.		Open to Public Inspection			
Nam	Name of the organization Employer id							
WATERAID AMERICA INC 30-01 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Comple								
Par		-		counts.	Complete if the			
organization answered "Yes" on Form 990, Part IV, line 6.								
(a) Donor advised funds (b) Funds and c								
1		nd of year						
2		f contributions to (during year)						
3		f grants from (during year)						
4		end of year						
5	-		writing that the assets held in donor advised fun					
•			exclusive legal control?		Yes No			
6			dvisors in writing that grant funds can be used o					
			r donor advisor, or for any other purpose confer					
Par	impermissible priva		ganization answered "Yes" on Form 990, Part IV		Yes No			
				, line 7.				
1		ervation easements held by the organization of land for public use (for example, recreated to the section of th		orically impo	stant land area			
		f natural habitat	tion or education) Preservation of a histo					
				med historic	structure			
0		of open space	ind concernation contribution in the form of a co	noon/otion o	accoment on the last			
2	day of the tax year		fied conservation contribution in the form of a co		at the End of the Tax Year			
_								
a L				2a				
b	-			2b				
C I			ucture included in (a)	2c				
a			after 7/25/06, and not on a historic structure					
•				2d	-			
3		vation easements modified, transferred, rei	eased, extinguished, or terminated by the organ	ization durin	g the tax			
	year							
4		where property subject to conservation easily being a written policy recording the						
5	-	tion have a written policy regarding the per			Yes No			
6		orcement of the conservation easements it	handling of violations, and enforcing conservation					
6		Thous devoted to monitoring, inspecting,	handing of violations, and emorcing conservatio	n easement	s during the year			
7	Amount of expense		lling of violations, and enforcing conservation ea	comonte du	ring the year			
'	► \$	es incurred in monitoring, inspecting, nanc	and enforcing conservation ea		ing the year			
8		vition accompant reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)	(i)				
0			• • • • • • • • • • • • • • • • • • • •		Yes No			
9			on easements in its revenue and expense statem					
9			note to the organization's financial statements th		tho			
		ounting for conservation easements.		at describes	uie			
Par	rt III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Other S	imilar As	sets.			
		the organization answered "Yes" on Form	, , ,					
1a			8, not to report in its revenue statement and bal	ance sheet w	vorks			
Ĩ	•		blic exhibition, education, or research in furtheral					
			ncial statements that describes these items.		,			
h	· •		8, to report in its revenue statement and balance	sheet work	's of			
	-							
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service provide the following amounts relating to these items:							
	•	0		► .\$				
				N A				
2	.,	, , , , , , , , , , , , , , , , , , , ,	asures, or other similar assets for financial gain,	· ·				
-	•	ints required to be reported under FASB A						
а	-			▶ \$				
		eduction Act Notice, see the Instructions			edule D (Form 990) 2021			
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,0203			29					

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2021.05030 WATERAID AMERICA INC

		D AMERICA			Othor Simila	30 - 018	31674	Pa	ige 2
	t III Organizations Maintaining C						(contin	ued)	
3	Using the organization's acquisition, accessic collection items (check all that apply):	on, and other record	s, check any of the	e following that i	make significant	use of its			
~	Public exhibition	d		vehango program	m				
a h	Scholarly research	_		xchange prograr					
b	Preservation for future generations	e							
с 4	Provide a description of the organization's co	alloctions and ovalair	how thoy further	the organization	's avampt purp	oco in Port '	/111		
5	During the year, did the organization solicit o	•	•	•		JSE III Fait /	XIII.		
5	to be sold to raise funds rather than to be ma		,				Yes		No
Par	t IV Escrow and Custodial Arran				/es" on Form 99				NU
	reported an amount on Form 990, Pa					0,1 21117,1	10 0, 01		
1a	Is the organization an agent, trustee, custodi		iary for contributio	ons or other asse	ets not included				
iu	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII								
~			lowing table.				Amount		-
с	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	(b) Prior year	(c) Two years		years back	(e) Four	years l	back
1a	Beginning of year balance								
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
	End of year balance								
2	Provide the estimated percentage of the curr		e (line 1g, column	(a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment <	%							
с	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held	and administere	d for the organiz	zation	_		
	by:							Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R	?			3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	't VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a.	See Form 990,	Part X, line 10.				
	Description of property	(a) Cost or o basis (investr	• •	est or other is (other)	(c) Accumulat depreciation		(d) Book	value	;
1a	Land								
b	Buildings								
с	Leasehold improvements			28,202.	22,0			5,11	
d	Equipment		2	01,443.	156,4			.,97	
	Other			51,657.	28,8			2,80	
Tota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part	X, column (B), line	10c.)		. 🕨 📃	73	8,90)1.

Schedule D (Form 990) 2021

132052 10-28-21

Schedule D (Form 990) 2021 WATERAID AM	ERICA INC	30	0-0181674 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"		e 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 er	nd-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"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		e 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 Part X Other Liabilities.	1 <u>5.)</u>		•
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2	5
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)		•
 Liability for uncertain tax positions. In Part XIII, provide 			that reports the
organization's liability for uncertain tax positions under		-	

Schedule D (Form 990) 2021

132053 10-28-21

Sche	edule D (Form 990) 2021 WATERAID AMERICA INC	30-	0181674	Page 4
Par	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return.		<u> </u>
	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	24,968,	177.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments 2a			
b	Donated services and use of facilities 2b 150,09)6.		
с	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIII.)	34.		
е	Add lines 2a through 2d	2e	112,	
3	Subtract line 2e from line 1		24,856,	015.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.) 4b			
с	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	24,856,	015.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	<u> </u>		
1	Total expenses and losses per audited financial statements	1	23,551,	505.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a 150,09	<u>, , , , , , , , , , , , , , , , , , , </u>		
b	Prior year adjustments 2b			
С	Other losses 2c			
d	Other (Describe in Part XIII.)		4.5.0	
е			150,	
3	Subtract line 2e from line 1	3	23,401,	409.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)	5	23,401,	409.
Pa	rt XIII Supplemental Information.			

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

PART X, LINE 2:

MANAGEMENT HAS REVIEWED THE TAX POSITIONS FOR THE OPEN TAX YEARS

(2019-2021) OR EXPECTED TO BE TAKEN IN THE ORGANIZATION'S 2022 TAX RETURN

AND HAS CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS

THAT COULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FOREIGN CURRENCY LOSS

132054 10-28-21

Schedule D (Form 990) 2021

SCHEDULE F (Form 990)			ivities Outside the Ui n answered "Yes" on Form 990, Part			OMB No. 1545-0047
Department of the Treasury		-	Attach to Form 990.			Open to Public
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						
Name of the organization					Employer in	dentification number
WATERAID AMERI					30-018	
Part I General Inf Form 990, Par		ctivities Out	side the United States. Comp	lete if the organi	zation answe	red "Yes" on
		n maintain recor	ds to substantiate the amount of its gra	ants and other a	issistance,	
the grantees' eligibilit	y for the grants or a	assistance, and	the selection criteria used to award the	grants or assis	tance?	X Yes No
2 For grantmakers. De United States.	escribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and oth	ner assistance	e outside the
	(The following Part	L line 3 table ca	an be duplicated if additional space is r	needed.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (c	
	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to recipients located in the region)		specific type s) in the regic	investments
		in the region			o) in the regio	in the region
CENTRAL AMERICA AND			PROGRAM SERVICES GRANTS TO	WATER, SANI	TATION	
THE CARIBBEAN	0	0	RECIPIENTS.	HYGIENE.	/	1,488,509.
EAST ASIA AND THE			PROGRAM SERVICES GRANTS TO	WATER, SANI	TATION,	4 4 4 4 5 5
PACIFIC	0	0	RECIPIENTS.	HYGIENE.		1,094,475.
			PROGRAM SERVICES GRANTS TO	WATER, SANI	TATION,	
EUROPE	0	0	RECIPIENTS.	HYGIENE.	·	365,174.
NORTH AMERICA	0	0	PROGRAM SERVICES GRANTS TO RECIPIENTS.	WATER, SANI' HYGIENE.	TATION,	1 045 674
NORTH AMERICA	0	0	RECIPIENTS.	HIGIENE.		1,045,674.
			PROGRAM SERVICES GRANTS TO	WATER, SANI	TATION,	
SOUTH AMERICA	0	0	RECIPIENTS.	HYGIENE.		767,303.
			DROCRAM GERVICES CRANING MO	WARED CANT		
SOUTH ASIA	0	0	PROGRAM SERVICES GRANTS TO RECIPIENTS.	WATER, SANI' HYGIENE.	TATION,	2,751,721.
			PROGRAM SERVICES GRANTS TO	WATER, SANI	TATION,	
SUB-SAHARAN AFRICA	0	0	RECIPIENTS.	HYGIENE.		10,578,192.
3 a Subtotal		0				18,091,048.
b Total from continuation	-	_				
sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	0	o				18,091,048.

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

Schedule F (Form 990) 2021

132071 12-20-21

33 2021.05030 WATERAID AMERICA INC

Schedule F (Form 990) 2021 WATERAID AMERICA INC

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			WATER, SANITATION,					
			HYGIENE.	691,470.	WIRE TRANSFER	0.		
		SOUTH ASIA	WATER, SANITATION, HYGIENE.	531,818.	WIRE TRANSFER	0.		
			WATER, SANITATION,					
		SOUTH AMERICA	HYGIENE.	767,303.	WIRE TRANSFER	0.		
			WATER, SANITATION, HYGIENE.	452,539.	WIRE TRANSFER	0.		
			WATER, SANITATION,					
			HYGIENE. WATER, SANITATION,	645,959.	WIRE TRANSFER	0.		
		AFRICA	HYGIENE.	769,164.	WIRE TRANSFER	0.		
			WATER, SANITATION,					
		NORTH AMERICA	HYGIENE.	1071740.	WIRE TRANSFER	0.		
			WATER, SANITATION,					
		SOUTH ASIA	HYGIENE.	1719319.	WIRE TRANSFER	0.		
			ecognized as charities by the f					
			or counsel has provided a sect	ion 501(c)(3) equ	uivalency letter			24
3 Enter total number of	other organizations of	or entities				🕨		0

Schedule F (Form 990) 2021

30-0181674

hedule F (Form 990)	WATER	AID AMERICA	INC		30-01	81674		Page
art II Continuation	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		SUB-SAHARAN AFRICA	WATER, SANITATION, HYGIENE.	258,093.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	WATER, SANITATION, HYGIENE.	963,760.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	WATER, SANITATION, HYGIENE.	461,434.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	WATER, SANITATION, HYGIENE.	1368282.	WIRE TRANSFER	0.		
		CENTRAL AMERICA	WATER, SANITATION,					
		AND THE CARIBBEAN SUB-SAHARAN	HYGIENE. WATER, SANITATION,		WIRE TRANSFER	0.		
		AFRICA SUB-SAHARAN	HYGIENE. WATER, SANITATION,		WIRE TRANSFER	0.		
		AFRICA	HYGIENE. WATER, SANITATION,		WIRE TRANSFER	0.		
		SOUTH ASIA SUB-SAHARAN	HYGIENE. WATER, SANITATION,	474,518.	WIRE TRANSFER	0.		
		AFRICA	HYGIENE.	884,266.	WIRE TRANSFER	٥.		

chedule F (Form 990)		AID AMERICA				81674		Page
Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9		1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM' appraisal, other)
		SOUTH ASIA	WATER, SANITATION, HYGIENE.	389,800.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	WATER, SANITATION, HYGIENE.	65,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	WATER, SANITATION, HYGIENE.	13,205.	WIRE TRANSFER	0.		
		EUROPE	WATER, SANITATION, HYGIENE.	336,727.	WIRE TRANSFER	0.		
		EUROPE	WATER, SANITATION, HYGIENE.		WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	WATER, SANITATION, HYGIENE.		WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	WA	279,576.	WIRE TRANSFER	0.		

Schedule F (Form 990) 2021	VATERAID AMER	ICA INC		30	<u>)-0181674</u>		Page 3
Part III Grants and Other Assistand	ce to Individuals Outside	e the United Sta	ites. Complete i	f the organization answered "Yes" o	on Form 990, Part	: IV, line 16.	
Part III can be duplicated if a	dditional space is needed	d.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
					Ó		
					D		
		5					

Schedule F (Form 990) 2021

-	ule F (Form 990) 2021 WATERAID AMERICA INC	30-0181674	Page 4
Part	IV Foreign Forms		
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)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? 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) 2021

132074 12-20-21

Supplemental Information

Schedule F (Form 990) 2021 WATERAID AMERICA INC

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:

Part V

WATERAID AMERICA EXECUTES A FORMAL GRANT AGREEMENT THAT PROVIDES, AMONG OTHER THINGS THAT: THE GRANTEE MAY EXPEND OR DISTRIBUTE THE GRANT FUNDS SOLELY FOR THE PURPOSES OF THE PROJECT AND IN A MANNER DESCRIBED IN THE GRANT REQUEST. IN ADDITION, THE GRANTEE MAY ONLY EXPEND OR DISTRIBUTE GRANT FUNDS FOR CHARITABLE, SCIENTIFIC, LITERARY OR EDUCATIONAL PURPOSES WITHIN THE MEANING OF SECTIONS 501(C)(3) AND 170(C)(2) OF THE INTERNAL REVENUE CODE AS AMENDED ("THE CODE"). THE GRANTEE WILL MANAGE ALL DAY-TO-DAY PROJECT RELATED ACTIVITIES, HOWEVER, WATERAID AMERICA RETAINS THE RIGHT TO DETERMINE WHETHER ANY PROPOSED USE OF THE GRANT FUNDS BY THE GRANTEE IS CONSISTENT WITH SUCH PURPOSES. IN ADDITION FROM TIME TO TIME, WATERAID AMERICA MAY OFFER RECOMMENDATIONS TO THE GRANTEE ON APPROPRIATE USES OF GRANT FUNDS. WATERAID AMERICA RESERVES THE RIGHT TO REQUEST AN INDEPENDENT VALUATION OF THE PROJECT UNDER THIS GRANT WHICH MAY INCLUDE VISITS FROM WATERAID AMERICA PERSONNEL TO OBSERVE THE GRANTEES' PROJECTS AND PROGRAMS AND TO REVIEW FINANCIAL AND OTHER RECORDS AND MATERIALS CONNECTED WITH THE PROJECT. GRANTEES OF WATERAID AMERICA ARE EXCLUSIVELY ORGANIZATIONS WITHIN THE GLOBAL WATERAID FEDERATION, WHOSE MEMBERS SHARE THE MISSION OF TRANSFORMING LIVES BY IMPROVING ACCESS TO CLEAN WATER, HYGIENE AND SANITATION IN 30 COUNTRIES ACROSS AFRICA, ASIA/ THE PACIFIC, INDIA AND LATIN AMERICA.

132075 12-20-21

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	71	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20		I
Depar	tment of the Treasury	Attach to Form 990.		Open to		
-	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organizatior		Employer ic			mber
Pa		WATERAID AMERICA INC s Regarding Compensation	30-0	18167	4	
Га					Vee	
10	Chack the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	000		Yes	No
ld		line 1a. Complete Part III to provide any of the following to of for a person listed on Porth line 1a. Complete Part III to provide any relevant information regarding these items.	990,			
	First-class or c		azulen			
	Travel for com	<u> </u>				
		ation and gross-up payments Health or social club dues or initiation fee				
		spending account Personal services (such as maid, chauffer				
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	-	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if ar	y, of the following the organization used to establish the compensation of the organization's	3			
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation	committee X Written employment contract				
	X Independent c	ompensation consultant X Compensation survey or study				
	Form 990 of of	ther organizations X Approval by the board or compensation c	ommittee			
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 re	lated organization:				
		e payment or change-of-control payment?		4a		X
	•	eive payment from a supplemental nonqualified retirement plan?		4b		X
С	•	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
_)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
-	contingent on the re			Fa		x
		ntion?				X
D		ation? r 5b, describe in Part III.		50		
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
0	contingent on the n		// 1			
а	•			6a		x
b	Any related organiz	ation?		6b		x
~		r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	3			
-		es 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
				8		X
9		d the organization also follow the rebuttable presumption procedure described in				
	Regulations section		<u></u>	9		
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.		ule J (Forn	n 990)) 2021

132111 11-02-21

Schedule J (Form 990) 2021 WATERAID AMERICA INC

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) KELLY PARSONS	(i)	256,000.	0.	0.	3,433.	1,124.	260,557.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	142,000.	0.	0.	929.	33,620.	176,549.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	142,000.	0.	0.	3,086.	12,444.	157,530.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KATHERINE CRIDER	(i)	122,692.	0.	0.	5,894.	28,765.	157,351.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	123,165.	0.	0.	5,922.	27,497.	156,584.	0.
DIRECTOR OF MARKETING & COMMUNICATIO	(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)							

Schedule J (Form 990) 2021

30-0181674

Schedule J (Form 990) 2021	WATERAID	AMERICA	INC	30-0181674	Page 3
Part III Supplemental Information	1				
Provide the information, explanation,	or descriptions rea	quired 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 O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 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.	-EZ
Name of the organization	WATERAID AMERICA INC	Employer identification number $30-0181674$
	T I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	
FORM 990, PAR	T VI, SECTION B, LINE 11B:	
A DRAFT OF TH	E 990 WAS CIRCULATED TO EACH BOARD MEMBER, SO	LICITING COMMENTS
OR QUESTIONS	PRIOR TO FILING WITH THE IRS.	
FORM 990, PAR	T VI, SECTION B, LINE 12C:	
EACH DIRECTOR	, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE	WITH GOVERNING
BOARD DELEGAT	ED POWERS SHALL ANNUALLY SIGN A STATEMENT WHI	CH AFFIRMS SUCH
PERSON:		
-HAS RECEIVED	A COPY OF THE CONFLICT OF INTEREST POLICY,	
-HAS READ AND	UNDERSTANDS THE POLICY,	
-HAS AGREED I	O COMPLY WITH THE POLICY, AND	
-UNDERSTANDS	WATERAID AMERICA INC. IS AN EDUCATIONAL, CHAR	ITABLE OR
SCIENTIFIC OR	GANIZATION AND, IN ORDER TO MAINTAIN ITS FEDE	RAL TAX
EXEMPTION, IT	MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH AC	COMPLISH ONE OR
MORE OF ITS T	AX-EXEMPT PURPOSES. IN ADDITION, EACH DIRECTO	R AND PRINCIPAL
	VEN AN OPPORTUNITY AT EACH QUARTERLY BOARD ME	
	OF INTEREST THAT HAS ARISEN SINCE THE LAST ME	
FORM 990, PAR	T VI, SECTION B, LINE 15:	
SALARY SURVEY	S WERE REVIEWED AND INFORMATION WAS OBTAINED	FROM HR
PROFESSIONALS	SUCH AS RECRUITERS, ABOUT SALARY LEVELS AND	RANGES FOR
SIMILAR POSIT	IONS AT COMPARABLE ORGANIZATIONS. AN INDEPEND	ENT EXECUTIVE

 SEARCH
 FIRM
 KNOWLEDGEABLE
 ABOUT
 THE
 NONPROFIT
 SECTOR
 WAS
 RETAINED
 TO
 GATHER

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211
 11-11-21
 Schedule O (Form 990) 2021

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Schedule O (Form 990) 202 Name of the organization	21		Page Employer identification numbe
	WATERAID AMERICA INC	C	30-0181674
DATA ON COMPAN	RABLE POSITIONS AND C	DRGANIZATIONS AND TO BEN	CHMARK THE SALARY
AGAINST THESE	NORMS.		
FORM 990, PAR	r VI, LINE 17, LIST (OF STATES RECEIVING COPY	OF FORM 990:
AL, AK, AR, AZ, C	A,CO,CT,DC,FL,GA,HI,I	IL, KS, MD, MA, ME, MI, MN, MS,	NC, ND, NH, NJ, NY, OH
OK,OR,PA,RI,SO	C,TN,UT,VA,WA,WI,WV		
FORM 990, PAR	F VI, SECTION C, LINE	E 19:	
THE ORGANIZAT	ION MAKES ITS GOVERNI	ING DOCUMENTS, CONFLICT	OF INTEREST POLICY
AND FINANCIAL	STATEMENTS AVAILABLE	TO THE PUBLIC UPON REQ	UEST.
FORM 990, PAR	r XI, LINE 9, CHANGES	S IN NET ASSETS:	
FOREIGN CURREI	ICY LOSS		-37,934.
		7	
132212 11-11-21			Schedule O (Form 990) 20