# (Rev. January 2020)

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. Open to Public Inspection ► Go to www.irs.gov/Form990 for instructions and the latest information.

AF	or the	e 2019 calendar year, or tax year beginning and	enaing					
<b>B</b> c	heck if pplicabl	C Name of organization		D Employer identifie	cation number			
	_Addre	SS WATER & SANITATION ROTARIAN ACTION GRO	UP					
	Name chang	Doing business as WASRAG		20-86567	60			
	Initial return	,	Room/suite	E Telephone number				
	Final return			416-596-	3607 160,455.			
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	City or town, state or province, country, and ZIP or foreign postal code					
	Amen return	SPRING LARE, MI 49450	H(a) Is this a group re					
	Application pendir	F Name and address of principal officer: MICHAEL WEBB		for subordinates				
		SAME AS C ABOVE		H(b) Are all subordinates in				
		empt status: 501(c)(3)	or 527	<b>⊣</b> ′	list. (see instructions)			
_		te: WWW.WASRAG.ORG	1	H(c) Group exemptio				
K ⊦ Da	orm of	organization: X Corporation Trust Association Other ► Summary	<b>L</b> Year	of formation: 2007 N	M State of legal domicile: CA			
	_	Briefly describe the organization's mission or most significant activities: AN II	NTERNA	TTONAL ASSOC	TATTON OF			
ce		ROTARIANS FOCUSED ON IMPROVING LIVES WORL						
Activities & Governance	l	Check this box if the organization discontinued its operations or dispose						
ver	l			3	10			
ဗ္	l	Number of independent voting members of the governing body (Part VI, line 1b)			10			
م د		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			0			
/itie		Total number of volunteers (estimate if necessary)			150			
ξį		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
⋖		Net unrelated business taxable income from Form 990-T, line 39			0.			
				Prior Year	Current Year			
Φ	8	Contributions and grants (Part VIII, line 1h)		80,215.	77,740.			
eun	9	Program service revenue (Part VIII, line 2g)		136,177.	81,525.			
Revenue	I	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,727.	1,190.			
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		218,119.	160,455.			
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	_	0.	0.			
Exp	D	Total fundraising expenses (Part IX, column (D), line 25)	0.	149,272.	115,684.			
	١''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		149,272.	115,684.			
	l	Revenue less expenses. Subtract line 18 from line 12		68,847.	44,771.			
Z S		Troveride 1656 experised. Oublidet line 16 front line 12		ginning of Current Year	End of Year			
ets (	20	Total assets (Part X, line 16)		282,473.	328,187.			
ASS 1 Ba	21	Total liabilities (Part X, line 26)		26,580.	27,523.			
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		255,893.	300,664.			
	art II	Signature Block						
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	knowledge and belief, it is			
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparer	has any knowledge.				
		Construct of the construction		Data				
Sigi		Signature of officer		Date				
Her	е	MICHAEL WEBB, CHAIR Type or print name and title						
				Date Check	PTIN			
n	i	Print/Type preparer's name  Preparer's signature		if				
Paid		TED M. TELLER, CPA  Firm's name ► RASMUSSEN, TELLER, O'NEIL & CHRI		09/25/20   "self-employ PC   Firm's EIN				
Preparer   Firm's name   RASMUSSEN, TELLER, O'NEIL & CHRISTMAN PC   Firm's EIN   38-2268582   Use Only   Firm's address   555 MICHIGAN STREET								
USE	Jilly	PETOSKEY, MI 49770		Phone no (2	31) 347-5555			
May	the II	RS discuss this return with the preparer shown above? (see instructions)		FIIUIIE IIU. \ Z	X Yes			
viay		(SEE IIIS ICIAITI WITH THE PREPARE SHOWN ADOVE! (SEE IIISTIUCTION)			100110			

## Form 990 (2019) WATER & SANT Part IV Checklist of Required Schedules

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

Form 990 (2019) WATER & SANITATION ROTARIAN ACTION GROUP 20-8656760 Page 4

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			<b> </b>
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			,,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			,,
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	٥		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
27	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	36		
37		0.7		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		_^
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai		1 00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number reported in Box 3 of Form 1030. Enter 40-in not applicable  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b  0			
2	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	1c		
	U U, U I		000	

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts Х were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year?

Form **990** (2019)

X

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

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			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 10								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1							
_	officer, director, trustee, or key employee?	2		х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_							
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		х					
4	Pid the constitution and the second of the s	4		X					
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
	Billion and the state of the st	6	Х						
6	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-	25						
7a		7a	х						
	more members of the governing body? <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
D									
_	persons other than the governing body?	7b	Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	Х						
a	a The governing body?								
b	<b>b</b> Each committee with authority to act on behalf of the governing body?								
9	, , , , , , , , , , , , , , , , , , , ,								
800	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b							
	and branches to ensure their operations are consistent with the organization's exempt purposes?								
11a									
b	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	12a Did the organization have a written conflict of interest policy? If "No," go to line 13								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c	Х	<u> </u>					
13	Did the organization have a written whistleblower policy?	13		X					
14	Did the organization have a written document retention and destruction policy?	14		X					
15	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?								
а	The organization's CEO, Executive Director, or top management official	15a		X					
b	Other officers or key employees of the organization	15b		X					
	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								
	taxable entity during the year?	16a		X					
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							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE								
18	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)	availa	ble					
	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)								
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and									
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	MICHAEL COLASURDO - 732-833-9574								
	130 FOXWOOD ROAD, LAKEWOOD, NJ 08701-5767								

932006 01-20-20 Form **990** (2019)

## 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.

<b>(A)</b> Name and title	(B) Average hours per	I tuo not check more than one					an	(D) Reportable compensation	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	In stitutio nal tru stee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) RAMESH AGGARWAL DIRECTOR	1.00								0	_
(2) MARK BALLA	1.00	Х						0.	0.	0
DIRECTOR	1.00	Х						0.	0.	0
(3) MICHAEL BARRINGTON	1.00	21						•	•	, and the second
DIRECTOR		х						0.	0.	0
(4) MONICA LOUIE	1.00									
DIRECTOR		Х						0.	0.	0
(5) PAT MERRYWEATHER	1.00							_	_	_
DIRECTOR		Х						0.	0.	0
(6) CHRIS MUTALYA	1.00	٠,							_	
DIRECTOR (7) BHARAT PANDYA	1.00	Х						0.	0.	0
DIRECTOR	1.00	Х						0.	0.	0
(8) NEIL VAN DINE	1.00								•	, and the second
DIRECTOR		Х						0.	0.	0
(9) MICHAEL WEBB	2.00									
CHAIR		Х		Х				0.	0.	0
(10) MICHAEL COLASURDO	2.00							_	_	_
TREASURER		Х		X				0.	0.	0
		-								
		1								
		1								
		}								
		1								

Par	Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	anc	<u>iH t</u>	ghes	t C	ompensated Employee	s (continued)			
	(A)	(B)			(0	C)			(D)	(E)		(F)	
	Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	E	stimate	ed
		hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation	aı	mount o	of
		week		cer ar	ia a d	irecto	or/trus	iee)	from	from related		other	
		(list any hours for	recto						the	organizations	1	npensa	
		related	or di	99			sated		organization	(W-2/1099-MISC)	1	rom the	
		organizations	rustee	l trust		99	npens		(W-2/1099-MISC)		1 '	ganizati d relate	
		below	dual t	rtiona		nploy	st cor	<b>5</b>			1	anizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					
							_				-		
							-						
			•										
											-		
	Subtotal								0.	0			0.
	Total from continuation sheets to Part VII								0.	0			0.
	Total (add lines 1b and 1c)							<u> </u>	0.	0	•		0.
2	Total number of individuals (including but no	ot limited to th	ose	liste	d ab	oove	e) wh	o re	eceived more than \$100,	000 of reportable			^
	compensation from the organization											Yes	0 No
3	Did the organization list any <b>former</b> officer,	director trust	ا مم	(A)/ (	mnl	OVA	e or	hia	hest compensated emp	lovee on		103	140
Ū	line 1a? If "Yes," complete Schedule J for so	•		•	•	•		_	•	•	3		Х
4	For any individual listed on line 1a, is the su										_		
	and related organizations greater than \$150										4		Х
5	Did any person listed on line 1a receive or a	ccrue comper	ısati	on fi	rom	any	unre	elate	ed organization or individ	dual for services			
_	rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	ıch <u>ı</u>	pers	on				5		X
	tion B. Independent Contractors												
1	Complete this table for your five highest con the organization. Report compensation for t										ation ir	om	
	(A)	ne calendar ye	Jai C	<del>JI IUII</del>	ig w	1111	JI WI		(B)	ear.	- (	C)	
	Name and business	address	NO	INC	3				Description of s	services	Compe	nsation	ı
								$\dashv$					
2	Total number of independent contractors (in	ncluding but no	ot lir	nited	d to	thos	se lis	ted	above) who received me	ore than			
	\$100,000 of compensation from the organiz	zation >				(	)					000	
												aan "	2010

932009 01-20-20

Form **990** (2019)

160,455.

e Total. Add lines 11a-11d

**12 Total revenue.** See instructions

d All other revenue

81,525.

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3					
	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,				
6	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 accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):	22 600		22 600	
a	Management	22,600.		22,600.	
b	Legal	1,375.		1,375.	
c C	Accounting	1,5/5•		1,3130	
d	Lobbying  Professional fundraising services See Part IV line 17				
e •	Professional fundraising services. See Part IV, line 17				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch O.)	E 650	E 650		
12	Advertising and promotion	7,650.	7,650.	4 100	
13	Office expenses	4,129.	7 045	4,129.	
14	Information technology	7,047.	7,047.		
15	Royalties				
16	Occupancy	15 104		15 134	
17	Travel	15,134.		15,134.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	50,701.	E0 701		
19	Conferences, conventions, and meetings	50,/01.	50,701.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,240.		1,240.	
23 24	Other expenses. Itemize expenses not covered	1,410.		1,210.	
<b>4</b> 4	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.)  SAM OWORI WASH PROJECTS	2,500.	2,500.		
a b	DAM GWORT WASH TROUBETS	2,500	2,500		
c					
d					
e	All other expenses	3,308.		3,308.	
25	Total functional expenses. Add lines 1 through 24e	115,684.	67,898.	47,786.	0.
26	Joint costs. Complete this line only if the organization	2,322	,	,	
_•	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
				l .	Earm 990 (2010)

Form 990 (2019)
Part X | Balance Sheet

Par	t X	Balance Sheet				
		Check if Schedule O contains a response or r	note to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		158,360.	1	153,800
	2	Savings and temporary cash investments		110,727.	2	151,913
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sul				
		controlled entity or family member of any of the	nese persons		5	
	6	Loans and other receivables from other disqu				
		under section 4958(f)(1)), and persons describ	ped in section 4958(c)(3)(B)		6	
ပ္သ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
₹	9			3,386.	9	8,974
	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, lin		12		
	13	Investments - program-related. See Part IV, lir		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		10,000.	15	13,500
	16	Total assets. Add lines 1 through 15 (must e		282,473.	16	328,187
	17	Accounts payable and accrued expenses		11,300.	17	11,800
	18	Grants payable		18		
	19	Deferred revenue	15,280.	19	13,875	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complet			21	
ູ	22	Loans and other payables to any current or fo				
Liabilities		trustee, key employee, creator or founder, sul	ostantial contributor, or 35%			
<u> </u>		controlled entity or family member of any of the			22	
֡֞֜֞֞֜֞֞֡֡֞֞֡֡֞֡֡	23	Secured mortgages and notes payable to unr			23	
	24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lir	nes 17-24). Complete Part X			
		of Schedule D		0.	25	1,848
	26	Total liabilities. Add lines 17 through 25		26,580.	26	27,523
		Organizations that follow FASB ASC 958, c	heck here ▶ X			
se		and complete lines 27, 28, 32, and 33.				
aŭ	27	Net assets without donor restrictions		239,893.	27	287,164
Ba	28	Net assets with donor restrictions		16,000.	28	13,500
ם		Organizations that do not follow FASB ASC				
로		and complete lines 29 through 33.				
ğ	29	Capital stock or trust principal, or current fund	ds		29	
Sets	30	Paid-in or capital surplus, or land, building, or			30	
As	31	Retained earnings, endowment, accumulated			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		255,893.	32	300,664
_	33	Total liabilities and net assets/fund balances		282,473.	33	328,187

Form **990** (2019)

Pa	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			<u> 55.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			84.
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>771.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2!	55,8	<u> 193.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3 (	0,6	64.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	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				
	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	audit.			
	review, or compilation of its financial statements and selection of an independent accountant?		20		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?	_	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		 3b		

932012 01-20-20

#### **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

o Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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.

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

Tax) (see separate instructions), then				
<ul> <li>Section 501(c)(4), (5), or (6) organizat</li> </ul>	ions: Complete Part III.			
Name of organization			Emp	loyer identification number
WATER &	SANITATION ROTAR	RIAN ACTION	GROUP	20-8656760
Part I-A Complete if the org	anization is exempt unde	er section 501(c)	or is a section 527 or	ganization.
1 Provide a description of the organiz	ation's direct and indirect politica	al campaign activities i	in Part IV.	
2 Political campaign activity expendit	ures		<b>&gt;</b> 9	S
3 Volunteer hours for political campai	gn activities			
Part I-B Complete if the org	anization is exempt unde	er section 501(c)(	3).	
1 Enter the amount of any excise tax	incurred by the organization unde	er section 4955	<b>&gt;</b> 9	S
2 Enter the amount of any excise tax				
3 If the organization incurred a sectio				
4a Was a correction made?				Yes No
<b>b</b> If "Yes," describe in Part IV.				
Part I-C Complete if the org	anization is exempt unde	er section 501(c),	except section 501(c	e)(3).
1 Enter the amount directly expended	by the filing organization for sec	tion 527 exempt func	tion activities	S <sub></sub>
2 Enter the amount of the filing organ	ization's funds contributed to oth	er organizations for se	ection 527	
exempt function activities			<b>&gt;</b> \$	S
3 Total exempt function expenditures	. Add lines 1 and 2. Enter here ar	nd on Form 1120-POL	,	
line 17b				
4 Did the filing organization file Form	1120-POL for this year?			Yes No
5 Enter the names, addresses and en	nployer identification number (EIN	l) of all section 527 po	olitical organizations to which	n the filing organization
made payments. For each organiza	tion listed, enter the amount paid	from the filing organiz	zation's funds. Also enter th	e amount of political
contributions received that were pro			·	e segregated fund or a
political action committee (PAC). If	additional space is needed, provi	de information in Part	IV.	
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
			filing organization's	contributions received and promptly and directly
			funds. If none, enter -0	delivered to a separate
				political organization.
				If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2019

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932041 11-26-19

Schedule C (Form 990 or 990-EZ) 2019  Part II-A Complete if the or section 501(h)).	WATER ganizatio	& SAN	ITATION ROT	'ARIAN ACTION n 501(c)(3) and file	i GROU 20−3 d Form 5768 (el	8656760 Page 2 ection under
A Check ▶ if the filing organiz	ation belon	gs to an affi	liated group (and list i	n Part IV each affiliated	group member's nan	ne, address, EIN,
expenses, and sha	are of exces	s lobbying e	expenditures).			
B Check ▶ if the filing organiz	ation check	ed box A ar	nd "limited control" pr	ovisions apply.		T
	nits on Lobl nditures" m		nditures ints paid or incurred	)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to in	fluence pub	lic opinion (	grassroots lobbying)			
<b>b</b> Total lobbying expenditures to in	fluence a leç	gislative boo	ly (direct lobbying)			
c Total lobbying expenditures (add	lines 1a and	d 1b)				
d Other exempt purpose expenditu	res					
e Total exempt purpose expenditur	es (add line	s 1c and 1d	)			
f Lobbying nontaxable amount. En				i i		
If the amount on line 1e, column (a)	or (b) is:	The lob	bying nontaxable an	nount is:		
Not over \$500,000		20% of	the amount on line 1e			
Over \$500,000 but not over \$1,00	00,000	\$100,00	00 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,	500,000	\$175,00	00 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$1	7,000,000	\$225,00	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (e	enter 25% of	line 1f)				
h Subtract line 1g from line 1a. If ze	ero or less, e	enter -0				
i Subtract line 1f from line 1c. If ze	ro or less, e	nter -0				
j If there is an amount other than z	ero on eithe	r line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	s year?					Yes No
(Some organizations	Sec	a section 50 e the separ	ate instructions for l	have to complete all o nes 2a through 2f.)	f the five columns b	pelow.
	Lobi	oying Expe	nditures During 4-Ye	ar Averaging Period		Т
Calendar year (or fiscal year beginning in)	(a)	2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
	1		1	1		

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019 WATER & SANITATION ROTARIAN ACTION GROU 20-8656760 Page 3

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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)		
of the	e lobbying activity.	Yes	No	Amo	ount	
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:					
	Volunteers?			_		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?					
	Total. Add lines 1c through 1i  Did the activities in line 1 cause the avanisation to be not described in costion 501(a)/2/2					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A   Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	. or se	ction		
	501(c)(6).					
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1	X		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	X		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section	e prior year?	3		X	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."			III-A, line	3, is	
2	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)		.			
	expenses for which the section 527(f) tax was paid).					
	Current year					
b	Carryover from last year		. 2b			
	Total		. 2c			
3			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3.					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical				
	expenditure next year?		. 4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Par						
	de 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 a	and 2 (see		
ınstrı	actions); and Part II-B, line 1. Also, complete this part for any additional information.					
_						

#### **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** 20-8656760

Par	t I Organizations Maintaining Donor Advised	d Funds or Other	'Si	milar Funds o	r Acc	coun	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.					
		(a) Donor advised funds (		(b	(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 $\boldsymbol{\nu}$	vriting that the assets	held	d in donor advised	d funds	3	
	are the organization's property, subject to the organization's e						Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that	grar	nt funds can be us	sed on	ly	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for	any	other purpose co	onferrin	ng	
Б.	impermissible private benefit?						Yes No
Par				on Form 990, Pa	art IV, I	ine 7.	
1	Purpose(s) of conservation easements held by the organization	-	y).				
	Preservation of land for public use (for example, recreat	tion or education)	_			-	important land area
	Protection of natural habitat	L		Preservation of a	certifi	ed his	toric structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cont	ribut	tion in the form of	a con		•
	day of the tax year.				- 1		Held at the End of the Tax Year
а	Total number of conservation easements				├	2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				•		
_	listed in the National Register				L	2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	rganız	ation (	during the tax
_	year >						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
•	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	nandling of violations,	, and	enforcing conse	rvation	ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violetions, and	onfo	roing concentation	n 000	mont	a during the year
7	S	iling of violations, and	emic	ording conservation	ni ease	emem	s during the year
8	Does each conservation easement reported on line 2(d) above	a catisfy the requirem	onto	of section 170(h)	(4)(D)(i)		
Ü							Yes No
9	and section 170(h)(4)(B)(ii)?						
3	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	ote to the organization	1131	manciai statemen	ito tilat	. uesc	TIDES THE
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Oth	er Si	milar	Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		-			
1a	If the organization elected, as permitted under FASB ASC 95		ever	nue statement and	d balar	nce sh	eet works
	of art, historical treasures, or other similar assets held for pub	•					
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	If the organization elected, as permitted under FASB ASC 956					sheet	works of
	art, historical treasures, or other similar assets held for public						
	provide the following amounts relating to these items:	,	,			•	,
	(i) Revenue included on Form 990, Part VIII, line 1					▶ 5	<b>.</b>
							<u> </u>
2	If the organization received or held works of art, historical trea					rovide	
	the following amounts required to be reported under FASB A				, , , , ,		
а	Revenue included on Form 990, Part VIII, line 1	-				<b>&gt;</b> 5	<b>.</b>
	Assets included in Form 990, Part X					<b>&gt;</b> 9	

932051 10-02-19

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

Schedule D (Form 990) 2019

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

#### **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.

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

2019
Open to Public Inspection

Name of the organization

Employer identification number

	-						
VA	TER & SANITAT	ION ROTAR	RIAN ACT	ION GROUP		20-86567	50
	rt I General Info	rmation on A	ctivities Out	side the United States. Comple	te if the organi		
	Form 990, Part I			· · · <b>-</b> · · · ·	·· ·· · · · · · · · · · · · · · · ·		
1	For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its grar	nts and other a	ssistance,	
	the grantees' eligibility for	or the grants or a	ssistance, and t	the selection criteria used to award the g	grants or assis	tance?	Yes No
2	For grantmakers. Desc United States.	cribe in Part V the	e organization's p	procedures for monitoring the use of its	grants and oth	ner assistance out	side the
3	Activities per Region. (T	he following Part	I, line 3 table ca	an be duplicated if additional space is ne	eeded.)		
	<b>(a)</b> Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prog describe	vity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region
IOR1	TH AMERICA -						
ANA	ADA AND MEXICO,						
	NOT THE UNITED						
TAT	res	1	1	MEMBERSHIP SERVICES			22,600.
							<u> </u>
3 a	Subtotal	1	1				22,600.
	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a						
		1	1				22 600

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Schedule F (Form 990) 2019

Schedule F (Form 990) 2019

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.								
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	ch the grantee or cou	nsel has provided a sect	Lecognized as charities by the ion 501(c)(3) equivalency lette					1

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

Part III Grants and Other Assistance Part III can be duplicated if ac			tes. Complete it	f the organization answered "Yes	" on Form 990, Part	IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

## Schedule F (Form 990) 2019 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) 2019

#### SCHEDULE O

(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. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

WATER & SANITATION ROTARIAN ACTION GROUP

**Employer identification number** 20-8656760

FORM 990, PART 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 MEMBERS HAVE EOUAL RIGHTS TO PARTICIPATE IN THE NONPROFIT WITH MEMBERS. 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 MEMBERSHIP THEN HAS 30 DAYS TO VOTE THEIR CHOICE. ADD NAMES. ELECTED BOARD SELECTS OFFICERS DURING FIRST MEETING OF THE YEAR.

FORM 990, SECTION A, LINE 7B: PART VI,

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) (2019)

Name of the organization  WATER & SANITATION ROTARIAN ACTION GROUP	Employer identification number 20-8656760
FORM 990, PART VI, SECTION B, LINE 12C:	
CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY TO BOA	ARD FOR REVIEW AND
SIGNATURE.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON	REQUEST.