-orm **990**

Department of the Treasury Internal Revenue Service

CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A F	or the	e 2020 calendar year, or tax year beginning J	AN 1, 2021 and	ending J	<u>UN 30, 2021</u>	
В	Check if	C Name of organization			D Employer identif	
Γ	Addre	SANITATION ROTA	ARIAN ACTION GRO	UP	1 20-86	26760
	Name	MACDAC		_	(**_****	**
	Initial return	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone number	er
	Final return		3607			
	termin ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	24,989.
	Amen	SPRING DAKE, MI 43430			H(a) Is this a group r	
	Application pendir		HAEL WEBB		for subordinate	
		SAME AS C ABOVE	40.474.744		H(b) Are all subordinates i	
		empt status 501(c)(3) X 501(c) (4) te: WWW.WASRAG.ORG		or 52#	1	a list. See instructions
			ssociation Other	I Vear	H(c) Group exemption	M State of legal domicile: CA
	art I	organization X Corporation Trust As Summary	SSOCIATION Other P	I L I Gai	or formation 2007	VI State of legal domiche. C21
تــــــــــــــــــــــــــــــــــــــ		Briefly describe the organization's mission or most	significant activities AN II	NTERNA	TIONAL ASSO	CIATION OF
e S	•	ROTARIANS FOCUSED ON IMPRO				
nar	2	Check this box if the organization discor				
Governance	3	Number of voting members of the governing body	\ 1 1		3	10
Ğ	4	Number of independent voting members of the gov	verning body (Part VI, line 1b)		4	10
Activities &	5	Total number of individuals employed in calendar y	rear 2020 (Part V, line 2a)		5	0
<u>viti</u>		Total number of volunteers (estimate if necessary)			6	100
Acti		Total unrelated business revenue from Part VIII, co		!	<u>7a</u>	
_	b	Net unrelated business taxable income from Form	990 PECEIVED	1	7 <u>b</u>	·
	_	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	S	 	Prior Year 32,985.	Current Year 7,450.
e	8	Contributions and grants (Part VIII, line 1h)	SEP 2 7 2021	} <u></u>	19,170.	17,500.
Ven	9	Program service revenue (Part VIII, line 2g) investment income (Part VIII, column (A), lines 3, 4,	and 7d)	l -	1,922.	39.
Revenue	10 11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			0.	0.
		Total revenue - add lines 8 through 11 (must equal-		1	54,077.	24,989.
		Grants and similar amounts paid (Part IX, column (A			0.	0.
	l	Benefits paid to or for members (Part IX, column (A			0.	0.
Ø	15	Salaries, other compensation, employee benefits (F	Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	ine 11e)		0.	0.
ĝ	b	Total fundraising expenses (Part IX, column (D), line	e 25) 🕨	<u>0.</u>		
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)	<u> </u>	74,887.	27,488.
		Total expenses. Add lines 13-17 (must equal Part I)		<u> </u>	74,887.	27,488.
	19	Revenue less expenses Subtract line 18 from line	12		-20,810.	-2,499.
Net Assets or Find Balances				Be	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		-	278,999. 12,645.	275,500. 11,645.
et A	21	Total liabilities (Part X, line 26)	l 00	\vdash	266,354.	263,855.
	ırt II	Net assets or fund balances Subtract line 21 from Signature Block	line 20		200,334.	203,033.
		Ities of perjury, I declare that I have examined this return,	including accompanying schedules	and stateme	nts, and to the best of m	v knowledge and belief, it is
		t, and complete. Declaration of preparer (other than office				,,
,	0000	Mini (430) (51) (1, 271) (103 (MT+1)			Sep 21, 20	121
Sıgı	1	Signature of officer			Date	
Her		MICHAEL WEBB, CHAIR				
		Type or print name and title				
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN
Paid		DAVID A. GEORGE, CPA	David George		9/21/21 self-employ	
Prep	arer	Firm's name RASMUSSEN, TELLER			Firm's EIN ▶	**_****
Use	Only	Firm's address 555 MICHIGAN STRE				21\ 249 5555
		PETOSKEY, MI 4977		···	Phone no (2	
May	the IF	S discuss this return with the preparer shown above	vez See instructions			X Yes No

_* WATER & SANITATION ROTARIAN ACTION GROUP Form 990 (2020) Part IV | Checklist of Required Schedules No. Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 1 If "Yes." complete Schedule A 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х 3 public office? If "Yes." complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X 7 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 X 8 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? Х 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments X 10 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, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total Х 11b 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 Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 X **11**d Part X, line 16? If "Yes," complete Schedule D, Part IX X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b 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 Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X 14b or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Х 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV

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

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

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

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes." 19 complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I. Parts I and II

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Х

X

X

16

17

18

19 20a

20b

WATER & SANITATION ROTARIAN ACTION GROUP RartilV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X 22 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 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete Х 23 Schedule J 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 X 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 2<u>4c</u> any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 Х 25b 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% X controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X 27 entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions). a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a "Yes, " complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If X "Yes," complete Schedule L, Part IV X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 contributions? If "Yes." complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X 34 Part V. line 1 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b

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

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O

Statements Regarding Other IRS Filings and Tax Compliance

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

1a	Enter the number reported in Box 3 of Form 1096	Enter -0- if not applicable	

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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Yes

36

37

0

X

No

1a

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1		*,	٠,	4
	filed for the calendar year ending with or within the year covered by this return	2a		0 🚉	ینا۔	أستنا
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction			11.		25.5
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a	:	X
b	If "Yes," enter the name of the foreign country				'	y
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	its (FBAR)		, in ,	. 4 .
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	•	5b		X_
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	anızatıon solicit			
	any contributions that were not tax deductible as charitable contributions?			6a	X	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts			
	were not tax deductible?			6b		X
7	Organizations that may receive deductible contributions under section 170(c).			-		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor	7 <u>7a</u>	<u> </u>	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uıred			İ
	to file Form 8282?	,		7c		ļ
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				المضائف
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	t?	7e		ļ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	ract?		<u>7f</u>		
g	If the organization received a contribution of qualified intellectual property, did the organization file February	orm 88	199 as required?	<u>7g</u>		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fi	le a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	e			. '
	sponsoring organization have excess business holdings at any time during the year?			8	-	
9	Sponsoring organizations maintaining donor advised funds.			- L		ا ئىلانىڭ د
а	Did the sponsoring organization make any taxable distributions under section 4966?			<u>9a</u>	+	ļ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		ļ
10	Section 501(c)(7) organizations. Enter		I	•	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1.4
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		_ " ፥	·. '	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-1∷∜	•	1 2 37
11	Section 501(c)(12) organizations. Enter	1	1	, ×.	,	3.
а	Gross income from members or shareholders	11a		⊣ 🖫		1.0
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		1.7	1-,	, ,
	amounts due or received from them.)	11b				- indian
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		7 	128	+	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		\dashv		1:200
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			3.5	\2' 1	4 5
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	1	
	Note: See the instructions for additional information the organization must report on Schedule O			1.1	* , `.	
ь	Enter the amount of reserves the organization is required to maintain by the states in which the	امد ا	1	- 1	٠ .	` ;
	organization is licensed to issue qualified health plans	13b		-	.*	,
C	Enter the amount of reserves on hand	13c	<u> </u>	+	+	X
14a	Did the organization receive any payments for indoor tanning services during the tax year?			148		 ^
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14t	' 	+-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration	or			
	excess parachute payment(s) during the year?			15	+	X
40	If "Yes," see instructions and file Form 4720, Schedule N.	4	2		-	المتعددة إ
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	uncor	ne?	16		X
	If "Yes," complete Form 4720, Schedule O		· · · · · · · · · · · · · · · · · · ·	لية \ حوا		(2020)
				ror	III 220	(2020)

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WATER & SANITATION ROTARIAN ACTION GROUP Form 990 (2020) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 10 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 O. 10 **b** Enter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a a The governing body? b Each committee with authority to act on behalf of the governing body? 8b Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 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 in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No." go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 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? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request X Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records MICHAEL COLASURDO - 732-833-9574 08701-5767

Form **990** (2020)

130 FOXWOOD ROAD, LAKEWOOD, NJ

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average	(C) Position (do not check more than one box, unless person is both an) than	one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related	Individual trustee or director	cer an	ss pei d a d	recto	or/trus	tee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization
	organizations below line)	Individual trus	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		i	and related organizations
(1) CHRIS MUTALYA DIRECTOR	1.00	x						0.	0.	0.
(2) MICHAEL BARRINGTON	1.00									
DIRECTOR		х				1		0.	0.	0.
(3) MONICA LOUIE	1.00									
DIRECTOR		X						0.	0.	0.
(4) NEIL VAN DINE	1.00				[
DIRECTOR		X						0.	0.	0.
(5) RAMESH AGGARWAL	1.00								_	_
DIRECTOR		X			<u> </u>	$oxed{oxed}$		0.	0.	0.
(6) MICHAEL WEBB	2.00	ļ								
CHAIR		Х		X		-	_	0.	0.	0.
(7) MARK BALLA	2.00					1			•	0
VICE CHAIR	1 00	Х	-	X	_	-	_	0.	0.	0.
(8) PAT MERRYWEATHER-ARGES	1.00	х		х				0.	0.	0.
SECRETARY (9) MICHAEL COLASURDO	2.00	^		Λ			-		<u> </u>	· · ·
TREASURER	2.00	х		х				0.	0.	0.
(11) MARY BETH GROWNEY SELENE	2.00					\vdash		-		
DIRECTOR		х		X				0.	0.	0.

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<u>***</u>	Page 8
1)	
	(F)

(A) Name and title	(B) Average hours per week	(do r	not ch unles	(C Pos neck r	(C) SITION K more than one terson is both an director/trustee)			(D) Reportable compensation from	(E) Reportable compensation from related	(Fable Estimation amou		of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	org ar	npensa from the ganizated related ganizat	ation ne tion ted
										<u> </u>		•
						-						
						-						
		\vdash	_							-		
				_								
1b Subtotal c Total from continuation sheets to Part	t VII, Section A						>	0.	0.			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including bu	ut not limited to the	ose li	stec	d ab	ove) wh	o re	0 .	0.00 of reportable	<u> </u>		0.
compensation from the organization											Yes	No
3 Did the organization list any former office		ee, ke	еу ө	mple	oyee	e, or	hıgi	hest compensated empl	oyee on		103	_
line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the		e cor	npe	nsat	tion	and	oth	er compensation from th	ne organization	3_	 -	X
and related organizations greater than \$Did any person listed on line 1a receive of									ual for services	4_	-	X
rendered to the organization? If "Yes," c Section B. Independent Contractors										5		X
1 Complete this table for your five highest	•	-								tion fr	om	
the organization. Report compensation f (A)	for the calendar ye	ar er	ndını	g wi	th o	r wit	thin	the organization's tax ye (B)	ear.	(C)	_
Name and busine	ess address	NO	NE				<u> </u>	Description of se	ervices C	Compe	nsatio	n
					_		\downarrow					
				_			\downarrow					
	· 							····				,
					-							
2 Total number of independent contractors	-	t limi	ıted	to t	_		ed a	above) who received mo	re than	, ′		
\$100,000 of compensation from the orga	anization >				0					Form	990 (3030.

7330-014		#175H7 E	Check if Schedule O contains a res	nonse	or note to any lin	e in this Part VIII			, L
		-	CHECK II SCHEUGE O CONTAINS & 163	501130 (SI Hote to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
8 8	1	<u>a</u> .	Federated campaigns 1a			THE PROPERTY OF THE	28-17-28-18-18-18-18-18-18-18-18-18-18-18-18-18	SECTION OF SECTION	MYSCHAM WAR
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues		7,450.				
្វិត្ត			Fundraising events	1	,,2500			Signa Populative of	
ξĘ			-						
엹텳			Related organizations 10		·				
s,ä			Government grants (contributions)	•					
흥귀		f	All other contributions, gifts, grants, and			The financial of the State of t			Contract Line Contract Contrac
É₩	'		similar amounts not included above 11						[0000004*******************************
풀걸		-		3 \$	•				
<u>0</u> g		h	Total. Add lines 1a-1f-		P	7,450.	og frår "V får et statt milde frå et stat statt 300 - En til til Turk fill franklik milde skille franklik	ລັດ ໄດ້ຂຶ້ນ ທີ່ ວັດ ຂ້າ ກຳລັດໄດ້ ວັດ ຂັດ ໄດ້ຄົດໄດ້ເຄື່ອ ໃຫ້ປະຕິວິດ ແລ້ວ ເຄື່ອນ ເຄື	ົບວ່າໃຫ້ແຂ່ນກຳ ວາໄດ້ນີ້ເຄົາກຳນັກ ໂດເຕີໂຊ່ນນີ້ນີ້ ຊີວ ການ ກັກການໃຕ້ເກັກຂີນກໍ່ເຕັມກັກຄານຮະໜາດໃຕ້ຄືນກໍ
	:		MODED WARD GURDATE		Business Code	17 500	17 500		of the an interior of the contract of the cont
g	2	а	WORLD WATER SUMMIT		900099	17,500.	17,500.		
و چ		þ	3						,
Sign		C							
Ek		d					•		
Program Service Revenue		е							
۵		f	All other program service revenue		L	15 500	Francisco de la companya de la compa	LALO SERVE LI PLANCESTON 12	1 - 15 - 15 - 15 - 15 - 15 - 15 - 15 -
		g	Total. Add lines 2a-2f			17,500.		に変われるものない。	
	3		Investment income (including dividends	s, intere	st, and	3.0	,		. aá
			other similar amounts)			39.	-		39.
	4	4 Income from investment of tax-exempt bond pro			roceeds				
	5	١	Royalties		<u> </u>	11 > 11 th that there reported 1 the total in the collection	oskol Koralika Stalika	constraint distribution of the constraint of the	A Continue and with a second
			(i) R	eai	(II) Personal				
	6	а	Gross rents 6a						
,	,		Loss rental expenses 6b						
			Rental income or (loss) 6c		<u> </u>	特別者の経済できる。	25 HE WAR 25 JULY 25 J	4482/2/48 F88848	A STANKE OF THE STANK
			Net rental income or (loss)		<u> </u>		AND THE PROPERTY OF THE SEARCH SERVICES	July 45 Fro. 156,4884,650, 6.23	SERVICE OF STANKS TO SERVICE SERVICES
	7	а	Gross amount from sales of . (i) Secu	<u>infles</u>	(ii) Other				
			assets other than inventory /a			I SET CONTROLLED		78000	
		b	Less: cost or other basis						
E E			and sales expenses 7b						
, Ke			Gain or (loss) 7c		<u> </u>	ZZZE PRODUKA		THE STATE OF THE S	
her Revenue			Net gain or (loss)	_	<u> </u>	Trical Garage Manager	1887 U 1750 V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NATION COLDED BY	ana and along the state of the
혈	8	ā	Gross income from fundraising events (not						
8			including \$ of	f					W. Francisco
			contributions reported on line 1c). See						
			Part IV, line 18	8a					
		b	Less direct expenses	8b	l <u></u>			0798-27048 & B	発展が必要的な影響
		С	Net income or (loss) from fundraising ev		<u> </u>	00000 7 (A TOTAL COLD		A. T. S. W. S. AMP ADDRESS OF COME OF MAN	St. 20050 We 445 L. 18533111 9 1 /
ĺ	9	а	Gross income from gaming activities S	ee					
1	•	•	Part IV, line 19	9a	,				
	•		Less ⁻ direct expenses	9 <u>b</u>			on the factor and a	The Light William is the troping	man minimum and a property and the
			Net income or (loss) from gaming activity	tieś		, NO SYSTEM OF THE TAX STATE OF THE STATE OF	Contract to the contract to	Min Charles Street - No. 75 kg Alexa Ab. a	Cis. Alberts of mod Section, gives a
	10	а	Gross sales of inventory, less returns						
			and allowances	10a					
		b	Less cost of goods sold	10b			SAXWAN SERVICE A		The Work of the Control of the Control
		С	Net income or (loss) from sales of inven	tory		20.5.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2		14/2 n W n 22 1 1 2 1 1 2	Campan Pro Nove of Maria 1. 1.
ر _م ا			•	1	Business Code	May Daller Come to be carried to be considered to be cons			
ğ a	11	а				<u> </u>			,, ,,
ane		b		•					
scellaned Revenue		С			,	` <u> </u>			
Miscellaneous Revenue			All other revenue		L		Jan german regence as a resident scott	Standard and the state of the s	And the properties of the parties and the part
	-	е	Total. Add lines 11a-11d		> _			SASSEMENTA	300000000000000000000000000000000000000
	12		Total revenue. See instructions			24,989.	17,500.	0.	39.

032009 12-23-20

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX									
	Check if Schedule O contains a respon		this Part IX	(C)	(D)				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) `Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations	:							
	and domestic governments. See Part IV, line 21								
2	Grants and other assistance to domestic	-	-						
	ındıvıduals. 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			A CONTRACTOR OF THE PARTY OF TH					
4	Benefits paid to or for members		<u> </u>	Same of the Contraction of the C	"-gate by the second second second				
5	Compensation of current officers, directors,			•					
	trustees, and key employees				<u> </u>				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)			,					
7	Other salaries and wages								
8	Pension plan accruals and contributions (include	<u> </u>							
U	section 401(k) and 403(b) employer contributions)		•						
9	Other employee benefits								
10	Payroll taxes	· · · · · · · · · · · · · · · · · · ·			<u> </u>				
11	Fees for services (nonemployees)		· · · · · · · · · · · · · · · · · · · 						
а	Management	11,300.	-	11,300.					
b	Legal		·	== 1.3.3.3.3.3.	. ,				
c	Accounting	1,525.		1,525.					
d	Lobbying		, , , , , , , , , , , , , , , , , , , 	<u>.</u> r					
е	Professional fundraising services. See Part IV, line 17		選手をおいている。	公理 总统会的	•				
f	Investment management fees				-				
g	Other. (If line 11g amount exceeds 10% of line 25,								
	column (A) amount, list line 11g expenses on Sch O.)				• .				
12	Advertising and promotion	7,348.	7,348.		t ·				
13	Office expenses	304.		304.	· · · · · · · · · · · · · · · · · · ·				
14	Information technology	5,322.	5,322.		· · · · · · · · · · · · · · · · · · ·				
15	Royalties ' ·	<u> </u>			*				
16	Occupancy	· · · · · · · · · · · · · · · · · · ·		•	<u></u>				
17	Travel			`					
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	1 000	1 000						
19	Conferences, conventions, and meetings	1,298.	1,298.						
20	Interest			·	·				
21	Payments to affiliates		•						
22	Depreciation, depletion, and amortization								
23 ,	Insurance Stamps average not appeared	92 CENSON - ARCONAGO BIONA A	CONTRACTOR TO THE CONTRACTOR	1988 1886 - 4. 1888 1888 1888 1888 1888 1888 1888 1	MOTHER TO THE METERS OF THE				
24	Other expenses, Itemize expenses not covered above (List miscellaneous expenses on line 24e, If								
	line 24e amount exceeds 10% of line 25, column (A)								
_	amount, list line 24e expenses on Schedule O.)	TAN DE LET FORMAN (1994) PLOTE 1894 (1994)	49-86 TO SEC. 18-86 A. 18-86	3 (31 10 19 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	F 42 14 1 1544 1544 1545 1545 1545 1545 1				
a									
b					•				
. u		<u></u>							
d e	All other expenses	391.		391.					
25	Total functional expenses. Add lines 1 through 24e	27,488.	13,968.	13,520.	0.				
<u>25 </u>	Joint costs. Complete this line only if the organization								
	reported in column (B) joint costs from a combined	, ,	, ,						
	educational campaign and fundraising solicitation	,	<i>'</i>						
_	Check here If following SOP 98-2 (ASC 958-720)	•	<u> </u>		,				

Form 990 (2020)

•		Check if Schedule O contains a response or note	to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		268,999.	1	263,000.
	2.	Savings and temporary cash investments			2	0.
	3	Pledges and grants receivable, net	•		3	
1	4	Accounts receivable, net		10,000.	4	12,500.
	5	Loans and other receivables from any current or	former officer, director,			
		trustee, key employee, creator or founder, substa	intial contributor, or 35%			
		controlled entity or family member of any of thes			5	•
•	6	Loans and other receivables from other disqualifi	ed persons (as defined			
		under section 4958(f)(1)), and persons described	in section 4958(c)(3)(B)		6_	
,	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
₽s	9	Prepaid expenses and deferred charges			9	0.
	10a	Land, buildings, and equipment cost or other	'			
		basis. Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 1	1		12	
	13 '	Investments - program-related See Part IV, line 1		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equa	l line 33)	278,999.	16	275,500.
	17	Accounts payable and accrued expenses	12,300.	17	11,300.	
	18	Grants payable		18		
	19	Deferred revenue			19	. 0.
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete F	art IV of Schedule D		21	
ູ	22	Loans and other payables to any current or form	er officer, director,			
III		trustee, key employee, creator or founder, substa	intial contributor, or 35%			
Liabilities		controlled entity or family member of any of these	e persons		22	
. دُ	23	Secured mortgages and notes payable to unrelate	ed third parties		23	
- }	24	Unsecured notes and loans payable to unrelated	third'parties	P	24	
	25	Other liabilities (including federal income tax, pay	ables to related third	,		
		parties, and other liabilities not included on lines	17-24) Complete Part X	.		,
		of Schedule D		345.	25	345.
	26	Total liabilities. Add lines 17 through 25		12,645.	26	.11,645.
		Organizations that follow FASB ASC 958, chec	k here 🕨 🗓			
es		and complete lines 27, 28, 32, and 33.	,			
auc	27	Net assets without donor restrictions		266,354.	27	263,855.
g	28	Net assets with donor restrictions			28	
פ		Organizations that do not follow FASB ASC 95	8, check here 🕨 🔲			
고		and complete lines 29 through 33.				
ة إ	29	Capital stock or trust principal, or current funds			29	•
Sets	30	Paid-in or capital surplus, or land, building, or eq	upment fund		30	
Ast	31	Retained earnings, endowment, accumulated inc			31	•
Net Assets or Fund Balances	32	Total net assets or fund balances		266,354.	32	263,855.
-	33	Total liabilities and net assets/fund balances	•	278,999.	33	275,500.

Form **990** (2020)

Form	990 (2020) WATER & SANITATION ROTARIAN ACTION GROUP	**_***	***	Pag	_{je} 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,9	
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,48	
3	Revenue less expenses. Subtract line 2 from line 1	3	-2	2,49	99.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	266	5,3	5 4 .
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	263	8,8	<u> 55.</u>
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O	1 _ 1		Х
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>~</u>
	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			s'	٠.
	Separate basis Consolidated basis Both consolidated and separate basis		%		X
b	Were the organization's financial statements audited by an independent accountant?	.	2b	-	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	o dasis,			
	consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis		!	-	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
_	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	gie Audit		1	х
	Act and OMB Circular A-133?	rad avidit	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	eo audit	,	ļ	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b Form	<u>990</u>	3030)
			LOUID.	550	2020)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ. ➤ Go to www.irs.gov/Form990 for instructions and the latest information.

2020
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

•	Section 501(c)(4), (5), or (6) organiza	tions Complete Part III.			
Nar	ne of organization			Em	ployer identification number
		SANITATION ROTAL			**_****
Pa	art I-A Complete if the org	ganization is exempt und	er section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organic	tures	al campaign activities		\$
3	Volunteer hours for political campa	iigri activities			
D:	art I-B Complete if the org	ganization is exempt und	er section 501(c)(3).	
	Enter the amount of any excise tax				\$
	Enter the amount of any excise tax				\$
	If the organization incurred a section			•	\$ Yes No
_	Was a correction made?	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Yes No
	o If "Yes," describe in Part IV.				
		ganization is exempt unde	er section 501(c),	except section 501	(c)(3).
1	Enter the amount directly expende	·			\$
	Enter the amount of the filing organ				
	exempt function activities		· ·		\$
3	Total exempt function expenditures	s. Add lines 1 and 2 Enter here a	nd on Form 1120-POL	,	
	line 17b			•	\$ Yes
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5			N) of all section 527 po		
	made payments For each organiza	· · · · · · · · · · · · · · · · · · ·	• •		*
	contributions received that were pr				ate segregated fund or a
	political action committee (PAC). If	additional space is needed, prov	ide information in Part	IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). A Check	Schedule C (Form 990 or 990-EZ) 2020	WATER &	SAN	TTATION ROTA	ARIAN ACTIO	N GROU **-*	***** Page 2
A Check In the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures) B Check In the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1 a and 1b) d Other exempt purpose expenditures (add lines 1 a and 1b) d Other exempt purpose expenditures (add lines 1 a and 1b) f Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount of aine 1s, column (a) or (b) is. The lobbying nontaxable amount is: Not over \$500,000 Over \$1,000,000 but not over \$1,000,000 St00,000 but not over \$1,000,000 Gress \$1,000,000 but not over \$1,000,000 St00,000 but not over \$1,000,000 Gress \$1,000,000 but not over \$1,000,000 Gress \$1,000,000 but not over \$1,000,000 Gress \$1,000,000 but not over \$1,000,000 St00,000 but not over \$1,000,000 Gress \$1,000,000 \$1,000,000	Part II A Complete if the org						
expenses, and share of excess lobbying expenditures) Limits on Lobbying Expenditures Checked box A and "imited control" provisions apply		ation belongs to	an affili	ated group (and list in	Part IV each affiliated	group member's name	address, EIN.
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures (add lines 1a and 1b) f Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Section of the excess over \$500,000 Over \$1,000,000 but not over \$1,000,000 Ove					•	3	•
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures (add lines 1a and 1b) f Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Section of the excess over \$500,000 Over \$1,000,000 but not over \$1,000,000 Ove	B Check ▶ ☐ If the filing organization	ation checked b	ox A an	d "limited control" pro	visions apply		
b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000	Lim	its on Lobbying	ј Ехреп	ditures	•	organization's	
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Schedule C (Form 990 or 990 EZ) 2020 WATER & SANITATION ROTARIAN ACTION GROU **-***** Page 3
Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(b)		
the lobbying activity	Yes	No	Amount		
During the year, did the filing organization attempt to influence foreign, national, state, or	5 45	& * * \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(() (%)	() () () () () () () () () ()	
local legislation, including any attempt to influence public opinion on a legislative matter		1 8		igning a	
or referendum, through the use of			1		
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			- , c - , · · ·		
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?			L		
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?			<u> </u>		
j Total. Add lines 1c through 1i	~3 34	`ر` بر به			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			0.47	(1) N (
b If "Yes," enter the amount of any tax incurred under section 4912	3 (()	1. 1 A . 1			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	1, 15, 18, 2	4. Z 4			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			King Tolky	`, .	
Part III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)(5), or sec	ction		
501(c)(6).			Yes	No	
				"	
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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 Cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	ion 501(c)(2 3 5), or sec	X X ction	3, is	
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Schedule C (Form 990 or 990-EZ) 2020

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

WATER & SANITATION ROTARIAN ACTION GROUP

Employer identification number **_****

Ра	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, Iir		runus or Ac	Counts. Complete if the
	organization answered 165 off our 550, raft 19, III	(a) Donor advised funds	((b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in don	or advised fund	ds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds	can be used o	nly
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other p	urpose conferr	ing
	impermissible private benefit?			Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" on For	m 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)		
	Preservation of land for public use (for example, recrea	ition or education) 🔲 Presen	vation of a histo	orically important land area
	Protection of natural habitat	Preser	vation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in t	ne form of a co	nservation easement on the last
	day of the tax year			Held at the End of the Tax Yea
а	Total number of conservation easements			2a
þ	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic	structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminate	d by the organi	zation during the tax
	year ▶			
4	Number of states where property subject to conservation eas	sement is located >		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, hand	dling of	
	violations, and enforcement of the conservation easements if	tholds?		L Yes L N∈
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforc	ing conservatio	on easements during the year
	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, hand	fling of violations, and enforcing c	onservation ea	sements during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of sect	ion 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			L Yes L N∈
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and e	expense statem	ent and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial	statements tha	at describes the
_	organization's accounting for conservation easements.	A A 11: A T	Otto C	::! AA-
Pa	t III Organizations Maintaining Collections of		, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form			-
1a	If the organization elected, as permitted under FASB ASC 95			
	of art, historical treasures, or other similar assets held for put			nce of public
	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95	<u>. </u>		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research	n in furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			▶ \$
2	If the organization received or held works of art, historical tre-	asures, or other similar assets for	fınancıal gaın, p	provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			> \$
b	Assets included in Form 990, Part X			▶ \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 202

	dule D (Form 990) 2020 WATER & t III Organizations Maintaining C	SANITATIO						**_** r Assets	****	Page 2
3	Using the organization's acquisition, accessi								(continu	ea)
3	collection items (check all that apply)	on, and other record	is, checi	K ally Of the i	ollowing triat	make sig	Jimoant.	030 OI 113		
а	Public exhibition	c	ı 🗀	Loan or exc	hange prograi	m				
b	Scholarly research				. iai igo prograi					
c	Preservation for future generations	`								
4	Provide a description of the organization's co	ollections and explain	n how th	nev further th	ne organization	n's exem	pt purpo	se in Part	XIII.	
5	During the year, did the organization solicit of	•		•	_					
•	to be sold to raise funds rather than to be ma								Yes	☐ No
Pái	t IV Escrow and Custodial Arran					Yes" on F	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contributions	s or other asse	ets not in	ncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	table						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f	L		
	Did the organization include an amount on Fe						y?		」Yes	∐ No
	If "Yes," explain the arrangement in Part XIII									ــــــــــــــــــــــــــــــــــــــ
Par	t V Endowment Funds. Complete									
		(a) Current year	(b) F	Prior year	(c) Two years	s Dack (d) Inree	years back	(e) Four y	ears back
1a	Beginning of year balance		-							
D	Contributions					+				
ا. د	Net investment earnings, gains, and losses Grants or scholarships		<u> </u>							
u	Other expenditures for facilities									
е	and programs		ŀ			}				
	Administrative expenses		<u> </u>							
, g	End of year balance									
2	Provide the estimated percentage of the curr	ent vear end balance	e (line 1d	a. column (a)) held as				·	
a	Board designated or quasi-endowment		%	51	,					
b	Permanent endowment	 %								
С	Term endowment									
	The percentages on lines 2a, 2b, and 2c short	uld equal 100%.								
За	Are there endowment funds not in the posse		ation tha	it are held an	nd administere	d for the	organiza	ation		
	by									es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(iı)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment f	unds						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990), Part IV	1	ı	Part X, II	ne 10.			
	Description of property	(a) Cost or o basis (investr		, , ,	or other (other)	• •	cumulate reciation		(d) Book	value
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
е	Other									
Total	. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X. colun	nn (B). line 1()c.)			•		0.

Schedule D (Form 990) 2020

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Schedule D (Form 990) 2020 WATER & SANITATION ROT	TARIAN ACTION GROUP	**-***** Page 4
Part XI Reconciliation of Revenue per Audited Financial S	tatements With Revenue per I	Return.
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
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	7
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	7, 1
e Add lines 2a through 2d		
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	46	
****	(40)	
	40.)	4c 5
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line Part XII Reconciliation of Expenses per Audited Financial S	IZ.) Statements With Expenses per	1 1
	· ·	netam:
Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a	1.1
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.	1 - 1	1
a Donated services and use of facilities	2a	- ·
b Prior year adjustments	2b	-
c Other losses	2c	⊣ . I
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	<u> </u>
c Add lines 4a and 4b		4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line	2 18.)	5
5 Total expenses. Add lines 3 and 4c. This must equal Form 990. Part I. line Part XIII Supplemental Information.	3 18.)	5
Part XIII Supplemental Information.	d 4, Part IV, lines 1b and 2b, Part V, line	
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4, Part IV, lines 1b and 2b, Part V, line	
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4, Part IV, lines 1b and 2b, Part V, line	
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Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4, Part IV, lines 1b and 2b, Part V, line	
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Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4, Part IV, lines 1b and 2b, Part V, line	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

➤ Attach to Form 990.

 OMB No 1545-0047

2020
Openito Public

Name of the organization

Employer identification number

Particular Par	WATER & SANITAT	ION ROTAI	RIAN ACT	ION GROUP	**_****	k
1 For grantmakers. Describe organization maintain records to substantiate the amount of its grants and other assistance. It is a substantial to award the grants or assistance? Yes No No Tractions in the region of fices in the region of the following Part I, line 3 table can be duplicated if additional space is needed: (a) Region (in the region in the region in the region in the region of the following Part I, line 3 table can be duplicated if additional space is needed: (b) If activity listed in (d) is a program service, described specific type of service(s) in the region of the region of service(s) in the regi	Partil General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "Ye	es" on
the grantese' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No Porgrantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of offices in the region offices in the region in the region of the region in the region of the	Form 990, Part IV	/, line 14b				•
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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. Schedule F (Form 990) 2020
Partil

Grants and Other

(i) Method of valuation (book, FMV, appraisal, other)								
(h) Description of noncash vassistance			,					
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(b) IRS code section and EIN (if applicable)	1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2							ecipient organization
1 (a) Name of organization								2 Enter total number of re

Schedule F (Form 990) 2020

Enter total number of other organizations or entities

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WATER & SANITATION ROTARIAN ACTION GROUP

Schedule F (Form 990) 2020 WATER & SANITATION ROTARIAN ACTION GROUP **-****

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

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)	1			:			Schedule F (Form 990) 2020
(g) Description of noncash assistance							Schedu
(f) Amount of noncash assistance							
(e) Manner of cash disbursement							
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(c) Number of recipients							
(b) Region							
(a) Type of grant or assistance (b) Region					-		

"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)

Schedule F (Form 990) 2020

Yes X No

Schedule F	(Form 990) 2	020			TATIO	N RO	TARIAN A	ACTION	GROUP	*		Page 5
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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2020
Open to Public Inspection

Name of the organization

WATER & SANITATION ROTARIAN ACTION GROUP

Employer identification number

WATER & SANITATION ROTARIAN ACTION GROUP
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO CLEAN WATER THROUGH HYGIENE EDUCATION AND BY PROVIDING PROJECT
COORDINATION AND TECHNICAL SUPPORT.
FORM 990, PART VI, SECTION A, LINE 6:
CLASSES OF MEMBERS OR STOCKHOLDERS THE ORGANIZATION IS A NON-STOCK
NONPROFIT WITH MEMBERS. MEMBERS HAVE EQUAL RIGHTS TO PARTICIPATE IN THE
ORGANIZATION'S GOVERNANCE, AND APPROVE SIGNIFICANT DECISIONS OF THE
GOVERNING BODY.
FORM 990, PART VI, SECTION A, LINE 7A:
ELECTION OF MEMBERS AND THEIR RIGHTS A NOMINATING COMMITTEE CALLS FOR
APPLICATIONS FROM THE MEMBERSHIP, AND DEVELOPS A SLATE OF CANDIDATES.
CANDIDATES' NAMES ARE E-MAILED TO THE MEMBERSHIP, AND THE MEMEBERSHIP MAY
ADD NAMES. MEMBERSHIP THEN HAS 30 DAYS TO VOTE THEIR CHOICE. ELECTED
BOARD SELECTS OFFICERS DURING FIRST MEETING OF THE YEAR.
FORM 990, PART VI, SECTION A, LINE 7B:
DECISIONS SUBJECT TO APPROVAL OF MEMBERS MEMBERSHIP MAY OVERTURN BOARD
DECISIONS WITH A TWO-THIRDS VOTE.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS RECEIVED BY ACCOUNTANT PRIOR TO DUE DATE AND IS REVIEWED BY
BOARD OF DIRECTORS FOR ACCURACY AND COMPLETENESS. AUTHORIZATION TO FILE IS
DETERMINED UPON REVIEW, AND ACCOUNTANT IS NOTIFIED.

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

Schedule O (Form 990 or 990-EZ) 2020