Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

Open to Public Inspection

Intern	al Reve	enue Service	► Go to www.irs.gov/Form990 for instructions and the lat	test information.	Inspection
A F	or th	e 2017 caleı	ndar year, or tax year beginning $OCT 1, 2017$ and ending	SEP 30, 2018	
B c	heck if pplicab	C Name	of organization	D Employer identificat	tion number
	_Addre	ess WAT	ER MISSIONS INTERNATIONAL		
	Name Chang	`	business as WATER MISSION	─ 57-111	16978
	Initial returr		er and street (or P.O. box if mail is not delivered to street address) Room/st		
	Final	PΩ	BOX 71489		769-7395
	⊐returr termi ated	ő- —	r town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	31,211,573.
	□Amer	nded NTOD	TH CHARLESTON, SC 29415	H(a) Is this a group retu	
	⊒returr]Appli]tion		and address of principal officer: GEORGE C. GREENE III	for subordinates?	
	pend	ing SAME	AS C ABOVE	H(b) Are all subordinates inclu	
				527 If "No," attach a list	t. (see instructions)
			.WATERMISSION.ORG	H(c) Group exemption n	
				ear of formation: 2001 M S	tate of legal domicile: SC
Pa	ırt I				
ø	1	Briefly desc	ribe the organization's mission or most significant activities: PROVIDE	SUSTAINABLE ACC	CESS TO
auc			ATER & SANITATION IN DEVELOPING COUNTR		
Governance	2	Check this I	pox 🕨 📖 if the organization discontinued its operations or disposed of m	nore than 25% of its net asse	
Š	3		oting members of the governing body (Part VI, line 1a)		12
∞ ⊗	4		ndependent voting members of the governing body (Part VI, line 1b)		10
es	5	Total number	er of individuals employed in calendar year 2017 (Part V, line 2a)	5	61
Ĭ	6		er of volunteers (estimate if necessary)		500
Activities &	7 a	Total unrela	ted business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelate	ed business taxable income from Form 990-T, line 34	7b	0.
				Prior Year	Current Year
ē	8	Contribution	ns and grants (Part VIII, line 1h)	16,372,820.	26,745,414.
en	9	Program se	rvice revenue (Part VIII, line 2g)	3,210,294.	4,400,811.
Revenue	10	Investment	income (Part VIII, column (A), lines 3, 4, and 7d)	41,520.	9,821.
	11	Other reven	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-38,346.	-97,262.
	12	Total revenu	ue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,586,288.	31,058,784.
	13	Grants and	similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits pai	d to or for members (Part IX, column (A), line 4)	0.	0.
es	15	Salaries, oth	ner compensation, employee benefits (Part IX, column (A), lines 5-10)	6,126,070.	6,867,119.
Expenses	16a	Professiona	I fundraising fees (Part IX, column (A), line 11e)	188,466.	152,078.
άx	b	Total fundra	ising expenses (Part IX, column (D), line 25) 1,646,222.		
Ш	17	Other exper	nses (Part IX, column (A), lines 11a-11d, 11f-24e)	11,487,018.	13,584,544.
	18	Total expen	ses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,801,554.	20,603,741.
	19	Revenue les	ss expenses. Subtract line 18 from line 12	1,784,734.	10,455,043.
Net Assets or Fund Balances				Beginning of Current Year	End of Year
sets	20	Total assets	s (Part X, line 16)	11,266,516.	21,400,546.
t As Id B	21	Total liabiliti	es (Part X, line 26)	902,290.	890,931.
<u>왕</u>	22		or fund balances. Subtract line 21 from line 20	10,364,226.	20,509,615.
	ırt II		re Block		
			y, I declare that I have examined this return, including accompanying schedules and sta		nowledge and belief, it is
true,	corre	ct, and comple	te. Declaration of preparer (other than officer) is based on all information of which prepare	arer has any knowledge.	
		 			
Sign	า	1,	ure of officer	Date	
Her	е		RGE C. GREENE III, CEO & FOUNDER		
		Type o	r print name and title		
			reparer's name Preparer's signature	Date Check	PTIN
Paid	l	STACY	CULLEN	01/25/19 if self-employed	P00974308
Prep	arer	Firm's name		Firm's EIN ▶ 2	23-1144520
Use	Only	Firm's addre			
			PHILADELPHIA, PA 19102-2529		.979.8800
Mav	the I	RS discuss t	his return with the preparer shown above? (see instructions)		X Yes No

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO BE A BEST IN CLASS CHRISTIAN ENGINEERING MINISTRY THAT TRANSFORMS
	LIVES THROUGH SUSTAINABLE SAFE WATER SOLUTIONS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 17,599,158. including grants of \$) (Revenue \$ 4,400,811.)
	COMMUNITY DEVELOPMENT: WATER MISSION TAKES A COMPREHENSIVE APPROACH TO
	COMBATING THE GLOBAL WATER CRISIS BY PROVIDING SAFE WATER, SANITATION,
	AND HYGIENE (WASH) SOLUTIONS FOR PEOPLE IN DEVELOPING COUNTRIES AND
	DISASTER AREAS. SINCE 2001, WATER MISSION HAS PROVIDED FOUR MILLION
	PEOPLE IN 55 COUNTRIES WITH ACCESS TO SAFE WATER AND SANITATION. FOR
	WASH PROJECTS TO HAVE LASTING BENEFITS, THEY MUST BE ACCESSIBLE TO ALL,
	SAFE TO USE, AND SUSTAINABLE IN THE WAY THEY ARE MANAGED. WATER
	MISSION'S APPROACH TO COMMUNITY DEVELOPMENT BUILDS ON LOCAL RESOURCES
	AND RELATIONSHIPS TO CREATE A COLLABORATIVE ENVIRONMENT. WATER MISSION
	HAS MORE THAN 280 INDIGENOUS PROFESSIONALS WHO WORK IN COUNTRY PROGRAM
	OFFICES AND LIVE IN THE COMMUNITIES THE ORGANIZATION SERVES. WATER
	MISSION HAS OVER 350 STAFF MEMBERS WORKING AROUND THE WORLD IN 10
4b	(Code:) (Expenses \$ 359,022 • including grants of \$) (Revenue \$)
	RESEARCH AND DEVELOPMENT: WATER MISSION TAKES AN INNOVATIVE APPROACH TO
	CONDUCTING RESEARCH ON THE EFFECTIVENESS OF WASH INTERVENTIONS. THIS
	RESEARCH INCLUDES ROUTINE MONITORING OF FIELD ACTIVITIES, REMOTE
	MONITORING OF WATER SUPPLY SYSTEMS, EVALUATION OF PROJECT PERFORMANCE
	DATA THROUGH AN ONLINE MANAGEMENT PLATFORM, AND FOCUSED IMPACT STUDIES.
	ADDITIONAL REMOTE MONITORING CAPABILITIES ARE IN THE TESTING PHASE,
	INCLUDING THE ABILITY TO MEASURE WATER QUALITY, WATER PRESSURE AND
	WATER LEVELS IN WELLS OF INSTALLED SYSTEMS AROUND THE WORLD. TO DATE,
	WATER MISSION'S RESEARCH HAS RESULTED IN FOUR PATENTS GRANTED TO THE
	ORGANIZATION ON VARIOUS EQUIPMENT USED IN CUSTOM WASH SOLUTIONS.
	RESEARCHERS ALSO CAREFULLY ANALYZE HOW WASH PROJECTS ARE ALLEVIATING
	POVERTY AND CONTRIBUTING TO THE OVERALL WELL-BEING OF THE COMMUNITIES
4c	(Code:) (Expenses \$197, 102. including grants of \$) (Revenue \$)
	ADVOCACY: ONE OF THE PRIMARY GOALS OF WATER MISSION IS TO EDUCATE THE
	PUBLIC ABOUT THE GLOBAL WATER CRISIS. THIS IS ACCOMPLISHED BY
	ORGANIZING EVENTS AND CREATING EDUCATIONAL PROGRAMS THAT PROVIDE A CALL
	TO ACTION FOR FINANCIAL SUPPORT. ONE SUCH EVENT IS THE ANNUAL
	CHARLESTON WALK FOR WATER AS WELL AS OTHER, SMALLER REGIONAL WALKS IN
	PLACES SUCH AS ST. LOUIS, MINNEAPOLIS AND SILICON VALLEY.
	WATER MISSION IS A TRADEMARK OF WATER MISSIONS INTERNATIONAL, DOING
	BUSINESS AS WATER MISSION. WATER MISSION DEPENDS ON CASH CONTRIBUTIONS
	AND GIFTS-IN-KIND OFFERINGS PRIMARILY RECEIVED FROM INDIVIDUALS,
	CHURCHES, FOUNDATIONS, AND CORPORATIONS. IT ALSO RELIES ON THE TIME
	COMMITMENT OF OVER 500 VOLUNTEERS WHO WORK MORE THAN 20,000 HOURS
	ANNUALLY. WATER MISSION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 18,155,282.
	Form 990 (2017)

Form 990 (2017) WATER MISSIONS INTERNATIONAL 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)?		х	
_	If "Yes," complete Schedule A	1	X	
2		2	Λ	
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
_	similar amounts as defined in 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 temporarily restricted endowments, permanent			
	endowments, or 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		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40:	х	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Λ	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Λ	
D	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	446	Х	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	21	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16		15		21
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-17		
ю	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
13	complete Schedule G, Part III	19		х
	complete conceded a, r art m	19	000	

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Part IV Checklist of Required Schedules (continued)

			Yes	No
20 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
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		
	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		
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
_	Schedule N, Part II	32		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
-	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

to Enter the number reported in Box 3 of Form 1096. Enter 0-1 in ort applicable 1a 20 b Enter the number of Forms W.26 included in line 1a. Enter 0-1 in ort applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Stafaments, field for the calendar year ending with or within the year covered by this return 2a 61 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2a 51 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a b If 1'Yes, "has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3a 2a 2a 2a 2a 2a 2a 2a		Check if Schedule O contains a response of note to any line in this Part v					Λ
b Enter the number of Forms W2G included in line 1a. Enter 0-4 finot applicable 16 16 16 16 16 16 16 1						Yes	No
to Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return By It all least one is reported on line 28, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) By It west in the 1a and 2a is greater than 250, you may be required to e-file (see instructions) By It west, "has it filed a Form 990-T for this year? If "No," to file 3b, provide an explanation in Schedule O By It "Yes," that it filed a Form 990-T for this year? If "No," to file 3b, provide an explanation in Schedule O By It "Yes," and the file and the organization have an interest in, or a signature or other authority over, a financial account in a loring on country (such as a shark account, scentries account, or other financial accountry) over, a financial accountry (such as a shark account, scentres account, or other financial accountry) over, a financial accountry (such as a shark account, scentres account, or other financial accountry) over, a financial accountry over, a financial country over, a financial accountry over, an							
a 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 Filed for the calendar year ending with or within the year covered by this return Filed for the calendar year ending with or within the year covered by this return Filed for the calendar year ending with or within the year covered by this return Filed for the calendar year and in the organization file all required foodbard employment tax returns? 2b X Note. If the sum of lines 1 a and 2 a is greater than 250, you may be required to e-file (see instructions) 3a Filed for the calendar year, did the organization have be required to e-file (see instructions) 3a Filed the organization have unrelated business gross income of \$1,000 or more during the year? 3a Filed the organization have unrelated business gross income of \$1,000 or more during the year? 3a Filed the organization country (such as a bank account; pervised are explanation in Schedule 0 3b Filed the organization country (such as a bank account; pervised are sequentiation, or other financial account)? 4a X Filed the organization country (such as a bank account; pervised the country of the country of the organization at any time during the tax year? 5a Filed any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5a Filed any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction and the organization solicit any contributions that were not tax deductibles 5b Filed the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles 5b Filed the organization than the great of the group that t							
2a Earter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the calendary year and ending with or within the year covered by this raturu. b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a A Tarn ytime during the calendary year, did the organization have unrelated business gross income of \$1,000 or more during the year at the unity of the calendary year, did the organization have unrelated business gross income of \$1,000 or more during the year at a financial account in a foreign country (such as a bank account, securities account, or other financial account) or \$1,000 or	С						
file all continues are all continues and any sear and ing with or within the year covered by this return. 2a 61 X			 I	I	1c		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 30 bit the organization have unrelated business pross income of \$1,000 or more during the year? 31 bit "Yes," has it filed a Form 990-T for this year? If "No." to line 3b, provide an explanation in Schedule O 32 bit "Yes," has it filed a Form 990-T for this year? If "No." to line 3b, provide an explanation in Schedule O 33 bit "Yes," this it filed a Form 990-T for this year? If "No." to line 3b, provide an explanation in Schedule O 34 bit and a foreign country (such as a bank account, securities account, or other filancial account)? 45 bit "Yes," the time the name of the foreign country." SEE SCHEDULE O 56 is instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 57 bit of the organization have the organization hat it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 58 bit of in "Yes," to line 5a or 5b, did the organization file Form 8886:17 59 bit "Yes," to line 5a or 5b, did the organization file Form 8886:17 50 cill "Yes," to lide the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 50 bit mere organization shart may receive deductible contributions under section 170(c). 51 bit mere organization shart may receive deductible contributions under section 170(c). 52 bit mere organization shart may receive deductible contributions under section 170(c). 53 bit organization receive a payment in excess of \$75 made party as a contribution of quantitation for the value of the goods or services provided? 54 bit organization receive a payment in excess of \$75 made party as a contribution of quantitation fore the payment in excess of \$75 made party as a contribution of quantitation fore the payment in excess of \$75 made party as a contribution of quantitation receive any funda, directly or indire	2a			C1			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a 3a 3a 3a 3a 3a 3a 3a						77	
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	<u>., ., ., ., ., ., ., ., ., ., ., ., ., .</u>	Too, That it filed a form 720 to report these payments: If Two, provide an explanation in schedul				990	(2017

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 in 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	12			
	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 in Schedule O.				
b	Enter the number of voting members included in 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				
	officer, director, trustee, or key employee?		2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervis	ion			
•	of officers, directors, or trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Г	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization become aware during the year of a significant diversion of the organization as assets?		6		X
	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or				
1 a			7a		х
L	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		1 a		-25
D			76		х
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		7b		21
8			0-	Х	
	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				х
0	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Λ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
		ī		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	,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	e form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	X	
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	
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	nt			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
	Other officers or key employees of the organization		15b	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 >AL, AK, AR, CA, CO, CT, FL,	GA,HI	,IL	,KS	,KY
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(
	for public inspection. Indicate how you made these available. Check all that apply.	. , ,,			
	Own website Another's website X Upon request Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p	oolicv. and	finan	cial	
	statements available to the public during the tax year.	, and			
20	State the name, address, and telephone number of the person who possesses the organization's books and records	•			
	BERNARD DRACKWICZ - (843) 769-7395				
	PO BOX 71489, N CHARLESTON, SC 29415				
7000-	SEE SCHEDILE O FOR FILL LIST OF STATES		Form	aan	/2017\

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.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	l			C)	про	1001	(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unle	ss pe	rson i irecto	is bot	h an	compensation	compensation	amount of
	week	_			1 0010	17 11 03	100)	from the	from related organizations	other compensation
	(list any hours for	Individual trustee or director				p		organization	(W-2/1099-MISC)	from the
	related	tee or	stee			Highest compensated employee		(W-2/1099-MISC)	(11 2) 1000 111100)	organization
	organizations	trust	nal tru		oyee	ompe				and related
	below	ividua	Institutional trustee	cer	Key employee	hest c ployee	Former			organizations
	line)	пg	lnst	Officer	Key	Hig	윤			
(1) GEORGE C GREENE III	55.00	٠,,		,,					0	0
CEO & FOUNDER	F	Х		Х				0.	0.	0.
(2) MOLLY F GREENE	55.00	\ \		\ \					0	0
BOARD CHAIR & FOUNDER	2 50	Х		Х				0.	0.	0.
(3) W RUSSELL SMITH	3.50	X		x				0.	0.	0
SECRETARY (A) CARL IN FUNDAM	3.50	^		_				0.	0.	0.
(4) CARL W EHMANN	3.30	Х		x				0.	0.	0.
TREASURER (5) STEVE COX	3.50	^		^				0.	0.	<u> </u>
DIRECTOR	3.30	X						0.	0.	0.
(6) ROBERT W GREENE	3.50	^						0.	0.	<u> </u>
DIRECTOR	3.30	Х						0.	0.	0.
(7) DANIEL R GROVER	3.50	<u>^`</u>						0.	0.	
DIRECTOR	3.30	х						0.	0.	0.
(8) JAMES J LOSCHEIDER	3.50								•	
DIRECTOR	- 3133	x						0.	0.	0.
(9) BRADFORD S MARSHALL	3.50									
DIRECTOR		х						0.	0.	0.
(10) ROBERT L MEDLIN	3.50									
DIRECTOR		Х						0.	0.	0.
(11) BRETT HILDEBRAND	3.50									
DIRECTOR		Х						0.	0.	0.
(12) CHARLIE YOUNG	3.50									
DIRECTOR		Х						0.	0.	0.
(13) GEORGE C GREENE IV	55.00									_
PRESIDENT & COO				Х				145,410.	0.	25,740.
(14) BERNARD DRACKWICZ	55.00									
CHIEF FINANCIAL OFFICER				Х				98,318.	0.	22,406.
(15) SETH WOMBLE	55.00								_	
EVP OPERATIONS						Х		111,821.	0.	20,763.
(16) CHARLES HOOK	55.00							440 450	_	10 11
EVP VOLUNTEER & INVESTOR P						Х		119,168.	0.	13,417.
		1								
										- 000

Form **990** (2017)

Pai	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B)			(C Pos	C) ition	1		(D)	(E)		_	(F)	
	Name and title	Average hours per		not c	heck	more	than is bot		ın compensation compensati				stimate nount	
		week	offi				or/trus		from	from related	b		other	
		(list any hours for	Individual trustee or director						the organization	organization (W-2/1099-MIS			pensa om th	
		related	tee or (ıstee			ensate		(W-2/1099-MISC)	(** 2) 1000 1411)		anizat	
		organizations	al trus	onal tru		loyee	compe						d relat	
		below line)	dividu	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer				orga	anizati	ons
		,	드	드	5	호	표능	<u>R</u>						
							-							
											\rightarrow			
	Cub total								474,717.		0.	8	2,3	26
	Sub-total Total from continuation sheets to Part VI								0.		0.		<u> </u>	0.
	Total (add lines 1b and 1c)								474,717.		0.	8	2,3	
2	Total number of individuals (including but n								received more than \$100	,000 of reportab	le			
	compensation from the organization													3
													Yes	No
3	Did the organization list any former officer,				•	•	•		•					v
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su	=		-					•	the organization		4	Х	
_	and related organizations greater than \$150									idual for consisce		4	21	
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				•			•		<i>'</i>	5		х
Sec	ction B. Independent Contractors	ipiete Scriedui	e	Or St	исп	pers	SOIT					5		21
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of con	npens:	ation 1	from	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	/ithi	n the organization's tax	year.				
	(A)								(B)			(0		
	Name and business								Description of s		C	ompe	nsatio	n
-	GINEERING SERVICES MERC	-	ΞR						COUNTRY PROG	RAM	ı			
EN'	ZIANWEG 9, ELCHINGEN, (GERMANY							SUPPORT			11	0,4	57.

CRAIG WILLIAMS, AXIOM -DK, SKINDERSKOVVEJ COUNTRY PROGRAM 102,100. 10, HERVLEV, DENMARK 2730 SUPPORT Total number of independent contractors (including but not limited to those listed above) who received more than

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\$100,000 of compensation from the organization

					S INTERN	ATIONAL		57-1116	978 Page 9
Pa	rt V	Ш							
			Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII	/D\ '		
						(A) Total revenue	Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns	1a					
irar			Membership dues						
ă,			Fundraising events		303,256.				
ar /			Related organizations		,				
s, G			Government grants (contribut						
Sign			All other contributions, gifts, gran	· -					
le ct			similar amounts not included above		26,442,158.				
Contributions, Gifts, Grants and Other Similar Amounts		~	Noncash contributions included in lines		2,496,929.				
o E		_		-		26,745,414.			
<u> </u>		n	Total. Add lines 1a-1f	<u></u>		20,745,414.			
Δ.	2 a SERVICE INCOME				Business Code 900099	4,400,811.	4,400,811.		
je					300033	4,400,011.	4,400,011.		
iue		b							
en S		C							
gra Re		d							
Program Service Revenue		е							
-			All other program service reve						
		g	Total. Add lines 2a-2f			4,400,811.			
	3		Investment income (including	,	<i>'</i>	0 001			0 001
			other similar amounts)		ī	9,821.			9,821.
	4		Income from investment of tax		· · ·				
	5		Royalties						
				(i) Real	(ii) Personal				
			Gross rents						
			Less: rental expenses						
			Rental income or (loss)						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory						
		b	Less: cost or other basis						
			and sales expenses						
			Gain or (loss)						
		d	Net gain or (loss)						
<u>e</u>	8	а	Gross income from fundraising						
Other Revenue			including \$ 303	<u>,256.</u> of					
Şe			contributions reported on line	-					
ē			Part IV, line 18		26,715.				
₹			Less: direct expenses						
_			Net income or (loss) from fund	ū		-126,074.			-126,074.
	9	а	Gross income from gaming ac						
			Part IV, line 19						
			Less: direct expenses						
		С	Net income or (loss) from gam	ing activities	····· •				
	10	а	Gross sales of inventory, less						
			and allowances						
		b	Less: cost of goods sold	b					
		С	Net income or (loss) from sale	s of inventory					
			Miscellaneous Revenu	e	Business Code				
	11	а	MISCELLANEOUS		900099	28,812.			28,812.
		b			ļ				
		С			ļ				
		d	All other revenue						
		е	Total. Add lines 11a-11d			28,812.			
	12		Total revenue. See instructions.		🕨 🛚	31,058,784.	4,400,811.	0.	-87,441.

Total revenue. See instructions.

Part IX Statement of Functional Expenses

	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) 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				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	296,473.	173,774.	122,699.	
_	trustees, and key employees	230,473.	1/3,//4•	144,099.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	5,629,809.	4,089,247.	839,091.	701,471.
7 8	Other salaries and wages Pension plan accruals and contributions (include	3,023,003.	4,000,247.	035,051.	701,471.
0	section 401(k) and 403(b) employer contributions)	94,714.	54,642.	14,068.	26,004.
9	Other employee benefits	492,188.	388,885.	27,999.	75,304.
10	Payroll taxes	353,935.	234,078.	48,656.	71,201.
11	Fees for services (non-employees):	33373331	231/0/01	10,0301	7 1 7 2 0 2 4
	Management				
	Legal	26,890.	17,295.	8,895.	700.
	Accounting	58,748.	1,431.	57,317.	
	Lobbying	,	,	,	
e	Professional fundraising services. See Part IV, line 17	152,078.			152,078.
f	Investment management fees	9,088.		9,088.	·
g	Other. (If line 11g amount exceeds 10% of line 25,	-			
J	column (A) amount, list line 11g expenses on Sch 0.)	744,379.	645,777.	41,026.	57,576.
12	Advertising and promotion				
13	Office expenses				
14	Information technology	107,597.	4,782.	103,135.	-320.
15	Royalties				
16	Occupancy	550,832.	538,520.	4,850.	7,462.
17	Travel	876,106.	806,291.	15,423.	54,392.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	98,939.	79,052.	6,933.	12,954.
20	Interest				
21	Payments to affiliates		10-010	10.01	
22	Depreciation, depletion, and amortization	445,046.	405,843.	19,065.	20,138.
23	Insurance	128,906.	103,696.	18,968.	6,242.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	PRODUCT & TRANSPORT	8,120,138.	8,103,504.	2,848.	13,786.
b	SUPPLIES	277,869.	218,781.	35,421.	23,667.
С					
d					
e	All other expenses	2,140,006.	2,289,684.	-573,245.	423,567.
25	Total functional expenses. Add lines 1 through 24e	20,603,741.	18,155,282.	802,237.	1,646,222.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2017)
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			4,245,400.	1	4,694,937.
	2	Savings and temporary cash investments			1,914,822.	2	10,945,067.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			371,483.	4	520,100.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use			3,428,941.	8	4,298,774. 265,122.
	9				316,808.	9	265,122.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,706,140.			
	b	Less: accumulated depreciation	10b	2,029,594.	989,062.	10c	676,546.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ			11,266,516.	16	21,400,546.
	17	Accounts payable and accrued expenses		505,807.	17	515,030.	
	18	Grants payable				18	
	19	Deferred revenue			396,483.	19	375,901.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former					
Ħ		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela		F		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24)). Complete Part X of			
		Schedule D			902,290.	25	000 021
	26				902,290.	26	890,931.
		Organizations that follow SFAS 117 (ASC 958		ck here 🕨 🔼 and			
Ses		complete lines 27 through 29, and lines 33 an			4,958,853.		6,002,041.
<u>a</u>	27	Unrestricted net assets			5,405,373.	27	14,507,574.
Ba	28	Temporarily restricted net assets			3,403,373.	28 29	14,307,374.
ဋ	29			2) abaak basa N		29	
Ę		Organizations that do not follow SFAS 117 (A	SC 958	s), cneck nere			
Net Assets or Fund Balances	20	and complete lines 30 through 34.				20	
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net	32	Retained earnings, endowment, accumulated in			10,364,226.	32 33	20,509,615.
•	33	Total liabilities and not assets/fund balances		ı	11,266,516.	33	21,400,546.
	34	Total liabilities and net assets/fund balances			11,200,310.	ა 4	21,400,340.

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Check if Schedule O contains a response or note to any line in this Part XI	31,05		X
4. Tatal variance (must asked Dart VIII. askema (A) line 40)	20,60	8 7	
4 Tatal various (variations al Dout VIII delivery (A) line 40)	20,60	8 7	~ 4
1 Total revenue (must equal Part VIII, column (A), line 12)			
Total expenses (must equal Part IX, column (A), line 25)			
3 Revenue less expenses. Subtract line 2 from line 1	10,45		
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	10,36	4,2	26.
5 Net unrealized gains (losses) on investments5			
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 in Schedule O)	-30	9,6	54.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
column (B)) 10	20,50	9,6	15.
Part XII Financial Statements and Reporting			
Check if Schedule O contains a response or note to any line in this Part XII			Ш
		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 O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
separate basis, consolidated basis, or both:			
Separate basis Consolidated basis Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b	Х	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,			
consolidated basis, or both:			
Separate basis X Consolidated basis Both consolidated and separate basis			
c 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?	2c	Х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
Act and OMB Circular A-133?	3a		Х
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization WATER MISSIONS INTERNATIONAL 57-1116978 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

Sec	ction A. Public Support		·						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
1	Gifts, grants, contributions, and	` ,	. ,		, ,		. ,		
	membership fees received. (Do not								
	include any "unusual grants.")	9208167.	10181843.	11372228.	16372820.	26745414.	73880472.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge	0000168	10101010	1120000	4.605000	0.6545444	F20004F0		
	Total. Add lines 1 through 3	9208167.	10181843.	11372228.	16372820.	26745414.	73880472.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,						6007142		
_	column (f)						6087143. 67793329.		
	Public support. Subtract line 5 from line 4.						01193349.		
	ndar year (or fiscal year beginning in)	(=) 0010	(h) 001.4	(a) 0015	(4) 0010	(-) 0017	(f) Total		
		9208167	10181843	11372228	(d) 2016 16372820.	26745414	(f) Total 73880472.		
	Amounts from line 4 Gross income from interest,	J200107 •	10101043.	11372220	10372020	20743414.	730004721		
0	,								
	dividends, payments received on securities loans, rents, royalties,								
	and income from similar sources	21,449.	20,315.	18,306.	7,630.	9,821.	77,521.		
9	Net income from unrelated business		20,020	20,000	7,0000	3,0220	77,3223		
·	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)	4,906.	6,846.	110,447.	71,367.	-75,871.	117,695.		
11	Total support. Add lines 7 through 10						74075688.		
12	Gross receipts from related activities,	etc. (see instructi	ons)			12			
13	First five years. If the Form 990 is for	the organization's				on 501(c)(3)			
	organization, check this box and stop						>		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage						
	Public support percentage for 2017 (I					14	91.52 %		
	Public support percentage from 2016					15	87.88 %		
16a	33 1/3% support test - 2017. If the o	•		,		,			
	stop here. The organization qualifies as a publicly supported organization								
b	b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
	and stop here. The organization quali								
17a	10% -facts-and-circumstances test	•					•		
	and if the organization meets the "fac								
,	meets the "facts-and-circumstances"								
b	10% -facts-and-circumstances test	_							
	more, and if the organization meets the								
10	organization meets the "facts-and-circ								
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990 or 990-EZ) 2017

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

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

Section A. Public Support	elow, please com	piete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2014	(6) 2015	(4) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						_
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support			1			
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						_
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources	<u> </u>					
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						_
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First five years. If the Form 990 is for	the organization	s first second thi	rd fourth or fifth t	ax vear as a sectio	n 501(c)(3) organiz	ration
check this box and stop here	•	•		•	. , . ,	 ,
Section C. Computation of Publ						
15 Public support percentage for 2017 (I			column (f))		15	%
16 Public support percentage from 2016					16	%
Section D. Computation of Inves					1 1	,,
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2017. If the						
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2016. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	01		
	3b		
	3с		
	4a		
	4b		
	4c		
	70		
	5a		
	F 1.		
	5b		
	5c		
	6		
	6		
	7		
	8		
	0-		
	9a		
	9b		
	9с		
	40		
	10a		
	10b		
m 9	90 or 99	0-EZ	2017

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
	tion C. Type II Supporting Organizations			<u> </u>
3001	tion of Type it oupporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		L
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Soot	supported organizations played in this regard.	3		Щ
	tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instr	uotions)		
' a	The organization satisfied the Activities Test. Complete line 2 below.	uctions).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see instructions	s).	
	Activities Test. Answer (a) and (b) below.	(Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Par	t V T	ype III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D - Di	stributions			Current Year
1	Amounts	paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts	paid to perform activity that directly furthers exemp	ot purposes of supported		
	organiza	tions, in excess of income from activity			
3	Administ				
4	Amounts				
5	Qualified	set-aside amounts (prior IRS approval required)			
6	Other dis	stributions (describe in Part VI). See instructions.			
7	Total an	nual distributions. Add lines 1 through 6.			
8	Distributi	ons to attentive supported organizations to which the	ne organization is responsive	Э	
	(provide	details in Part VI). See instructions.			
9	Distributa	able amount for 2017 from Section C, line 6			
10	Line 8 ar	nount divided by line 9 amount			
Secti	on E - Di	stribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributa	able amount for 2017 from Section C, line 6			
2	Underdis	stributions, if any, for years prior to 2017 (reason-			
	able cau	se required- explain in Part VI). See instructions.			
3	Excess o	listributions carryover, if any, to 2017			
а					
b	From 20	13			
С	From 20	14			
d	From 20	15			
е	From 20	16			
f	Total of	ines 3a through e			
g	Applied t	o underdistributions of prior years			
h	Applied t	o 2017 distributable amount			
i	Carryove	r from 2012 not applied (see instructions)			
j	Remaind	er. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributi	ons for 2017 from Section D,			
	line 7:	\$			
а	Applied t	o underdistributions of prior years			
b	Applied t	o 2017 distributable amount			
С	Remaind	er. Subtract lines 4a and 4b from 4.			
5	Remainir	ng underdistributions for years prior to 2017, if			
	any. Sub	tract lines 3g and 4a from line 2. For result greater			
	than zero	o, explain in Part VI. See instructions.			
6	Remainir	ng underdistributions for 2017. Subtract lines 3h			
	and 4b fi	om line 1. For result greater than zero, explain in			
	Part VI.	See instructions.			
7	Excess	distributions carryover to 2018. Add lines 3j			
	and 4c.				
8	Breakdo	wn of line 7:			
а	Excess f	rom 2013			
b	Excess f	rom 2014			
С	Excess f	rom 2015			
d	Excess f	rom 2016			
_	Evenes fi	rom 2017			

Schedule A (Form 990 or 990-EZ) 2017

line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: MISCELLANEOUS INCOME 2013 AMOUNT: \$ 4,906. 2014 AMOUNT: 6,846. 2015 AMOUNT: 51,371. 2016 AMOUNT: 97,545. 2017 AMOUNT: 28,812. GAIN (LOSS) ON FOREIGN CURRENCY TRANSLATION 2015 AMOUNT: \$ 24,026. 2016 AMOUNT: -26,178.2017 AMOUNT: -131,398. FUNDRAISING EVENT GROSS REVENUE 2015 AMOUNT: 35,050. 26,715. 2017 AMOUNT: \$

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,

Part VI

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 MISSIONS INTERNATIONAL

Employer identification number 57-1116978

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	r Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(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 donor advised	funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose cor	nferring
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a historic	ally important land area
	Protection of natural habitat	Preservation of a certified	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic st		
d	Number of conservation easements included in (c) acquired		l I
_	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	ganization during the tax
	year •		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
U	Starr and volunteer riodrs devoted to morntoning, inspecting	, rialiding of violations, and emorcing conserv	ration easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	a easements during the year
•	S	diring of violations, and officioning conscivation	roacomonic daning the year
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4	4)(B)(i)
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	•	
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statemen	t and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	chibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement an	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance 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	easures, or other similar assets for financial ga	in, provide
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	Schedule D (Form 990) 2017

732051 10-09-17

	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures,	or Othe	r Similar A	ssets(contir	<u> </u>
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following tha	at are a sig	nificant use o	f its collection	n items
	(check all that apply):								
а	Public exhibition	d		Loan or exc	hange progra	ams			
b	Scholarly research	е		Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizati	on's exem	npt purpose in	Part XIII.	
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's c	ollection?			Yes	☐ No
Pai	t IV Escrow and Custodial Arran							t IV, line 9, or	
	reported an amount on Form 990, Par	rt X, line 21.							
1a	Is the organization an agent, trustee, custodi	ian or other intermed	diary for	contribution	ns or other as	sets not i	ncluded		
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII								
								Amount	t
С	Beginning balance						1c		
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fo							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	on has been	provided on	Part XIII			
Pai	t V Endowment Funds. Complete it	f the organization an	swered	"Yes" on Fo	orm 990, Par	t IV, line 10	0.		
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d) Three years b	ack (e) Four	r years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	g, column (a	a)) held as:				
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С	Temporarily restricted endowment ▶	<u></u>							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	ered for th	e organization	_	
	by:								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations								
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		wment	funds.					
Pai	t VI Land, Buildings, and Equipm	nent.							
	Complete if the organization answered	d "Yes" on Form 990), Part I	/, line 11a. S	See Form 990), Part X, I	ine 10.		
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulated	(d) Bool	k value
		basis (investr	nent)		(other)	depi	reciation		
1a	Land				9,842.				9,842.
	Buildings				9,574.		19,442.		0,132.
	Leasehold improvements				4,733.		58,389.		6,344.
d	Equipment			2,17	1,991.	1,6	51,763.	52	0,228.
e	Other								
	. Add lines 1a through 1e. (Column (d) must e		X, colur	nn (B), line	10c.)			67	6,546.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 WATER MISSI	ONS	INTERN	ATIC	NAL		57-	1116978	Page
Part VII Investments - Other Securities.								
Complete if the organization answered "Yes"	on Forn	n 990, Part IV	, line 1	1b. See Form 990,	Part X, line 12.			
(a) Description of security or category (including name of security)) Book value		(c) Method of v		or end-	of-year market	value
(1) Financial derivatives								
(2) Closely-held equity interests								
(3) Other			- 					
(A)								
(B)								
			-+					
(C)			-+					
(D)								
(E)			-					
<u>(F)</u>			-+					
(G)								
(H)			_					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)								
Part VIII Investments - Program Related.	_							
Complete if the organization answered "Yes"			/, line 1			v ond	of waar market	value
(a) Description of investment	a)) Book value		(c) Method of v	aluation. Cost C	or end-	or-year market	value
(1)	-							
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)								
Part IX Other Assets.								
Complete if the organization answered "Yes"	on Forn	n 990, Part IV	/, line 1	1d. See Form 990,	Part X, line 15.			
(a)	Descrip	tion					(b) Book v	alue
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)							
Part X Other Liabilities.								
Complete if the organization answered "Yes"	on Forn	n 990. Part IV	/ line 1	1e or 11f See Forr	n 990 Part X lir	ne 25		
1. (a) Description of liability	0111 011	1,000,1 4,111) Book value	1 000, 1 0, 1, 1,	10 20.		
(1) Federal income taxes			,		1			
(2)					1			
(3)								
(4)					-			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2017

(6) (7) (8)

Schedule D	(Form 990) 2017 WAILIN	MIDDIOND	TIMITERMATIONAL	31-111031
Part XI	Reconciliation of Revenu	e per Audited	Financial Statements	With Revenue per Return.
	Complete if the organization answ	vered "Yes" on For	rm 990, Part IV, line 12a.	

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	32,861,049.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	1,802,265.		
	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	1,802,265.
3	Subtract line 2e from line 1			3	31,058,784.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	31,058,784.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

expenses and losses per audited financial statements	1	22,406,006.		
unts included on line 1 but not on Form 990, Part IX, line 25:				
ated services and use of facilities	2a	1,802,265.		
	2b			
r losses	2c			
	2d			
lines 2a through 2d	2e	1,802,265.		
ract line 2e from line 1			3	20,603,741.
unts included on Form 990, Part IX, line 25, but not on line 1:				
stment expenses not included on Form 990, Part VIII, line 7b	4a			
r (Describe in Part XIII.)	4b			
			4c	0.
expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	20,603,741.
	unts included on line 1 but not on Form 990, Part IX, line 25: ated services and use of facilities r year adjustments er losses er (Describe in Part XIII.) lines 2a through 2d tract line 2e from line 1 unts included on Form 990, Part IX, line 25, but not on line 1: stment expenses not included on Form 990, Part VIII, line 7b er (Describe in Part XIII.) lines 4a and 4b	runts included on line 1 but not on Form 990, Part IX, line 25: ated services and use of facilities 2 year adjustments 2 to per losses 2 cor (Describe in Part XIII.) 2 duract line 2e from line 1 2 units included on Form 990, Part IX, line 25, but not on line 1: 2 stiment expenses not included on Form 990, Part VIII, line 7b 4 a per (Describe in Part XIII.) 4 but lines 4a and 4b	ated services and use of facilities 2 year adjustments 2 year losses 2 year lo	runts included on line 1 but not on Form 990, Part IX, line 25: ated services and use of facilities repear adjustments 2b 2c 2c 2c 2c 2c 2c 2c 2c 2c

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE CONSOLIDATED FINANCIAL STATEMENT EFFECTS OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN ARE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS WHEN IT IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION. INTEREST AND PENALTIES, IF ANY, ARE INCLUDED IN EXPENSES IN THE CONSOLIDATED STATEMENT OF ACTIVITIES. AS OF SEPTEMBER 30, 2018, WATER MISSION HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. WATER MISSION FILES INFORMATION TAX RETURNS IN THE U.S. AND VARIOUS STATES. WATER MISSION IS GENERALLY NO LONGER SUBJECT TO U.S. FEDERAL AND STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2015.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 WATER MISSIONS INTERNATIONAL	57-1116978 Page 5
Schedule D (Form 990) 2017 WATER MISSIONS INTERNATIONAL Part XIII Supplemental Information (continued)	

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.

2017
Open to Public Inspection

Name of the organization

Form 990, Part IV, line 14b.

Employer identification number

			57-1116978
Part I	General Info	rmation on Activities Outside the United States. Complete if the organ	nization answered "Yes" on

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? _____ X Yes ____ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
(, 3	offices	`employees,	(by type) (such as, fundraising, pro-	is a program service,	expenditures
	in the region	agents, and independent	gram services, investments, grants to	describe specific type	for and investments
		contractors in the region	recipients located in the region)	of service(s) in the region	in the region
SUB-SAHARAN AFRICA -		u.io rogioni		WAGES, TRAVEL COSTS,	
ANGOLA, BENIN,				PRODUCTION, OTHER COSTS.	
BOTSWANA, BURKINA				IMPLEMENTATION OF	
FASO,	8	106	PROGRAM SERVICES	COMPREHENSIVE SAFE WATER	6,787,261.
CENTRAL AMERICA AND				WAGES, TRAVEL COSTS,	
THE CARIBBEAN -				PRODUCTION, OTHER COSTS.	
ANTIGUA & BARBUDA,				IMPLEMENTATION OF	
ARUBA, BAHAMAS,	5	81	PROGRAM SERVICES	COMPREHENSIVE SAFE WATER	2,547,307.
SOUTH AMERICA -				WAGES, TRAVEL COSTS,	
ARGENTINA, BOLIVIA,				PRODUCTION, OTHER COSTS,	
BRAZIL, CHILE,				IMPLEMENTATION OF	
COLUMBIA, ECUADOR,	2	9	PROGRAM SERVICES	COMPREHENSIVE SAFE WATER	721,964.
NORTH AMERICA -				WAGES, TRAVEL COSTS,	
CANADA AND MEXICO,				PRODUCTION, OTHER COSTS.	
BUT NOT THE UNITED				ENGINEERING DESIGN AND	
STATES	1	. 7	PROGRAM SERVICES	SUPPORT OF SAFE WATER	213,158.
EAST ASIA AND THE				IMPLEMENTATION OF	
PACIFIC - AUSTRALIA,				COMPREHENSIVE SAFE WATER	
BRUNEI, BURMA,				AND SANITATION PROJECTS	
CAMBODIA,	5	23	PROGRAM SERVICES	AND, WHEN NECESSARY,	686,036.
					10.055.565
3 a Sub-total	21	. 226			10,955,726.
b Total from continuation		_			
sheets to Part I	0	0			0.
c Totals (add lines 3a					1.0 055 555
and 3b)	21	. 226			10,955,726.

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

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2017

			Outside the United States. Contacted if additional space is ne		rganization answered	d "Yes" on Form	990, Part IV, line 15, fo	r any
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			I recognized as charities by the ction 501(c)(3) equivalency lett		, recognized as tax-e	exempt		1

3 Enter total number of other organizations or entities .

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.									
(c) Number of (d)		(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)			
	dditional space is neede	dditional space is needed. (c) Number of	dditional space is needed. (c) Number of (d) Amount of	dditional space is needed. (c) Number of (d) Amount of (e) Manner of	dditional space is needed. (c) Number of (d) Amount of (e) Manner of (f) Amount of (ash disbursement) (b) Region (c) Number of (d) Amount of (ash disbursement)	dditional space is needed. (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of noncash assistance			

Page 4

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) 2017

Part V | Supplemental Information

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

PART I, LINE 2:

THE ORGANIZATION TRACKED EXPENDITURES IN ACCORDANCE WITH ACCRUAL BASIS OF ACCOUNTING USING PROJECT REPORTS.

PART I, LINE 3, COLUMN (E):

ACCORDANCE WITH THE MISSION.

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,

(E) SPECIFIC TYPES OF SERVICES IN REGION: WAGES, TRAVEL COSTS,

PRODUCTION, OTHER COSTS. IMPLEMENTATION OF COMPREHENSIVE SAFE WATER AND SANITATION PROJECTS AND, WHEN NECESSARY, DISASTER RESPONSE PROJECTS IN ACCORDANCE WITH THE MISSION.

(A) REGION:

CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, (E) SPECIFIC TYPES OF SERVICES IN REGION: WAGES, TRAVEL COSTS, PRODUCTION, OTHER COSTS. IMPLEMENTATION OF COMPREHENSIVE SAFE WATER AND SANITATION PROJECTS AND, WHEN NECESSARY, DISASTER RESPONSE PROJECTS IN

(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR, (E) SPECIFIC TYPES OF SERVICES IN REGION: WAGES, TRAVEL COSTS,

PRODUCTION, OTHER COSTS, IMPLEMENTATION OF COMPREHENSIVE SAFE WATER AND SANITATION PROJECTS AND, WHEN NECESSARY, DISASTER RESPONSE PROJECTS IN ACCORDANCE WITH THE MISSION.

REGION: NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES

(E) SPECIFIC TYPES OF SERVICES IN REGION: WAGES, TRAVEL COSTS

Schedule F (Form 990) 2017 Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PRODUCTION, OTHER COSTS. ENGINEERING DESIGN AND SUPPORT OF SAFE WATER AND SANITATION PROJECTS AND, WHEN NECESSARY, DISASTER RESPONSE PROJECTS IN ACCORDANCE WITH THE MISSION. REGION: EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA, (E) SPECIFIC TYPES OF SERVICES IN REGION: IMPLEMENTATION OF COMPREHENSIVE SAFE WATER AND SANITATION PROJECTS AND, WHEN NECESSARY, DISASTER RESPONSE PROJECTS IN ACCORDANCE WITH THE MISSION.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

WATER MISSIONS INTERNATIONAL

Employer identification number

WATER M	IISSIONS INTERNATIO	NAL			57-1116	978	
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
 1 Indicate whether the organization rail a X Mail solicitations b X Internet and email solicitation c Phone solicitations d X In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, F b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e X Solicita f Solicita g X Special or oral agreement with any individua Part VII) or entity in connection with prividuals or entities (fundraisers) pursu	tion of tion of fundra I (includer profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees, or X Yes		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con contribu	ustoay trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
MASTERWORKS - 1701 E	CONSULTING, PLANNING, AND	Yes	No				
WOODFIELD RD STE 425	EXECUTING DIRECT MAIL		Х	669,799.	95,245.	574,554.	
LYNN BEAHM - GRAPPENHALL DR				,	,	,	
APEX, NC 27502	GRANT WRITING		х	416,957.	10,672.	406,285.	
LEM WALKER - MISES ST., MT.	CULTIVATION OF INDIVIDUAL			, -	, .	, -	
PLEASANT, SC 29464	AND CORPORATE DONORS		х	251,229.	19,239.	231,990.	
JIM LOSCHEIDER - BAMBOO RD,	CONSULTING ON FEASIBILITY			202,227	25,205.	201,220.	
BOONE, NC 28607	STUDY AND CAPITAL FUNDS		х	0.	28,777.	-28,777.	
Total	nn is registered as licensed to solicit	oontrib	D	1,337,985.	153,933.	1,184,052.	
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. AL,AK,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,LA,MD,MI,MN,NH,NJ,NM,NY,NC,ND,OH,OR,PA RI,SC,TN,UT,OK,MS							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017 WATER MISSIONS INTERNATIONAL 57-1116978 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events WALK FOR NONE (add col. (a) through WATER col. (c)) (event type) (total number) (event type) 329,971. 329,971. 1 Gross receipts 303,256 303,256. 2 Less: Contributions 26,715. 26,715. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 152,789. 9 Other direct expenses 152,789. 10 Direct expense summary. Add lines 4 through 9 in column (d) -126,074 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d)

Schodula G	(Earm	990 or	agn.	E71	2017

b If "No," explain:

b If "Yes," explain:

a Is the organization licensed to conduct gaming activities in each of these states?

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

9 Enter the state(s) in which the organization conducts gaming activities:

Schedule G (Form 990 or 990-EZ) 2017 WAIER MISSIONS INTERNATIONAL 57-1	11091	O Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	No L
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	No
13 Indicate the percentage of gaming activity conducted in:		
	13a	%
a The organization's facility		
b An outside facility	13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name ▶		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount		
of gaming revenue retained by the third party > \$		
c If "Yes," enter name and address of the third party:		
Name		
Address ▶		
16 Gaming manager information:		
Ganing manager information.		
Name		
Gaming manager compensation ▶ \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	∴ L Yes	No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year ▶ \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and	nes 9, 9b,	10b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	RS:	
(I) NAME OF FUNDRAISER: MASTERWORKS		
(I) ADDRECC OF FUNDDATCED.		
(I) ADDRESS OF FUNDRAISER:		
1701 E WOODFIELD RD STE 425, SCHAUMBURG, IL 60173		
(II) ACTIVITY: CONSULTING, PLANNING, AND EXECUTING DIRECT MAIL A	CTIVT	TY
(I) NAME OF FUNDRAISER: LYNN BEAHM		
(I) ADDRESS OF FUNDRAISER: GRAPPENHALL DR, APEX, NC 27502		

Schedule G (Form 990 or 990-EZ) 2017

732083 09-13-17

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

WATER MISSIONS INTERNATIONAL

Employer identification number 57-1116978

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

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

Schedule J (Form 990) 2017

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

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

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

	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Dellents	(13)(1)-(13)	reported as deferred on prior Form 990
(1) GEORGE C GREENE IV	128,475	0.	16,935.	4,802.	20,938.	171,150.	0.
PRESIDENT & COO		0.	0.	0.	0.	0.	0.
)						
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(i	i)						

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

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open To Public Inspection

Name of the organization

WATER MISSIONS INTERNATIONAL

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

(b) Relationship between disqualified (c) Properties of transactions (d) Corrected?

1	(b) Relationship between disqualified	(-) Description of the section	(d) Correct		
(a) Name of disqualified person	person and organization	(c) Description of transaction	Yes	No	
2 Enter the amount of tax incurred by	the organization managers or disqualifie	ed persons during the year under			

_	Enter the amount of tax incurred by the organization managers of disqualified persons during the year under		
	section 4958	\blacktriangleright	\$
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	\blacktriangleright	\$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization

reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of (b) Relationship (d) Loan to or (i) Written (c) Purpose (e) Original (f) Balance due (g) In by board or from the agreement? interested person with organization of loan principal amount default? cómmittee? organization? To From Yes No Yes No Yes No

Part III | Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990 or 990-EZ) 2017

Total

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

WATER MISSIONS INTERNATIONAL

Employer identification number 57-1116978

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu			s
1	Art Works of art		Items contributed	Tomin 550, i art viii, iiic ig				
2	Art - Works of art Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles	X	1	2,000.	FM7/			
7	Boats and planes		_	2,000.				
8	Intellectual property							
9	Securities - Publicly traded	X	18	123.842.	STOCK MARKE	T VA	TIT	E
10	Securities - Closely held stock		10	123,0121	DICCH IMMILE			
11	Securities - Partnership, LLC, or							
••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (MANUFACTURING)	X	310		RETAIL VALU			
26	Other (OTHER)	X	39	232,085.	RETAIL VALU	E		
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organize		-					
	for which the organization completed Form 828	33, Part IV,	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date		•	•				v
	exempt purposes for the entire holding period?	?				30a		X
	If "Yes," describe the arrangement in Part II.	!! !! !	du 41.	- f			. l	
31	Does the organization have a gift acceptance p					31	X	
32a	Does the organization hire or use third parties of					20-		Х
la.	contributions?					32a		77
	If "Yes," describe in Part II. If the organization didn't report an amount in co	olumn (a) fa	er a tuno of propert	y for which column (a) is she	ckod			
33		oiumm (C) 10	ı a type ot propert	y for writeri column (a) is che	ckeu,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

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.

2017
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

WATER MISSIONS INTERNATIONAL

Employer identification number 57-1116978

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PERMANENT COUNTRY PROGRAMS LOCATED IN AFRICA, ASIA, LATIN AMERICA, AND

THE CARIBBEAN. FOR EACH COMMUNITY SERVED, WATER MISSION ENGINEERS

CUSTOMIZE SOLUTIONS THAT REFLECT THE UNIQUE CIRCUMSTANCES OF THAT

COMMUNITY. AT THE INCEPTION OF EVERY PROJECT, WATER MISSION TEAMS TEST

THE PROJECT WATER SOURCE FOR QUALITY AND QUANTITY, IDENTIFY THE

REQUIRED PUMP AND POWER COMBINATION (SOLAR POWER, IF NEEDED), PUMP THE

WATER THROUGH A PROPER TREATMENT INTO STORAGE, AND DISTRIBUTE THE SAFE

WATER TO THE LEVEL OF ACCESS DESIRED WITHIN THE COMMUNITY. AS A LEADER

IN USING SOLAR POWER PUMPING SYSTEMS, WATER MISSION HAS INSTALLED MORE

THAN 1,200 PROJECTS USING SOLAR PANELS.

THE LIVING WATER TREATMENT SYSTEM (LWTS), ORIGINALLY DESIGNED IN 1998

BY WATER MISSION'S CO-FOUNDER AND CEO GEORGE GREENE III, PHD, P.E., IS

A MICRO-MUNICIPAL WATER PROVIDER THAT USES RAPID SAND FILTRATION AND

CHEMICAL DISINFECTION TO PRODUCE SAFE DRINKING WATER AT A RATE GREATER

THAN 10 GALLONS PER MINUTE. IT CAN BE QUICKLY DEPLOYED IN THE AFTERMATH

OF A NATURAL DISASTER AND HAS MINIMAL SUPPLY CHAIN REQUIREMENTS. USING

THE LWTS AND OTHER RELATED TECHNOLOGIES, WATER MISSION HAS PROVIDED

OVER 1.1 MILLION PEOPLE WITH ACCESS TO SAFE WATER AND SANITATION

FOLLOWING SOME OF THE WORLD'S MOST DEVASTATING DISASTERS, INCLUDING THE

RECENT CRISIS IN INDONESIA CAUSED BY MULTIPLE EARTHQUAKES AND AN

18-FOOT TSUNAMI AND THE EXTENSIVE DAMAGE CAUSED BY HURRICANE MARIA ON

PUERTO RICO AND OTHER CARIBBEAN ISLANDS. THE ORGANIZATION HAS ALSO

RESPONDED TO NUMEROUS OTHER DISASTERS SINCE ITS FOUNDING, INCLUDING:

HURRICANE MATTHEW IN HAITI IN 2016; THE EARTHQUAKE IN NEPAL IN 2015;

732211 09-07-17

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization **Employer identification number** WATER MISSIONS INTERNATIONAL 57-1116978 THE MASSIVE FLOODING IN MALAWI IN 2015; THE EBOLA OUTBREAK IN LIBERIA IN 2014; TYPHOON HAIYAN IN THE PHILIPPINES IN 2013; THE EARTHQUAKE IN HAITI IN 2010; THE EARTHQUAKE IN SICHUAN CHINA, IN 2008; HURRICANE KATRINA IN LOUISIANA IN 2005; THE TSUNAMI IN SOUTHEAST ASIA IN 2004; AND OTHER SMALLER CRISES. IN ADDITION, THE ORGANIZATION HAS ALSO RESPONDED TO AND CONTINUES TO SERVE THE REFUGEES FROM SOUTH SUDAN THAT HAVE FLED TO NORTHERN UGANDA AND THE BURUNDIAN REFUGEES THAT HAVE SETTLED IN WESTERN TANZANIA. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: WHERE WATER MISSION WORKS. THIS ALLOWS THE ORGANIZATION TO ADOPT NEW APPROACHES BASED ON DISCOVERED SUCCESSES AND FAILURES. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE (CODE), AND IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE. FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES: UGANDA, MALAWI, KENYA, HONDURAS, HAITI, INDONESIA, PERU, MEXICO, TANZANIA, LIBERIA FORM 990, PART VI, SECTION A, LINE 1: THE BYLAWS OF THE ORGANIZATION INCLUDE A PROVISION FOR THE BOARD OF DIRECTORS TO DESIGNATE FROM AMONG ITS MEMBERS AN EXECUTIVE COMMITTEE CONSISTING OF THREE OR MORE DIRECTORS, WHICH NUMBER SHALL ALWAYS INCLUDE THE FOUNDING DIRECTORS AND THE CHAIRMAN. THE COMMITTEE WAS COMPOSED OF

Name of the organization

WATER MISSIONS INTERNATIONAL

Employer identification number 57-1116978

MOLLY GREENE, GEORGE GREENE III, CARL EHMANN AND BRADFORD MARSHALL. THE

COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE BOARD IN THE NORMAL

COURSE OF BUSINESS BETWEEN REGULAR MEETINGS OF THE BOARD AND AS AUTHORITY

WITH RESPECT TO EXTRAORDINARY TRANSACTIONS AS THE BOARD DELEGATES.

FORM 990, PART VI, SECTION A, LINE 2:

GEORGE GREENE III, CEO, MOLLY GREENE, BOARD CHAIR AND ROBERT GREENE,

DIRECTOR - FAMILY RELATIONSHIP.

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT CPA FIRM AND REVIEWED IN DETAIL

BY THE TOP FINANCIAL OFFICIALS AND TOP MANAGEMENT OFFICIALS OF THE

ORGANIZATION. THE REVIEWED FORM 990 IS THEN FORWARDED TO THE ORGANIZATION'S

AUDIT COMMITTEE AND FORWARDED TO ALL BOARD MEMBERS PRIOR TO FILING.

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

CONFLICT OF INTEREST DISCLOSURE STATEMENTS ARE COMPLETED ANNUALLY IN

SEPTEMBER BY WATER MISSION'S REPRESENTATIVES, INCLUDING BUT NOT RESTRICTED

TO, OFFICERS AND BOARD MEMBERS WHO REPRESENT THE MINISTRY. THE TREASURER IS

RESPONSIBLE FOR ENSURING THAT ALL FORMS ARE COMPLETED, AND THE FINANCE AND

AUDIT COMMITTEE REVIEW THE COMPLETED DISCLOSURE STATEMENTS AS PART OF THEIR

SCHEDULED MONITORING PROCESS. IF A MATTER RELATED TO A POTENTIAL CONFLICT

WERE TO ARISE AT A BOARD MEETING, THE INTERESTED PERSON WOULD ABSTAIN FROM

VOTING ON MATTERS RELATED TO THE NOTED CONFLICT.

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

THE COMPENSATION FOR THE PRESIDENT IS SET BY A COMMITTEE THAT EXCLUDES ALL PEOPLE WITH WHOM THE PRESIDENT HAS FAMILY OR BUSINESS RELATIONSHIPS. THE

Name of the organization **Employer identification number** WATER MISSIONS INTERNATIONAL 57-1116978 COMMITTEE USES BENCHMARK DATA FROM OTHER NON-PROFITS AND LOCAL FOR-PROFIT COMPANIES. THE APPROVED COMPENSATION PACKAGE IS DOCUMENTED VIA PERSONNEL RECORDS AND THE ANNUAL BUDGETING PROCESS. THE PRESIDENT SETS OFFICER COMPENSATION BY USING COMPARATIVE DATA FROM OTHER NOT-FOR-PROFIT ORGANIZATIONS. THIS IS DOCUMENTED VIA PERSONNEL RECORDS AND THE ANNUAL BUDGETING PROCESS. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MN, MS, WA, OH, NV, ND, NC, NY, NM NJ,NH,UT,TN,OR,OK,SC,RI,PA,WV,WI,VA,AZ,DE,IA,ID,IN,MA,ME,MO,MT,NE,NV,SD,TX, VA,VT,WA,WI,WV,WY FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION PROVIDES GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS TO THE PUBLIC EITHER ON ITS WEBSITE OR UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: FOREIGN CURRENCY TRANSLATION ADJUSTMENT -178,256.-131,398. FOREIGN CURRENCY TRANSLATION LOSS TOTAL TO FORM 990, PART XI, LINE 9 -309,654. SCHEDULE G, PART I, LINE 2B THE PERSONAL ADDRESSES FOR FUNDRAISERS LYNN BEAHM, LEM WALKER AND JIM LOSCHEIDER ARE THE SAME AS THEIR BUSINESS ADDRESSES. THE EXACT STREET ADDRESSES ARE AVAILABLE TO THE IRS UPON REQUEST.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

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

2017 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

WATER MISSIONS INTERNATIONAL

Employer identification number 57-1116978

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controllin entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	1	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
WATER MISSIONS PERU	IMPLEMENTATION OF PROJECTS						
AV ABERLANDO QUINONES	IN ACCORDANCE WITH THE				WATER MISSIONS		
LORETA, PERU	MISSION	PERU			INTERNATIONAL		X
WATER MISSIONS INTERNATIONAL - KENYA	IMPLEMENTATION OF PROJECTS						
WATER WORKS ROAD SECTION SIX ESTATE	IN ACCORDANCE WITH THE				WATER MISSIONS		
KITALE, KENYA	MISSION	KENYA			INTERNATIONAL		X
WATER MISSIONS INTERNATIONAL - MALAWI	IMPLEMENTATION OF PROJECTS						
PO BOX 31871	IN ACCORDANCE WITH THE				WATER MISSIONS		
LILONGWE, MALAWI	MISSION	MALAWI			INTERNATIONAL		X
WATER MISSIONS UGANDA	IMPLEMENTATION OF PROJECTS						
PLOT 49 WILSON ROAD, PO BOX 15	IN ACCORDANCE WITH THE				WATER MISSIONS		1
JINJA, UGANDA	MISSION	UGANDA			INTERNATIONAL		X

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

Schedule R (Form 990) 2017

Part II Continuation of Identification of Related Tax-Exempt Organizations

of related organization	Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	(g) n 512(b)(13) ntrolled nization?	
		loreign country)		501(c)(3))		Yes	No	
MISSION D'EAU HAITI	IMPLEMENTATION OF PROJECTS					1.00		
CARREFOUR MARIN 21 3 RUE MILFORT	IN ACCORDANCE WITH THE				WATER MISSIONS			
BON REPOS, HAITI	MISSION	HAITI			INTERNATIONAL		Х	
WAHA MITRA INDONESIA	IMPLEMENTATION OF PROJECTS							
JI KELAPA SAWIT NO 32	IN ACCORDANCE WITH THE				WATER MISSIONS			
PEKANBARU, INDONESIA	MISSION	INDONESIA			INTERNATIONAL		Х	
MISIONES DEL AGUA INTERNACIONAL	IMPLEMENTATION OF PROJECTS							
BO SAN ISIDRO CASTADO SUR DEL EST	IN ACCORDANCE WITH THE				WATER MISSIONS			
TOCOA, HONDURAS	MISSION	HONDURAS			INTERNATIONAL		Х	
MISIONES DEL AGUA MEXICO	IMPLEMENTATION OF PROJECTS							
CALLE PRIV LA AURORA NO 14	IN ACCORDANCE WITH THE				WATER MISSIONS			
SAN CRISTOBAL DE LAS CASAS, MEXICO	MISSION	MEXICO			INTERNATIONAL		Х	
WATER MISSIONS INTERNATIONAL - TANZANIA	IMPLEMENTATION OF PROJECTS							
PO BOX 60036 KAWE PLOT 577	IN ACCORDANCE WITH THE				WATER MISSIONS			
DAR ES SALAAM, TANZANIA	MISSION	TANZANIA			INTERNATIONAL		Х	
WATER MISSIONS INTERNATIONAL - LIBERIA	IMPLEMENTATION OF PROJECTS							
CHEESEMAN AVENUE BETWEEN 15TH AND 16TH	IN ACCORDANCE WITH THE				WATER MISSIONS			
MONROVIA, LIBERIA	MISSION	LIBERIA			INTERNATIONAL		Х	
	_						1	
	_						1	
	 						1	
							l	

Page 2

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

	•										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General of managin partner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
	1										
											
	1										
	-										
	1										
									1		

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(t contr ent	ction b)(13) rolled tity?
		country)						Yes	No
									├ ──
									

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Schedule R (Form 990) 2017

1a

Yes No

Х

X

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

6)	 54						
5)							
=\							
4)							
,							
3)							
2)							
0.							
1)							
	type (a-s)						
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amounts	nt involved			
 S Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information 				IS			
r Other transfer of cash or property to related organization(s)					X		
					77		
q Reimbursement paid by related organization(s) for expenses				1q	X		
p Reimbursement paid to related organization(s) for expenses				1p	х		
Sharing of paid employees with related organization(s)							
n Sharing of facilities, equipment, mailing lists, or other assets with related of					X		
m Performance of services or membership or fundraising solicitations by rela					X		
I Performance of services or membership or fundraising solicitations for rela	ated organization(s)			11	X		
k Lease of facilities, equipment, or other assets from related organization(s)				1k	Х		
j Lease of radinales, equipment, of other assets to related digalization(s)							
i Exchange of assets with related organization(s)j Lease of facilities, equipment, or other assets to related organization(s)				1i	X		
h Purchase of assets from related organization(s)				1h	X		
g Sale of assets to related organization(s)					X		
f Dividends from related organization(s)				1f	X		
e Loans or loan guarantees by related organization(s)							
d Loans or loan guarantees to or for related organization(s)				1d	X		
c Gift, grant, or capital contribution from related organization(s)				1c	X		
b Gift, grant, or capital contribution to related organization(s)				1b	X		

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are a partners 501(c) orgs.)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	Sec.	Share of	Share of	Disp	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	or Percentage
of entity		(state or foreign	excluded from tax under	orgs.	?	total	end-of-year	alloca	tions?	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes I		income	assets	Yes	No	(Form 1065)	Yes N	О
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	1											
				\vdash				-	-		++	+
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	1											
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	1											
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