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)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

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

| A F   | or the   | $\simeq$ 2018 calendar year, or tax year beginning $\circ$ OCT $\circ$   | 1, 2018 and                  | ending $S$                       | <u>EP 30, 2019</u>                      |   |  |  |  |  |  |  |
|---|--|--|------------------------------|----------------------------------|---|---|--|--|--|--|--|--|
| <b>B</b> (  | Check if pplicable   | C Name of organization   |                              |                                  | D Employer identifi                     | cation number                                   |  |  |  |  |  |  |
| Г   | Addres   | water missions internation   | IAL                          |                                  |   |   |  |  |  |  |  |  |
|   | Name<br>change   | TO THE MARKET MARKET ON  |                              |                                  | 57-1                                    | 116978  |  |  |  |  |  |  |
| F   | □ Initial<br>□ return<br>□ Final                                 | Number and street (or P.O. box if mail is not delivered to PO BOX 71489  | o street address)            | Room/suite                       | E Telephone numbe                       | E Telephone number<br>(843)769-7395             |  |  |  |  |  |  |
|   | □return/<br>terminated   |  | fa                           |                                  |   | 27,076,325.                                     |  |  |  |  |  |  |
|   | Amend  | ,  |                              |                                  | G Gross receipts \$                     |   |  |  |  |  |  |  |
| H   | return<br>Applic   | ·  |                              | ГТ                               | H(a) Is this a group refor subordinates |   |  |  |  |  |  |  |
| pending   F Name and address of principal officer: GEORGE C. GREENE 111   for subordinates? Yes   A   SAME AS C ABOVE   H(b) Are all subordinates included? Yes |  |  |                              |                                  |   |   |  |  |  |  |  |  |
|   | Tay-646  |  | sert no.) 4947(a)(1)         | or 527                           | 1                                       | ncluded? <b>Yes No</b> list. (see instructions) |  |  |  |  |  |  |
|   | J Website: ► WWW.WATERMISSION.ORG  H(c) Group exemption number ► |  |                              |                                  |   |   |  |  |  |  |  |  |
|   |  | organization: X Corporation Trust Association  | on Other                     | L Year                           |   | M State of legal domicile: SC                   |  |  |  |  |  |  |
|   | art I  | Summary  |                              | 12 1001                          | or formation,                           | otato or logar dominino, io o                   |  |  |  |  |  |  |
|   | 1  | Briefly describe the organization's mission or most signific   | cant activities: PROV        | IDE SU                           | STAINABLE A                             | CCESS TO  |  |  |  |  |  |  |
| Governance  |  | SAFE WATER & SANITATION IN DE  |                              |                                  |   |   |  |  |  |  |  |  |
| nar   | 2  | Check this box  if the organization discontinued   | d its operations or dispos   | sed of more                      | than 25% of its net as                  | sets.   |  |  |  |  |  |  |
| Ve  | 3  | Number of voting members of the governing body (Part V   |                              |                                  | 3                                       | 11  |  |  |  |  |  |  |
|   | 4  | Number of independent voting members of the governing  |                              |                                  |   | 10  |  |  |  |  |  |  |
| တ္မ   |  | Total number of individuals employed in calendar year 20   |                              |                                  |   | 71  |  |  |  |  |  |  |
| /itie   |  | Total number of volunteers (estimate if necessary)   |                              |                                  |   | 439   |  |  |  |  |  |  |
| Activities &  |  | Total unrelated business revenue from Part VIII, column (0   |                              |                                  |   | 0.  |  |  |  |  |  |  |
| _   | b  | Net unrelated business taxable income from Form 990-T,   | line 38                      |                                  | 7b                                      | 0.  |  |  |  |  |  |  |
|   |  |  |                              |                                  | Prior Year                              | Current Year                                    |  |  |  |  |  |  |
| <u>•</u>  | 8  | Contributions and grants (Part VIII, line 1h)  |                              |                                  | 26,745,414.                             | 20,091,495.                                     |  |  |  |  |  |  |
| Revenue   | 1  |  |                              |                                  | 4,400,811.                              | 4,566,690.                                      |  |  |  |  |  |  |
| Şe.   |  | Investment income (Part VIII, column (A), lines 3, 4, and 70   |                              |                                  | 9,821.                                  | 304,698.  |  |  |  |  |  |  |
|   | I  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10  |                              |                                  | -97,262.                                | -66,995.  |  |  |  |  |  |  |
|   |  | Total revenue - add lines 8 through 11 (must equal Part VI   |                              |                                  | 31,058,784.                             | 24,895,888.                                     |  |  |  |  |  |  |
|   | I  | Grants and similar amounts paid (Part IX, column (A), lines  |                              |                                  | 0.                                      | 0.  |  |  |  |  |  |  |
|   | 1  | Benefits paid to or for members (Part IX, column (A), line 4   |                              |                                  | 0.                                      | 0.  |  |  |  |  |  |  |
| Ses   | 15   | Salaries, other compensation, employee benefits (Part IX,  |                              |                                  | 6,867,119.<br>152,078.                  |   |  |  |  |  |  |  |
| Expenses  | 16a  | Professional fundraising fees (Part IX, column (A), line 11e Total fundraising expenses (Part IX, column (D), line 25)   |                              |                                  | 132,076.                                | 156,987.  |  |  |  |  |  |  |
| X   | D  |  |                              |                                  | 13,584,544.                             | 15,401,435.                                     |  |  |  |  |  |  |
| _   | ''   | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24<br>Total expenses. Add lines 13-17 (must equal Part IX, colur |                              |                                  | 20,603,741.                             | 23,146,006.                                     |  |  |  |  |  |  |
|   |  | Revenue less expenses. Subtract line 18 from line 12   |                              |                                  | 10,455,043.                             | 1,749,882.                                      |  |  |  |  |  |  |
|   |  | nevenue less expenses. Subtract line 16 non line 12  |                              | Re                               | ginning of Current Year                 | End of Year                                     |  |  |  |  |  |  |
| Net Assets or   | 20   | Total assets (Part X, line 16)   |                              |                                  | 21,400,546.                             | 23,459,423.                                     |  |  |  |  |  |  |
| ASS   | 21   | Total liabilities (Part X, line 26)  |                              |                                  | 890,931.                                | 1,252,815.                                      |  |  |  |  |  |  |
| Net   | 22   | Net assets or fund balances. Subtract line 21 from line 20   | )                            |                                  | 20,509,615.                             | 22,206,608.                                     |  |  |  |  |  |  |
| Pá  | art II   | Signature Block  |                              |                                  | •                                       |   |  |  |  |  |  |  |
| Und   | er pena  | Ities of perjury, I declare that I have examined this return, includir   | ng accompanying schedules    | s and stateme                    | ents, and to the best of my             | / knowledge and belief, it is                   |  |  |  |  |  |  |
| true  | , correc   | t, and complete. Declaration of preparer (other than officer) is bas   | sed on all information of wh | nich preparer                    | has any knowledge.                      |   |  |  |  |  |  |  |
|   |  |  |                              |                                  |   |   |  |  |  |  |  |  |
| Sig   | n  | Signature of officer   |                              |                                  | Date                                    |   |  |  |  |  |  |  |
| Her   | е  | GEORGE C. GREENE III, CEO  | & FOUNDER                    |                                  |   |   |  |  |  |  |  |  |
|   |  | Type or print name and title   |                              | T.e                              |   |   |  |  |  |  |  |  |
|   |  |  | rer's signature              |                                  | Date Check Check                        | PTIN  |  |  |  |  |  |  |
| Paid  |  | STACY CULLEN   | <u> </u> 0                   | 02/06/20 self-employed P00974308 |   |   |  |  |  |  |  |  |
| -   | arer   |  |                              |                                  |   |   |  |  |  |  |  |  |
| Use   | Only   | Firm's address ► TWO LIBERTY PL, 50 S  |                              | STE 290                          |   | E 070 0000                                      |  |  |  |  |  |  |
| _   |  | PHILADELPHIA, PA 191   |                              |                                  | Phone no. 21                            | 5-979-8800<br>X Yes No                          |  |  |  |  |  |  |
| Mav   | /the IF  | RS discuss this return with the preparer shown above? (se  | e instructions)              |                                  |   | X Yes No  |  |  |  |  |  |  |

Form 990 (2018)

| Par             | 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?   |
| 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           |
| 4a              | revenue, if any, for each program service reported.  (Code:) (Expenses \$19,612,367. including grants of \$) (Revenue \$\$ 4,566,690.                  |
| <del>'i</del> a | (Code:) (Expenses \$19,612,367. including grants of \$) (Revenue \$4,566,690.)  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 MORE THAN 5   |
|                 | MILLION PEOPLE IN 56 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 270 IN-COUNTRY PROFESSIONALS  |
|                 | WHO WORK IN COUNTRY PROGRAM OFFICES AND LIVE IN THE COMMUNITIES THE  |
|                 | ORGANIZATION SERVES. WATER MISSION HAS MORE THAN 350 STAFF MEMBERS   |
| 4b              | (Code:) (Expenses \$347,883. 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 \$ 288, 311. 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 CREATING   |
|                 | EDUCATIONAL PROGRAMS, SHARING RESOURCES WITH OTHER NONPROFITS, AND   |
|                 | ORGANIZING EVENTS FOR INDIVIDUALS, COMMUNITY GROUPS, COMPANIES, AND  |
|                 | CHURCHES. ONE SUCH EVENT IS THE ANNUAL CHARLESTON WALK FOR WATER, AS   |
|                 | WELL AS REGIONAL AND INTERNATIONAL WALKS IN PLACES SUCH AS ST. LOUIS,  |
|                 | MINNEAPOLIS, CHICAGO, DENMARK, SWITZERLAND AND INDONESIA.  |
|                 |  |
|                 |  |
|                 |  |
|                 |  |
|                 |  |
| 4d              | Other program services (Describe in Schedule O.)   |
| 40              | (Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 20,248,561.  |

### Part IV Checklist of Required Schedules

|     |  |     | Yes | No               |
|-----|--|-----|-----|------------------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  |     |     |                  |
|     | If "Yes," complete Schedule A  | 1   | Х   |                  |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2   | X   |                  |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for            |     |     |                  |
|     | public office? If "Yes," complete Schedule C, Part I   | 3   |     | 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   |     | X                |
| 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   |     | X                |
| 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   |     | X                |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> |     |     |                  |
| Ū   | Schedule D, Part III   | 8   |     | X                |
| 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   |     | x                |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent              | ا ا |     |                  |
| 10  | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10  |     | x                |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X           | 10  |     |                  |
| ••• | as applicable.   |     |     |                  |
| _   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,                |     |     |                  |
| а   |  | 444 | Х   |                  |
|     | Part VI  | 11a | Λ   |                  |
| D   | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total                |     |     | $ _{\mathbf{x}}$ |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b |     |                  |
| С   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total                 |     |     | <b> </b> ₩       |
|     | 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               | ١   |     | <b>.</b>         |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d |     | X                |
|     | 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 | X   |                  |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete                        |     |     | ,,,              |
|     | Schedule D, Parts XI and XII   | 12a |     | X                |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?                                  |     | 77  |                  |
|     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                      | 12b | X   | 77               |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  | 77  | X                |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a | _X_ |                  |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,                    |     |     |                  |
|     | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000                 |     |     |                  |
|     | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b | _X_ |                  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any                  |     |     |                  |
|     | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15  |     | X                |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to                   |     |     |                  |
|     | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16  |     | X                |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,                    |     |     |                  |
|     | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17  | _X_ |                  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines               |     |     |                  |
|     | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  | X   |                  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"                     |     |     |                  |
|     | complete Schedule G, Part III  | 19  |     | X                |
| 20a | 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                |

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# Form 990 (2018) WATER MISSIONS INT Part IV Checklist of Required Schedules (continued)

|        |   |      | Yes | No       |
|--------|---|------|-----|----------|
| 22     | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on                   |      |     |          |
|        | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22   |     | X        |
| 23     | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current      |      |     |          |
|        | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete                  |      |     |          |
|        | Schedule J  | 23   | Х   |          |
| 24a    | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the         |      |     |          |
|        | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete              |      |     |          |
|        | Schedule K. If "No," go to line 25a   | 24a  |     | X        |
| 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  |     |          |
| 25a    | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit                    |      |     |          |
|        | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                                   | 25a  |     | 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  | X   |          |
|        | 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   | X   |          |
| 30     | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation     |      |     |          |
|        | contributions? If "Yes," complete Schedule M  | 30   |     | Х        |
| 31     | Did the organization liquidate, terminate, or dissolve and cease operations?  |      |     |          |
|        | If "Yes," complete Schedule N, Part I   | 31   |     | X        |
| 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   |     | X        |
| 33     | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                      |      |     |          |
|        | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33   |     | X        |
| 34     | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and       |      |     |          |
|        | Part V, line 1  | 34   | Х   |          |
| 35 a   | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a  |     | X        |
| b      | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity       |      |     |          |
|        | 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   |     | X        |
| 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   |     | X        |
| 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   | <u> </u> |
| Par    |   |      |     |          |
|        | Check if Schedule O contains a response or note to any line in this Part V  |      |     | X        |
|        |   |      | Yes | No       |
|        | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  |      |     |          |
|        | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable   |      |     |          |
| С      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming              |      |     |          |
|        | (gambling) winnings to prize winners?   | 1c   |     |          |
| 832004 | 12-31-18  | Form | 990 | (2018)   |

### WATER MISSIONS INTERNATIONAL 57-1116978 Page 5 Form 990 (2018) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country: ▶ SEE SCHEDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the

Form 990 (2018)

14b

X

Х

X

organization is licensed to issue qualified health plans Enter the amount of reserves on hand

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

excess parachute payment(s) during the year?

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

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

Did the organization receive any payments for indoor tanning services during the tax year?

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

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

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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 11  |         |         |           |
|        | 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       | X       |           |
| 3      | Did the organization delegate control over management duties customarily performed by or under the direct supervision               |         |         |           |
|        | of officers, directors, or trustees, or key employees to a management company or other person?                                      | 3       |         | X         |
| 4      | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                    | 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 have members or stockholders?  | 6       |         | X         |
| 7a     | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or                      |         |         |           |
|        | more members of the governing body?   | 7a      |         | X         |
| b      | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or                  |         |         |           |
|        | persons other than the governing body?  | 7b      |         | Х         |
| 8      | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |         |         |           |
| а      | The governing body?   | 8a      | X       |           |
| b      | Each committee with authority to act on behalf of the governing body?   | 8b      | Х       |           |
| 9      | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the                |         |         |           |
|        | organization's mailing address? If "Yes." provide the names and addresses in Schedule O   | 9       |         | X         |
| Sec    | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)                    |         |         |           |
|        |   |         | Yes     | No        |
| 10a    | Did the organization have local chapters, branches, or affiliates?  | 10a     |         | 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 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     | X       |           |
| 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     | X       |           |
| 13     | Did the organization have a written whistleblower policy?   | 13      | X       |           |
| 14     | Did the organization have a written document retention and destruction policy?  | 14      | X       |           |
| 15     | Did the process for determining compensation of the following persons include a review and approval by independent                  |         |         |           |
|        | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                   |         |         |           |
|        | The organization's CEO, Executive Director, or top management official  | 15a     | X       |           |
| b      | Other officers or key employees of the organization   | 15b     | X       |           |
|        | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   |         |         |           |
| 16a    | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a               |         |         |           |
|        | taxable entity during the year?   | 16a     |         | X         |
| b      | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation        |         |         |           |
|        | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's                      |         |         |           |
|        | exempt status with respect to such arrangements?  | 16b     |         |           |
| Sec    | tion C. Disclosure  |         | ~       |           |
| 17     | List the states with which a copy of this Form 990 is required to be filed ▶AL, AK, AR, CA, CO, CT, FL, GA, HI                      |         |         |           |
| 18     | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s     | only) a | availab | le        |
|        | for public inspection. Indicate how you made these available. Check all that apply.   |         |         |           |
|        | X 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 policy, and     | financ  | ial     |           |
|        | statements available to the public during the tax year.   |         |         |           |
| 20     | State the name, address, and telephone number of the person who possesses the organization's books and records                      |         |         |           |
|        | BERNARD DRACKWICZ - (843) 769-7395  |         |         |           |
|        | PO BOX 71489, N CHARLESTON, SC 29415  |         | 000     | /aa : - : |
| 832006 | SEE SCHEDULE O FOR FULL LIST OF STATES  | Form    | 990     | (2018)    |

## 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.

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

| (A)   | (B)               | (C)                            |                       |         |              | (D)                             | (E)    | (F)                             |                 |                       |
|---|-------------------|--------------------------------|-----------------------|---------|--------------|---------------------------------|--------|---------------------------------|-----------------|-----------------------|
| Name and Title                                | Average           | (do                            | not c                 | Pos     | ition        |                                 | 200    | Reportable                      | Reportable      | Estimated             |
|   | hours per         | box                            | , unles               | ss per  | son is       | s both                          | an     | compensation                    | compensation    | amount of             |
|   | week              |                                | cer an                | a a a   | recto        | r/trus                          | tee)   | from                            | from related    | other                 |
|   | (list any         | recto                          |                       |         |              |                                 |        | the                             | organizations   | compensation          |
|   | hours for related | e or di                        | tee                   |         |              | sated                           |        | organization<br>(W-2/1099-MISC) | (W-2/1099-MISC) | from the organization |
|   | organizations     | Individual trustee or director | Institutional trustee |         | ee/          | m pen                           |        | (44-27 1099-141130)             |                 | and related           |
|   | below             | dualt                          | utiona                |         | Key employee | st co                           | Je.    |                                 |                 | organizations         |
|   | line)             | Indivi                         | Instit                | Officer | Key e        | Highest compensated<br>employee | Former |                                 |                 |                       |
| (1) GEORGE C GREENE III                       | 55.00             |                                |                       |         |              |                                 |        |                                 |                 |                       |
| CEO & FOUNDER                                 |                   | Х                              |                       | Х       |              |                                 |        | 0.                              | 0.              | 0.                    |
| (2) W RUSSELL SMITH                           | 3.50              |                                |                       |         |              |                                 |        |                                 |                 |                       |
| SECRETARY                                     |                   | Х                              |                       | Х       |              |                                 |        | 0.                              | 0.              | 0.                    |
| (3) CARL W EHMANN                             | 3.50              |                                |                       |         |              |                                 |        |                                 |                 |                       |
| TREASURER                                     |                   | Х                              |                       | Х       |              |                                 |        | 0.                              | 0.              | 0.                    |
| (4) STEVE COX                                 | 3.50              |                                |                       |         |              |                                 |        |                                 |                 |                       |
| DIRECTOR                                      |                   | Х                              |                       |         |              |                                 |        | 0.                              | 0.              | 0.                    |
| (5) ROBERT W GREENE                           | 3.50              |                                |                       |         |              |                                 |        |                                 |                 |                       |
| DIRECTOR                                      |                   | Х                              |                       |         |              |                                 |        | 0.                              | 0.              | 0.                    |
| (6) DANIEL R GROVER                           | 3.50              |                                |                       |         |              |                                 |        |                                 | _               | _                     |
| DIRECTOR                                      |                   | Х                              |                       |         |              |                                 |        | 0.                              | 0.              | 0.                    |
| (7) JAMES J LOSCHEIDER                        | 3.50              |                                |                       |         |              |                                 |        |                                 | _               | _                     |
| DIRECTOR                                      |                   | Х                              |                       |         |              |                                 |        | 0.                              | 0.              | 0.                    |
| (8) BRADFORD S MARSHALL                       | 3.50              |                                |                       |         |              |                                 |        |                                 |                 |                       |
| DIRECTOR                                      |                   | Х                              |                       |         |              |                                 |        | 0.                              | 0.              | 0.                    |
| (9) ROBERT L MEDLIN                           | 3.50              |                                |                       |         |              |                                 |        |                                 |                 |                       |
| DIRECTOR                                      | 2.50              | Х                              |                       |         |              |                                 |        | 0.                              | 0.              | 0.                    |
| (10) BRETT HILDEBRAND                         | 3.50              |                                |                       |         |              |                                 |        |                                 |                 |                       |
| DIRECTOR                                      | 2.50              | Х                              |                       |         |              |                                 |        | 0.                              | 0.              | 0.                    |
| (11) CHARLES B. YOUNG                         | 3.50              | 3,7                            |                       |         |              |                                 |        |                                 | _               | _                     |
| DIRECTOR                                      | FF 00             | Х                              |                       |         |              |                                 |        | 0.                              | 0.              | 0.                    |
| (12) MOLLY F. GREENE<br>BOARD CHAIR & FOUNDER | 55.00             | Х                              |                       | х       |              |                                 |        | 0.                              | 0.              | 0.                    |
| (13) GEORGE C GREENE IV                       | 55.00             | Λ                              |                       | Λ       |              |                                 |        | 0.                              | 0.              | U •                   |
| PRESIDENT & COO                               | 33.00             |                                |                       | х       |              |                                 |        | 144,737.                        | 0.              | 30,681.               |
| (14) BERNARD DRACKWICZ                        | 55.00             |                                |                       | Λ       |              |                                 |        | 144,/3/.                        | 0.              | 30,001.               |
| CHIEF FINANCIAL OFFICER                       | 33.00             | -                              |                       | Х       |              |                                 |        | 98,568.                         | 0.              | 25 805                |
| (15) SETH WOMBLE                              | 55.00             |                                |                       | -22     |              |                                 |        | 70,300.                         |                 | 25,895.               |
| EVP OPERATIONS                                | 33.00             | 1                              |                       |         |              | x                               |        | 122,675.                        | 0.              | 26,338.               |
|   |                   |                                |                       |         |              |                                 |        | 122,073                         |                 | 20,330                |
|   |                   |                                |                       |         |              |                                 |        |                                 |                 |                       |
|   |                   |                                |                       |         |              |                                 |        |                                 |                 |                       |
|   |                   | 1                              |                       |         |              |                                 |        |                                 |                 |                       |

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| Par  | Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) |                        |                                |                                      |              |              |                              |               |                               |                   |        |           |                   |            |
|------|---|------------------------|--------------------------------|--------------------------------------|--------------|--------------|------------------------------|---------------|-------------------------------|-------------------|--------|-----------|-------------------|------------|
|      | (A)   | (B) (C)                |                                |                                      |              |              |                              |               | (D)                           | (E)               |        |           | (F)               |            |
|      | Name and title  | Average                | (do                            | Position (do not check more than one |              |              |                              | 200           | Reportable                    | Reportable        |        | Es        | stimate           | ed         |
|      |   | hours per              | box                            | , unle                               | ss per       | rson i       | s both                       | n an          | compensation                  | compensation      | on     | ar        | nount             | of         |
|      |   | week                   |                                |                                      |              |              | from related                 |               |                               | other             |        |           |                   |            |
|      |   | (list any              | ,   9                          |                                      | organization |              |                              | pensa         |                               |                   |        |           |                   |            |
|      |   | hours for related      | or di                          | e e                                  |              |              | ated                         |               | organization                  | (W-2/1099-MIS     | SC)    |           | om th             |            |
|      |   | organizations          | ustee                          | trust                                |              | 9            | Suedi                        |               | (W-2/1099-MISC)               |                   |        |           | anizat<br>d relat |            |
|      |   | below                  | lual tr                        | tional                               |              | ploye        | st con                       | _             |                               |                   |        |           | anizati           |            |
|      |   | line)                  | Individual trustee or director | Institutional trustee                | Officer      | Key employee | Highest compensated employee | Former        |                               |                   |        | orge      | ai 112ati         | 0113       |
|      |   |                        | _                              | _                                    |              | ×            | 1                            |               |                               |                   |        |           |                   |            |
|      |   |                        |                                |                                      |              |              |                              |               |                               |                   |        |           |                   |            |
|      |   |                        |                                |                                      |              |              |                              |               |                               |                   |        |           |                   |            |
|      |   |                        |                                |                                      |              |              |                              |               |                               |                   |        |           |                   |            |
|      |   |                        | ŀ                              |                                      |              |              |                              |               |                               |                   |        |           |                   |            |
|      |   |                        |                                |                                      |              |              |                              |               |                               |                   |        |           |                   |            |
|      |   |                        |                                |                                      |              |              |                              |               |                               |                   |        |           |                   |            |
|      |   |                        |                                |                                      |              |              |                              |               |                               |                   |        |           |                   |            |
|      |   |                        |                                |                                      |              |              |                              |               |                               |                   |        |           |                   |            |
|      |   |                        |                                |                                      |              |              |                              |               |                               |                   |        |           |                   |            |
|      |   |                        |                                |                                      |              |              |                              |               |                               |                   |        |           |                   |            |
|      |   |                        |                                |                                      |              |              |                              |               |                               |                   |        |           |                   |            |
|      |   |                        |                                |                                      |              |              |                              |               |                               |                   |        |           |                   |            |
|      |   |                        |                                |                                      |              |              |                              |               |                               |                   |        |           |                   |            |
|      |   |                        |                                |                                      |              |              |                              |               |                               |                   |        |           |                   |            |
| 1b   | Sub-total   |                        |                                |                                      |              |              |                              | <b>&gt;</b>   | 365,980.                      |                   |        | 0. 82,914 |                   |            |
| С    | Total from continuation sheets to Part VI   | I, Section A           |                                |                                      |              |              |                              | ▶             | 0.                            |                   | 0.     |           |                   | 0.         |
| d    | Total (add lines 1b and 1c)   |                        |                                |                                      |              |              |                              | <u> </u>      | 365,980.                      |                   | 0.     | 8         | 2,9               | <u>14.</u> |
| 2    | Total number of individuals (including but n  | ot limited to th       | ose                            | liste                                | d ab         | ove          | ) wh                         | o re          | eceived more than \$100,      | 000 of reportable | Э      |           |                   | _          |
|      | compensation from the organization  |                        |                                |                                      |              |              |                              |               |                               |                   |        |           | V                 | 2          |
| •    | Did the consequenting list on former officers   | al:a.a.a a             |                                |                                      |              |              |                              |               | h:                            |                   | 1      |           | Yes               | No         |
| 3    | Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> . | •                      |                                | -                                    | •            | •            | •                            |               | •                             |                   |        | 3         |                   | х          |
| 4    | For any individual listed on line 1a, is the su   |                        |                                |                                      |              |              |                              |               |                               |                   |        |           |                   |            |
| 7    | and related organizations greater than \$150  | •                      |                                |                                      |              |              |                              |               | •                             | •                 |        | 4         | х                 |            |
| 5    | Did any person listed on line 1a receive or a   |                        |                                |                                      |              |              |                              |               |                               |                   |        | _         |                   |            |
| 3    | rendered to the organization? If "Yes," com   | •                      |                                |                                      |              | •            |                              |               | •                             | dai ioi services  |        | 5         |                   | х          |
| Sec  | tion B. Independent Contractors   | <u>piete Scriedule</u> | <del>)</del>                   | or st                                | ICH Į        | oers         | OII .                        |               |                               |                   |        |           |                   |            |
| 1    | Complete this table for your five highest co  | mpensated ind          | lepe                           | nde                                  | nt co        | ontra        | actor                        | rs th         | hat received more than \$     | 100,000 of comp   | pensat | tion fro  | om                |            |
|      | the organization. Report compensation for   | the calendar ye        | ear e                          | endir                                | ng w         | ith c        | or wi                        | thin          | the organization's tax y      | ear.              |        |           |                   |            |
|      | (A)   |                        |                                |                                      |              |              |                              |               | (B)                           |                   | _      | ((        |                   |            |
| ENT/ | Name and business SINEERING SERVICES MERG   |                        |                                |                                      |              |              |                              | -             | Description of s COUNTRY PROG |                   |        | ompe      | nsatio            | n          |
|      | INEERING SERVICES MERG<br>ZIANWEG 9, ELCHINGEN, G   |                        | I/                             |                                      |              |              |                              | - 1           | SUPPORT                       | VAM               |        | 12        | 6.9               | 25.        |
|      |   |                        | FR                             | SK                                   | OV           | VE           | J                            | $\overline{}$ | COUNTRY PROG                  | RAM               |        |           | <del>- , ,</del>  |            |
|      | CRAIG WILLIAMS, AXIOM -DK, SKINDERSKOVVEJ COUNTRY PROGRAM  LO, HERVLEV, DENMARK 2730 SUPPORT                      |                        |                                |                                      |              |              |                              |               |                               | 114,169.          |        |           |                   |            |
| 1    |   |                        |                                |                                      |              |              |                              |               | r <del></del>                 |                   |        |           | <u> </u>          |            |

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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2018) WATER M
Part VIII Statement of Revenue

|  |      | Check if Schedule O conta                                   | ains a response  | or note to any line | e in this Part VIII         |  |   |  |
|--|------|---|------------------|---------------------|-----------------------------|--|---|--|
|  |      |   |                  |                     | <b>(A)</b><br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| इ इ  | 1 a  | Federated campaigns   | 1a               |                     |                             |  |   |  |
| Contributions, Gifts, Grants and Other Similar Amounts | b    | Membership dues   | 1 1              |                     |                             |  |   |  |
| Ē,S  | c    | Fundraising events  |                  | 315,034.            |                             |  |   |  |
| iifts<br>ar A  | d    | Related organizations                                       |                  |                     |                             |  |   |  |
| s, G   | е    | Government grants (contributi                               |                  |                     |                             |  |   |  |
| isi  | f    | All other contributions, gifts, grant                       | ts, and          |                     |                             |  |   |  |
| but  |      | similar amounts not included abov                           | /e <b>1f</b>     | 19,776,461.         |                             |  |   |  |
| d it   | g    | Noncash contributions included in lines                     | 1a-1f: \$        | 2,439,014.          |                             |  |   |  |
| a C  | h    | Total. Add lines 1a-1f                                      |                  | <b>&gt;</b>         | 20,091,495.                 |  |   |  |
|  |      |   |                  | Business Code       |                             |  |   |  |
| မွ   | 2 a  | SERVICE INCOME  |                  | 900099              | 4,566,690.                  | 4,566,690.                             |   |  |
| e Ķ  | b    | ·   |                  |                     |                             |  |   |  |
| Sen  | c    | :   |                  |                     |                             |  |   |  |
| ran<br>Sev   | d    | l   |                  |                     |                             |  |   |  |
| Program Service<br>Revenue                             | е    | -   |                  |                     |                             |  |   |  |
| ۵  |      | All other program service reve                              |                  |                     |                             |  |   |  |
|  |      | Total. Add lines 2a-2f                                      |                  |                     | 4,566,690.                  |  |   |  |
|  | 3    | Investment income (including                                | ,                | · '                 | 200 604                     |  |   | 200 604  |
|  |      | other similar amounts)                                      |                  | 300,624.            |                             |  | 300,624.                                |  |
|  | 4    | Income from investment of tax                               |                  |                     |                             |  |   |  |
|  | 5    | Royalties   |                  |                     |                             |  |   |  |
|  | _    |   | (i) Real         | (ii) Personal       |                             |  |   |  |
|  |      | Gross rents   |                  |                     |                             |  |   |  |
|  |      | Less: rental expenses                                       |                  |                     |                             |  |   |  |
|  |      | Rental income or (loss)                                     |                  |                     |                             |  |   |  |
|  |      | Net rental income or (loss) Gross amount from sales of      | (i) Securities   | (ii) Other          |                             |  |   |  |
|  | 7 4  | assets other than inventory                                 | 2,025,000.       |                     |                             |  |   |  |
|  | h    | Less: cost or other basis                                   | 2,020,000.       |                     |                             |  |   |  |
|  | ~    | and sales expenses  | 2.020.926.       |                     |                             |  |   |  |
|  |      | Gain or (loss)  | 4.074.           |                     |                             |  |   |  |
|  |      | Net gain or (loss)  |                  |                     | 4,074.                      |  |   | 4,074.   |
|  |      | Gross income from fundraising                               |                  |                     | ,                           |  |   | ,  |
| Jue  | -    | including \$ 315  | ,                |                     |                             |  |   |  |
| ě.   |      | contributions reported on line                              |                  |                     |                             |  |   |  |
| Ã.   |      | Part IV, line 18  |                  | 23,320.             |                             |  |   |  |
| Other Reven  | b    | Less: direct expenses                                       |                  | 159,511.            |                             |  |   |  |
| 0  | c    | Net income or (loss) from fund                              | raising events   | <u></u>             | -136,191.                   |  |   | -136,191.  |
|  | 9 a  | Gross income from gaming ac                                 | tivities. See    |                     |                             |  |   |  |
|  |      | Part IV, line 19  | a                |                     |                             |  |   |  |
|  | b    | Less: direct expenses                                       | b                |                     |                             |  |   |  |
|  | c    | Net income or (loss) from gam                               | ing activities . | <b></b>             |                             |  |   |  |
|  | 10 a | Gross sales of inventory, less                              |                  |                     |                             |  |   |  |
|  |      | and allowances  | a                |                     |                             |  |   |  |
|  |      | Less: cost of goods sold                                    |                  |                     |                             |  |   |  |
| }  | С    | Net income or (loss) from sales                             |                  | <b>&gt;</b>         |                             |  |   |  |
| }  |      | Miscellaneous Revenue                                       | 9                | Business Code       | 64 645                      |  |   | 64.010   |
|  |      | MISCELLANEOUS   | AMTON CATA       | 900099              | 61,213.                     |  |   | 61,213.  |
|  |      | FOREIGN CURRENCY TRANSI                                     | ATION GAIN       | 900099              | 7,983.                      |  |   | 7,983.   |
|  | C    |   |                  |                     |                             |  |   |  |
|  |      | All other revenue   |                  |                     | 69,196.                     |  |   |  |
|  | 12   | • Total. Add lines 11a-11d  Total revenue. See instructions |                  |                     | 24,895,888.                 | 4,566,690.                             | 0.                                      | 237,703.   |
|  | 14   | i viai i cvellue. Dee Ilibli uuliulis                       |                  |                     | ,,                          | _,,                                    | ٠.                                      |  |

# Form 990 (2018) WATER MISSIONS INTERNATIONAL Part IX Statement of Functional Expenses

| Do       | Check if Schedule O contains a respons   | (A)            | this Part IX(B) Program service | (C)                             | (D)                     |
|----------|--|----------------|---------------------------------|---------------------------------|-------------------------|
|          | 8b, 9b, and 10b of Part VIII.  | Total expenses | Program service expenses        | Management and general expenses | Fundraising<br>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,   |                |                                 |                                 |                         |
|          | trustees, and key employees  | 310,854.       | 180,191.                        | 130,663.                        |                         |
| 6        | Compensation not included above, to disqualified   |                |                                 |                                 |                         |
|          | persons (as defined under section 4958(f)(1)) and  |                |                                 |                                 |                         |
|          | persons described in section 4958(c)(3)(B)   | 4 4 4 5 4 4 4  |                                 | 1 100 000                       |                         |
| 7        | Other salaries and wages   | 6,317,891.     | 4,501,804.                      | 1,109,332.                      | 706,755                 |
| 8        | Pension plan accruals and contributions (include   | 100 00-        | <b>.</b>                        | 45 000                          | 26.21                   |
|          | section 401(k) and 403(b) employer contributions)  | 109,065.       | 56,943.                         | 15,282.                         | 36,840                  |
| 9        | Other employee benefits  | 520,508.       | 388,772.                        | 22,270.                         | 109,466                 |
| 0        | Payroll taxes  | 329,266.       | 175,906.                        | 52,057.                         | 101,303                 |
| 1        | Fees for services (non-employees):   |                |                                 |                                 |                         |
| а        | Management   | FF 240         | 41 041                          | 14 200                          |                         |
| b        | Legal  | 55,340.        | 41,041.                         | 14,299.                         |                         |
|          | Accounting   | 70,731.        | 297.                            | 70,434.                         |                         |
| d        | Lobbying   | 156 007        |                                 |                                 | 156 005                 |
| е        | Professional fundraising services. See Part IV, line 17                                      | 156,987.       |                                 | 7,109.                          | 156,987                 |
| f        | Investment management fees   | 7,109.         |                                 | 7,109.                          |                         |
| g        | Other. (If line 11g amount exceeds 10% of line 25,   | 1 056 100      | 827,026.                        | 186,352.                        | 10 721                  |
|          | column (A) amount, list line 11g expenses on Sch 0.)   | 1,056,109.     | 021,020.                        | 100,332.                        | 42,731                  |
| 2        | Advertising and promotion  |                |                                 |                                 |                         |
| 13       | Office expenses  | 399,394.       | 18,082.                         | 376,848.                        | 4,464                   |
| 4        | Information technology   | 333,334.       | 10,002.                         | 370,040.                        | 4,404                   |
| 15       | Royalties  | 454,811.       | 443,236.                        | 1,912.                          | 9,663                   |
| 6<br>7   | Occupancy  | 894,682.       | 791,914.                        | 44,614.                         | 58,154                  |
| 8        | Payments of travel or entertainment expenses   | 054,002.       | 751,514.                        | 44,014.                         | 30,13                   |
| 0        | for any federal, state, or local public officials  |                |                                 |                                 |                         |
| 9        | Conferences, conventions, and meetings   | 90,352.        | 72,488.                         | 3,058.                          | 14,806                  |
| 9        |  | 3073321        | 7271001                         | 3,0301                          | 11/000                  |
| .u<br>21 | Payments to affiliates   |                |                                 |                                 |                         |
| 2        | Depreciation, depletion, and amortization  | 301,016.       | 274,013.                        | 14,697.                         | 12,306                  |
| 3        | Insurance  | 152,280.       | 122,821.                        | 22,503.                         | 6,956                   |
| .4       | Other expenses. Itemize expenses not covered   |                |                                 | ==/0001                         | 3,233                   |
| •        | 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 0.) |                |                                 |                                 |                         |
| а        | PRODUCT & TRANSPORT  | 9,670,391.     | 9,648,733.                      | 12,022.                         | 9,636                   |
| b        | SUPPLIES   | 236,397.       | 184,957.                        | 44,023.                         | 7,41                    |
| С        |  |                | ,                               |                                 | •                       |
| d        |  |                |                                 |                                 |                         |
| e        | All other expenses   | 2,012,823.     | 2,520,337.                      | -906,620.                       | 399,106                 |
| 5        | Total functional expenses. Add lines 1 through 24e   | 23,146,006.    | 20,248,561.                     | 1,220,855.                      | 1,676,590               |
| 26       | <b>Joint costs.</b> 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)   |                |                                 |                                 |                         |

Form **990** (2018)

| Pai                         | rt X | Balance Sheet  |            |                          |                                 |             |                           |
|-----------------------------|------|--|------------|--------------------------|---------------------------------|-------------|---------------------------|
|                             |      | Check if Schedule O contains a response or note                      | to any     | line in this Part X      |                                 |             |                           |
|                             |      |  |            |                          | <b>(A)</b><br>Beginning of year |             | <b>(B)</b><br>End of year |
|                             | 1    | Cash - non-interest-bearing  |            |                          | 4,694,937.                      | 1           | 2,587,440.                |
|                             | 2    | Savings and temporary cash investments                               |            |                          | 10,945,067.                     | 2           | 7,594,637.                |
|                             | 3    | Pledges and grants receivable, net                                   |            |                          |                                 | 3           |                           |
|                             | 4    | Accounts receivable, net   |            |                          | 520,100.                        | 4           | 307,595.                  |
|                             | 5    | Loans and other receivables from current and form                    |            |                          |                                 |             |                           |
|                             |      | trustees, key employees, and highest compensate                      | ed em      | oloyees. Complete        |                                 |             |                           |
|                             |      | Part II of Schedule L  |            |                          |                                 | 5           |                           |
|                             | 6    | Loans and other receivables from other disqualified                  |            |                          |                                 |             |                           |
|                             |      | section 4958(f)(1)), persons described in section 4                  | 1958(c)    | (3)(B), and contributing |                                 |             |                           |
|                             |      | employers and sponsoring organizations of section                    | on 501     | (c)(9) voluntary         |                                 |             |                           |
| Ø                           |      | employees' beneficiary organizations (see instr). C                  |            |                          |                                 | 6           |                           |
| Assets                      | 7    | Notes and loans receivable, net                                      |            |                          |                                 | 7           |                           |
| As                          | 8    | Inventories for sale or use  | 4,298,774. | 8                        | 3,880,981.                      |             |                           |
|                             | 9    | Prepaid expenses and deferred charges                                | 265,122.   | 9                        | 3,880,981.<br>548,028.          |             |                           |
|                             | 10a  | Land, buildings, and equipment: cost or other                        |            |                          |                                 |             |                           |
|                             |      | basis. Complete Part VI of Schedule D                                | 10a        | 2,950,823.               |                                 |             |                           |
|                             | b    | basis. Complete Part VI of Schedule D Less: accumulated depreciation | 10b        | 2,253,167.               | 676,546.                        | 10c         | 697,656.                  |
|                             | 11   | Investments - publicly traded securities                             |            |                          | 0.                              | 11          | 697,656.<br>7,843,086.    |
|                             | 12   | Investments - other securities. See Part IV, line 11                 |            |                          | 12                              |             |                           |
|                             | 13   | Investments - program-related. See Part IV, line 1                   |            |                          | 13                              |             |                           |
|                             | 14   | Intangible assets  |            |                          | 14                              |             |                           |
|                             | 15   | Other assets. See Part IV, line 11                                   |            |                          | 15                              |             |                           |
|                             | 16   | Total assets. Add lines 1 through 15 (must equal                     |            | 21,400,546.              | 16                              | 23,459,423. |                           |
|                             | 17   | Accounts payable and accrued expenses                                |            |                          | 515,030.                        | 17          | 23,459,423.<br>979,137.   |
|                             | 18   | Grants payable   |            | 18                       |                                 |             |                           |
|                             | 19   | Deferred revenue   |            |                          | 375,901.                        | 19          | 273,678.                  |
|                             | 20   | Tax-exempt bond liabilities  |            |                          |                                 | 20          |                           |
|                             | 21   | Escrow or custodial account liability. Complete Pa                   | art IV c   | of Schedule D            |                                 | 21          |                           |
| S                           | 22   | Loans and other payables to current and former of                    | officers   | , directors, trustees,   |                                 |             |                           |
| litie                       |      | key employees, highest compensated employees                         | , and c    | lisqualified persons.    |                                 |             |                           |
| Liabilities                 |      | Complete Part II of Schedule L                                       |            |                          |                                 | 22          |                           |
|                             | 23   | Secured mortgages and notes payable to unrelate                      | ed thire   | d parties                |                                 | 23          |                           |
|                             | 24   | Unsecured notes and loans payable to unrelated                       | third p    | arties                   |                                 | 24          |                           |
|                             | 25   | Other liabilities (including federal income tax, paya                |            |                          |                                 |             |                           |
|                             |      | parties, and other liabilities not included on lines                 | 17-24).    | Complete Part X of       |                                 |             |                           |
|                             |      | Schedule D   |            |                          |                                 | 25          |                           |
|                             | 26   | Total liabilities. Add lines 17 through 25                           |            |                          | 890,931.                        | 26          | 1,252,815.                |
|                             |      | Organizations that follow SFAS 117 (ASC 958),                        | check      | there ▶ X and            |                                 |             |                           |
| S                           |      | complete lines 27 through 29, and lines 33 and                       | 34.        |                          |                                 |             |                           |
| nce                         | 27   | Unrestricted net assets  |            |                          | 6,002,041.                      | 27          | 6,430,266.<br>15,776,342. |
| 3ala                        | 28   | Temporarily restricted net assets                                    |            |                          | 14,507,574.                     | 28          | 15,776,342.               |
| d E                         | 29   |  |            | <u></u> .                |                                 | 29          |                           |
| Fur                         |      | Organizations that do not follow SFAS 117 (AS                        | C 958)     | , check here 🕨 🔲         |                                 |             |                           |
| ō                           |      | and complete lines 30 through 34.                                    |            |                          |                                 |             |                           |
| ets                         | 30   | Capital stock or trust principal, or current funds                   |            |                          |                                 | 30          |                           |
| Ass                         | 31   | Paid-in or capital surplus, or land, building, or equ                |            |                          |                                 | 31          |                           |
| Net Assets or Fund Balances | 32   | Retained earnings, endowment, accumulated inco                       |            |                          |                                 | 32          |                           |
| Z                           | 33   | Total net assets or fund balances                                    |            |                          | 20,509,615.                     | 33          | 22,206,608.               |
|                             | 34   | Total liabilities and net assets/fund balances                       |            |                          | 21,400,546.                     | 34          | 23,459,423.               |

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| Pa | T XI Reconciliation of Net Assets   |           |          |            |     |             |  |  |
|----|---|-----------|----------|------------|-----|-------------|--|--|
|    | Check if Schedule O contains a response or note to any line in this Part XI   |           |          |            |     | X           |  |  |
|    |   |           |          |            |     |             |  |  |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)   | 1         |          |            | 5,8 |             |  |  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2         | 23,      | .14        | 6,0 | <u>06.</u>  |  |  |
| 3  | Revenue less expenses. Subtract line 2 from line 1  | 3         | <u> </u> | 74         | 9,8 | 82.         |  |  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                                 | 4         | 20,      | 50         | 9,6 | <u> 15.</u> |  |  |
| 5  | Net unrealized gains (losses) on investments  |           |          |            |     |             |  |  |
| 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)  | 9         | _        | -12        | 1,8 | 30.         |  |  |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,                        |           |          |            |     |             |  |  |
|    | column (B)) 10 22 ,   |           |          |            |     |             |  |  |
| Pa | t XII Financial Statements and Reporting  |           |          |            |     |             |  |  |
|    | Check if Schedule O contains a response or note to any line in this Part XII  |           |          |            |     |             |  |  |
|    |   |           | _        |            | Yes | No          |  |  |
| 1  | Accounting method used to prepare the Form 990: Cash X Accrual Other  |           |          |            |     |             |  |  |
|    | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.         |           |          |            |     |             |  |  |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?                           |           | L        | 2a         |     | Х           |  |  |
|    | 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?  |           | L        | <b>2</b> b | 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  |           |          |            |     |             |  |  |
| С  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the        | audit,    |          |            |     |             |  |  |
|    | review, or compilation of its financial statements and selection of an independent accountant?                            |           |          |            |     |             |  |  |
|    | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. |           |          |            |     |             |  |  |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin       | gle Audit |          |            |     |             |  |  |
|    | Act and OMB Circular A-133?   |           | L        | За         |     | X           |  |  |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require      | ed audit  |          |            |     |             |  |  |
|    | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                                  |           |          | 3b         |     |             |  |  |
|    |   |           |          | Form       | 990 | (2018)      |  |  |

832012 12-31-18

### **SCHEDULE A**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

### **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

Name of the organization WATER MISSIONS INTERNATIONAL Employer identification number 57-1116978

| Pa | rt I      | Reason for Public C  |                             | All organizations must co                           |                    | is part ) Se                    | e instructions                    | 7 1110570                  |  |  |  |  |
|----|-----------|--|-----------------------------|---|--------------------|---------------------------------|-----------------------------------|----------------------------|--|--|--|--|
|    |           |  |                             |   |                    |                                 | e mondonono.                      |                            |  |  |  |  |
|    | organi    | zation is not a private found  |                             |   |                    |                                 | W A Ves                           |                            |  |  |  |  |
| 1  | $\square$ | A church, convention of chu  | •                           |   |                    |                                 | )(A)(i).                          |                            |  |  |  |  |
| 2  | $\square$ | A school described in <b>secti</b>   |                             | ·   |                    |                                 | -                                 |                            |  |  |  |  |
| 3  | Ш         | A hospital or a cooperative  |                             |   |                    |                                 | •                                 |                            |  |  |  |  |
| 4  |           | A medical research organiza  | ation operated in cor       | njunction with a hospital                           | described          | in <b>sectio</b>                | <b>n 170(b)(1)(A)(iii).</b> Enter | the hospital's name,       |  |  |  |  |
|    |           | city, and state:   |                             |   |                    |                                 |                                   |                            |  |  |  |  |
| 5  |           | An organization operated for   | or the benefit of a col     | lege or university owned                            | d or operat        | ed by a go                      | vernmental unit describe          | ed in                      |  |  |  |  |
|    |           | section 170(b)(1)(A)(iv). (C   | complete Part II.)          |   |                    |                                 |                                   |                            |  |  |  |  |
| 6  | Ш         | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). |                             |   |                    |                                 |                                   |                            |  |  |  |  |
| 7  | X         |  |                             |   |                    |                                 |                                   |                            |  |  |  |  |
|    |           | section 170(b)(1)(A)(vi). (C   | omplete Part II.)           |   |                    |                                 |                                   |                            |  |  |  |  |
| 8  |           | A community trust describe   | d in <b>section 170(b)(</b> | 1)(A)(vi). (Complete Par                            | t II.)             |                                 |                                   |                            |  |  |  |  |
| 9  |           | An agricultural research org   | anization described         | in <b>section 170(b)(1)(A)(</b>                     | ix) operate        | ed in conju                     | inction with a land-grant         | college                    |  |  |  |  |
|    |           | or university or a non-land-g  | rant college of agricu      | ulture (see instructions).                          | Enter the          | name, city                      | , and state of the college        | e or                       |  |  |  |  |
|    |           | university:  |                             |   |                    |                                 |                                   |                            |  |  |  |  |
| 10 |           | An organization that normal  | lly receives: (1) more      | than 33 1/3% of its sup                             | port from o        | contributio                     | ns, membership fees, ar           | nd gross receipts from     |  |  |  |  |
|    |           | activities related to its exem   | pt functions - subjec       | t to certain exceptions,                            | and (2) no         | more than                       | 33 1/3% of its support            | from gross investment      |  |  |  |  |
|    |           | income and unrelated busin   | ess taxable income          | (less section 511 tax) fro                          | om busines         | ses acquii                      | red by the organization a         | after June 30, 1975.       |  |  |  |  |
|    |           | See section 509(a)(2). (Cor  | nplete Part III.)           |   |                    |                                 |                                   |                            |  |  |  |  |
| 11 |           | An organization organized a  | and operated exclusi        | vely to test for public sa                          | fety. See          | section 50                      | )9(a)(4).                         |                            |  |  |  |  |
| 12 |           | An organization organized a  | and operated exclusi        | vely for the benefit of, to                         | perform t          | he functior                     | ns of, or to carry out the        | purposes of one or         |  |  |  |  |
|    |           | more publicly supported org  | ganizations describe        | d in <b>section 509(a)(1)</b> d                     | r <b>section</b> : | 509(a)(2).                      | See <b>section 509(a)(3).</b> (   | Check the box in           |  |  |  |  |
|    |           | lines 12a through 12d that of  | describes the type of       | f supporting organization                           | n and com          | plete lines                     | 12e, 12f, and 12g.                |                            |  |  |  |  |
| а  |           | <b>Type I.</b> A supporting orga   | ınization operated, sı      | upervised, or controlled                            | by its supp        | orted orga                      | anization(s), typically by        | giving                     |  |  |  |  |
|    |           | the supported organization   | n(s) the power to reg       | gularly appoint or elect a                          | majority o         | of the direc                    | tors or trustees of the su        | upporting                  |  |  |  |  |
|    |           | organization. You must c   | omplete Part IV, Se         | ctions A and B.                                     |                    |                                 |                                   |                            |  |  |  |  |
| b  |           | Type II. A supporting orga   | anization supervised        | or controlled in connec                             | tion with its      | s supporte                      | d organization(s), by hav         | ving                       |  |  |  |  |
|    |           | control or management of   | f the supporting orga       | anization vested in the sa                          | ame perso          | ns that co                      | ntrol or manage the supp          | oorted                     |  |  |  |  |
|    |           | organization(s). You mus   | t complete Part IV,         | Sections A and C.                                   |                    |                                 |                                   |                            |  |  |  |  |
| С  |           | Type III functionally inte   | grated. A supporting        | g organization operated                             | in connect         | tion with, a                    | and functionally integrate        | ed with,                   |  |  |  |  |
|    |           | its supported organization   | n(s) (see instructions)     | . You must complete                                 | Part IV, Se        | ctions A,                       | D, and E.                         |                            |  |  |  |  |
| d  |           | Type III non-functionally  | integrated. A supp          | orting organization oper                            | ated in co         | nnection w                      | rith its supported organiz        | zation(s)                  |  |  |  |  |
|    |           | that is not functionally into  | egrated. The organiz        | ation generally must sat                            | isfy a distr       | ibution rec                     | uirement and an attentiv          | veness                     |  |  |  |  |
|    |           | requirement (see instructi   | ons). You must con          | nplete Part IV, Sections                            | s A and D,         | and Part                        | ٧.                                |                            |  |  |  |  |
| е  |           | Check this box if the orga   | nization received a v       | vritten determination fro                           | m the IRS          | that it is a                    | Type I, Type II, Type III         |                            |  |  |  |  |
|    |           | functionally integrated, or  | Type III non-function       | nally integrated supporti                           | ng organiz         | ation.                          |                                   |                            |  |  |  |  |
| f  | Ente      | r the number of supported o  | rganizations                |   |                    |                                 |                                   |                            |  |  |  |  |
| g  |           | ide the following information  |                             |   | I (iv) lo the erge | nization listed                 |                                   | T                          |  |  |  |  |
|    | (i        | ) Name of supported  | (ii) EIN                    | (iii) Type of organization (described on lines 1-10 |                    | nization listed<br>ng document? | (v) Amount of monetary            | (vi) Amount of other       |  |  |  |  |
|    |           | organization   |                             | above (see instructions))                           | Yes                | No                              | support (see instructions)        | support (see instructions) |  |  |  |  |
|    |           |  |                             |   |                    |                                 |                                   |                            |  |  |  |  |
|    |           |  |                             |   |                    |                                 |                                   |                            |  |  |  |  |
|    |           |  |                             |   |                    |                                 |                                   |                            |  |  |  |  |
|    |           |  |                             |   | -                  |                                 |                                   |                            |  |  |  |  |
|    |           |  |                             |   |                    |                                 |                                   |                            |  |  |  |  |
|    |           |  |                             |   |                    |                                 |                                   |                            |  |  |  |  |
|    |           |  |                             |   |                    |                                 |                                   |                            |  |  |  |  |
|    |           |  |                             |   |                    |                                 |                                   |                            |  |  |  |  |
|    |           |  |                             |   |                    |                                 |                                   |                            |  |  |  |  |

10510207 758275 3217.000

(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  | Section A. Public Support   |                      |                     |   |                                       |                     |                  |  |  |
|------|---|----------------------|---------------------|---|---------------------------------------|---------------------|------------------|--|--|
| Cale | ndar year (or fiscal year beginning in)   | (a) 2014             | <b>(b)</b> 2015     | (c) 2016                                | (d) 2017                              | (e) 2018            | (f) Total        |  |  |
| 1    | Gifts, grants, contributions, and   |                      |                     |   |                                       |                     |                  |  |  |
|      | membership fees received. (Do not   |                      |                     |   |                                       |                     |                  |  |  |
|      | include any "unusual grants.")  | 10181843.            | 11372228.           | 16372820.                               | 26745414.                             | 20091493.           | 84763798.        |  |  |
| 2    | Tax revenues levied for the organ-  |                      |                     |   |                                       |                     |                  |  |  |
|      | ization's benefit and either paid to  |                      |                     |   |                                       |                     |                  |  |  |
|      | or expended on its behalf   |                      |                     |   |                                       |                     |                  |  |  |
| 3    | The value of services or facilities   |                      |                     |   |                                       |                     |                  |  |  |
|      | furnished by a governmental unit to   |                      |                     |   |                                       |                     |                  |  |  |
|      | the organization without charge   |                      |                     |   |                                       |                     |                  |  |  |
| 4    | Total. Add lines 1 through 3  | 10181843.            | <u> 11372228.</u>   | <u> 16372820.</u>                       | 26745414.                             | 20091493.           | 84763798.        |  |  |
| 5    | The portion of total contributions  |                      |                     |   |                                       |                     |                  |  |  |
|      | by each person (other than a  |                      |                     |   |                                       |                     |                  |  |  |
|      | governmental unit or publicly   |                      |                     |   |                                       |                     |                  |  |  |
|      | supported organization) included  |                      |                     |   |                                       |                     |                  |  |  |
|      | on line 1 that exceeds 2% of the  |                      |                     |   |                                       |                     |                  |  |  |
|      | amount shown on line 11,  |                      |                     |   |                                       |                     |                  |  |  |
|      | column (f)  |                      |                     |   |                                       |                     | 9490220.         |  |  |
|      | Public support. Subtract line 5 from line 4.  |                      |                     |   |                                       |                     | 75273578.        |  |  |
| Sec  | tion B. Total Support   |                      |                     |   |                                       |                     |                  |  |  |
| Cale | ndar year (or fiscal year beginning in) 🕨   | (a) 2014             | <b>(b)</b> 2015     | (c) 2016                                | (d) 2017                              | (e) 2018            | (f) Total        |  |  |
| 7    | Amounts from line 4   | 10181843.            | <u> 11372228.</u>   | <u> 16372820.</u>                       | 26745414.                             | <u> 20091493.</u>   | 84763798.        |  |  |
| 8    | Gross income from interest,   |                      |                     |   |                                       |                     |                  |  |  |
|      | dividends, payments received on   |                      |                     |   |                                       |                     |                  |  |  |
|      | securities loans, rents, royalties,   |                      |                     |   |                                       |                     |                  |  |  |
|      | and income from similar sources   | 20,315.              | 18,306.             | 7,630.                                  | 9,821.                                | 300,624.            | 356,696.         |  |  |
| 9    | Net income from unrelated business  |                      |                     |   |                                       |                     |                  |  |  |
|      | activities, whether or not the  |                      |                     |   |                                       |                     |                  |  |  |
|      | business is regularly carried on  |                      |                     |   |                                       |                     |                  |  |  |
| 10   | Other income. Do not include gain   |                      |                     |   |                                       |                     |                  |  |  |
|      | or loss from the sale of capital  |                      |                     |   |                                       |                     |                  |  |  |
|      | assets (Explain in Part VI.)  | 6,846.               | 110,447.            | 71,367.                                 | -75,871.                              |                     |                  |  |  |
| 11   | <b>Total support.</b> Add lines 7 through 10  |                      |                     |   |                                       |                     | <u>85325799.</u> |  |  |
|      | Gross receipts from related activities,   | •                    | ,                   |   |                                       | 12                  |                  |  |  |
| 13   | First five years. If the Form 990 is for  |                      |                     |   |                                       |                     |                  |  |  |
| 800  | organization, check this box and stor   | here                 |                     |   |                                       |                     | <b>&gt;</b>      |  |  |
|      | tion C. Computation of Publi  |                      |                     |   |                                       | T T                 | 00 00            |  |  |
|      | Public support percentage for 2018 (I   |                      | •                   | * |                                       | 14                  | 88.22 %          |  |  |
|      | Public support percentage from 2017   |                      |                     |   |                                       | 15                  | 91.52 %          |  |  |
| 16a  | 33 1/3% support test - 2018. If the c   | -                    |                     |   |                                       |                     | <b>57</b>        |  |  |
|      | <b>stop here.</b> The organization qualifies  |                      | •                   |   |                                       |                     |                  |  |  |
| b    | 33 1/3% support test - 2017. If the contract the support test - 2017 is the contract test - 2017. |                      |                     |   |                                       |                     |                  |  |  |
| 47-  | and <b>stop here.</b> The organization qual   |                      |                     |   |                                       |                     |                  |  |  |
| 1/a  | 10% -facts-and-circumstances test   | -                    |                     |   |                                       |                     |                  |  |  |
|      | and if the organization meets the "fac  |                      |                     | -                                       | · · · · · · · · · · · · · · · · · · · | -                   |                  |  |  |
| L    | meets the "facts-and-circumstances"   |                      |                     |   |                                       |                     |                  |  |  |
| α    | 10% -facts-and-circumstances test   | _                    |                     |   |                                       |                     |                  |  |  |
|      | more, and if the organization meets the   |                      | •                   |   |                                       |                     | · .              |  |  |
| 10   | organization meets the "facts-and-circ  |                      |                     | •                                       | ,                                     |                     | <b>~</b>         |  |  |
| ΙŎ   | Private foundation. If the organization   | ni dia not check a l | oux on line 13, 16a | a, 100, 1/a, or 1/b                     | , cneck this box a                    | nu see instructions | <u> </u>         |  |  |

Schedule A (Form 990 or 990-EZ) 2018

### 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  | ,                          |                       |                        |                     |                     |  |
|--|----------------------------|-----------------------|------------------------|---------------------|---------------------|--|
| Calendar year (or fiscal year beginning in) 🕨  | (a) 2014                   | <b>(b)</b> 2015       | (c) 2016               | (d) 2017            | <b>(e)</b> 2018     | (f) Total  |
| 1 Gifts, grants, contributions, and  |                            |                       |                        |                     |                     |  |
| membership fees received. (Do not  |                            |                       |                        |                     |                     |  |
| include any "unusual grants.")   |                            |                       |                        |                     |                     |  |
| 2 Gross receipts from admissions,  |                            |                       |                        |                     |                     |  |
| merchandise sold or services per-<br>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  |                            |                       |                        |                     |                     | <del>                                     </del> |
| 6 Total. Add lines 1 through 5   |                            |                       |                        |                     |                     |  |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons   |                            |                       |                        |                     |                     |  |
| <b>b</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   |                            | T -                   | T -                    | Т.                  | Τ .                 | <del> </del>                                     |
| Calendar year (or fiscal year beginning in)  | <b>(a)</b> 2014            | <b>(b)</b> 2015       | (c) 2016               | (d) 2017            | <b>(e)</b> 2018     | (f) Total  |
| 9 Amounts from line 6  |                            |                       |                        |                     |                     |  |
| 10a Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources |                            |                       |                        |                     |                     |  |
| <b>b</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.)   |                            |                       |                        |                     |                     | <u> </u>   |
| 14 First five years. If the Form 990 is for  | the organization's         | s first, second. thir | d, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) organiz | ation,   |
| check this box and stop here   | o .                        | •                     | , ,                    | •                   | ( )( )              | ,  |
| Section C. Computation of Publi  |                            |                       |                        |                     |                     |  |
| 15 Public support percentage for 2018 (li  | ne 8, column (f), d        | livided by line 13,   | column (f))            |                     | 15                  | %  |
| 16 Public support percentage from 2017   |                            |                       |                        |                     | 16                  | %  |
| Section D. Computation of Inves  | tment Income               | e Percentage          |                        |                     |                     |  |
| 17 Investment income percentage for 20   | <b>18</b> (line 10c, colur | mn (f), divided by li | ne 13, column (f))     |                     | 17                  | %  |
| 18 Investment income percentage from 2   | <b>2017</b> Schedule A,    | Part III, line 17     |                        |                     | 18                  | %  |
| 19a 33 1/3% support tests - 2018. If the   | organization did r         | not check the box     | on line 14, and line   | e 15 is more than 3 | 33 1/3%, and line 1 | 7 is not   |
| more than 33 1/3%, check this box an   |                            |                       |                        |                     |                     |  |
| b 33 1/3% support tests - 2017. If the   |                            |                       |                        |                     |                     |  |
| line 18 is not more than 33 1/3%, chec   |                            |                       |                        |                     |                     | ▶∐   |
| 20 Private foundation If the organization  | n did not check a          | hoy on line 1/ 10     | a or 10h check th      | nie hov and see ins | etructions          | <b>▶</b>   |

### 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 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 |
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| 11 Has the organization accepted a gift or contribution from any of the following persons?  a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of an supported organization?  b A family member of a person described in (a) above? If 'Yes' to a.b. or c. provide detail in Part VI.  11b C   | Pal | Supporting Organizations (Continued)   |           |     |    |
|--|-----|--|-----------|-----|----|
| a 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?  b A family member of a person described in (a) above?  c A 59% controlled with or a special person described in (a) a for (a) bove?  if Yes' to a, b, or c, provide detail in Pert VI.  11b   |     |  |           | Yes | No |
| below, the governing body of a supported organization?  1 A family member of a person described in (a) above?  2. AS\$6 controlled entity of a person described in (a) or (b) above?  3. AS\$6 controlled entity of a person described in (a) or (b) above?  4. Yes 1 to a. b. or c. provide detail in Pert VI.  11b  11c  Section B. Type I Supporting Organizations  1 Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If 'No,' observible. If the organization directors or trustees at all times during the tax year? If 'No,' observible. 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 organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or restrictors, if any, applied to supple powers during the tax year  2. Did the organization operate for the benefit of any supported organization other than the supported organization and what conditions or estrictors, if any, applied to supple powers during the tax year in Part VI how providing such benefit carried out the purposes of the supported organization of the than the supported organization and the supported organizations and the supported organizations of the supported organization of the supported organization or trustees of each of the organization and provided during the supported organization or trustees of each of the organization and provided organization or trustees described in the supported organization or the supported organization or the supported organization or the suppo | 11  | Has the organization accepted a gift or contribution from any of the following persons?  |           |     |    |
| b A family member of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI.  Section B. Type I Supporting Organizations  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 organizations directors or trustees at all times during the tax year? If "Yes" describe in Part VI how the supported organizations directors or trustees at all times during the tax year. If "In "I how the supported organization, or controlled the organization's activities. If the organization and more than one supported organization, or describe how the power to appoint and/or embers defectors or trustees, aware allocated organization, described how the power to appoint and/or embers defectors or trustees are allocated omong the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  1 Did the organization operate for the benefit of any supported organization? If "Yes," explain in Part VI how the power to appoint and/or embers upurposes of the supported organization? If "Yes," explain in Part VI how providing such benefit carried out the supposes of the supported organization? If "Yes," explain in Part VI how providing such benefit carried out the supposes of the supported organization? If "Yes," explain in Part VI how control or management of the supporting Organizations  1 Were a majority of the organization's derectors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organization, by the last day of the fifth month of the organization provide to each of its supported organization, by the last day of the fifth month of the organization or supported organization is the expension of th   | а   | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)                     |           |     |    |
| section B. Type I Supporting Organizations  1 Did the directors, frustees, 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 frustees at all times during the tax year? If "No," describe in Part VI now the supported organization's directors or frustees at all times during the tax year? If "No," describe in Part VI now the supported organization's directors or frustees at all times during the tax year? If "No," describe in Part VI now the supported organization or describe or or frustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or frustees were allocated among the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization operate for the benefit of any supported organization that the supported organization (s) that operated, supervised, or controlled the supporting organization and controlled the supporting organization and controlled the supporting organization and controlled the supported organization (s) that operated, supervised, or controlled the supported organization (s) that operated, supervised, or controlled or supported organization (s) If No, 'describe in Part VI how control or management of the supported organizations.  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization or supported organization or management of the supported organization or supported organization or management of the supported organization or supported organization or management of the supported organization organization or tax year. (i) a copy of the Form 990 that was most exceed in the same persons that controlled or managed the supported organization organization or the organization or office organization organization organization organization organization organization organization org   |     | below, the governing body of a supported organization?   | 11a       |     |    |
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| Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least an najority of the organization's directors or trustees at all times during the tax yea? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax yea? If "No," describe in Part VI how the supported organization or extended organization, and the organization and what conditions or restrictions if any, applied to such powers during the tax year.  2. Did the organization operate for the benefit of any supported organization of the thin the supported organization of year to the providing such benefit carried out the purposes of the supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization; but no perated.  Section C. Type II Supporting Organizations  1. Were a majority of the organizations directors or trustees during the tax year also a majority of the directors or trustees of each of the organizations or supported organizations? If "Yes," describe in Part VI how control or management of the supporting Organizations and the same persons that controlled or managed.  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 copy of the Form 900 that was most recently filed as of the date of netification, and (ii) copies of the organization's powering documents in effect on the date of netification, to the extent not previously provided?  2. Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization's powering documents in effect on the date of netification, to the organization's provided?  2. Were any of the organization is with supported organization's income or assests at all times during the tax year? If "Yes," describe in Part VI how the organization's powering documents in effect on the date of ne   |     |  | 11c       |     | i  |
| 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 and 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.  2 Did the organization operated for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization of the than the supported organization of the than the supported organization or controlled the supporting organization.  3 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s).  3 Were a majority of the organization's supported organization(s).  4 Were any orely of the Form 990 that was most vectors of the supported organization in the supporting organization is tax year, (i) a vortice describing the type and amount of support provided during the prior tax year, (ii) a vortice of the organization is tax year, (ii) a color of the organization is the vector of the organization is described in the supported organization is governing documents in effect on the date of notification, to the extent not previously provided?  1 Did the organization is diversed on the date of notification, to the extent not previously provided organizations is supported organizations is supported organizations is supported organiza   | Sec | tion B. Type I Supporting Organizations  |           |     |    |
| 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 and more than one supported organization, describe how the powers to appoint another remove directors or trustees were allocated among the supported organization operate for the benefit of any supported organization other than the supported organization operate for the benefit of any supported organization of the trust than the supported organization operate for the benefit of any supported organization of the than the supported organization of the trustees of acts of the organization's directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organizations.  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization's supported organization or unangement of the supporting organization in the same persons that controlled or managed the supported organization's activities of the 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?  2 Were any of the organization's officers, directors, or trustees either (ii) appointed or elected by the supported organization's provided organization's income or assets at all times during the sax year? If "yes," describe in Part VI five role the organizat   |     |  |           | Yes | No |
| tax year? If *No,* describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization 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.  2 Did the organization operate for the benefit of any supported 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 organizations.  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If *No,* describe in Part VI how control or management of the supporting Organizations was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the organization is 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 (ii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization or the organization was responsive or the estimation of the relationship of the organization was estimated a close and continuous working relationship with the supported organization's and path of the organization's   | 1   | Did the directors, trustees, or membership of one or more supported organizations have the power to                              |           |     |    |
| 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.  2 bid the organization operate for the benefit of any supported organization other than the supported organization (s) that operated, supervised, or controlled the supporting organization (f) 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.  Section C. Type II Supporting Organizations  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization was vested in the same persons that controlled or managed to measurement of the supporting organization was vested in the same persons that controlled or managed to measurement of the supporting organization was vested in the same persons that controlled or managed to measurement of the supported organizations by the last day of the fifth month of the organization's tax year, (i) a viriten 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 field 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?  2 Were any of the organization so officers, directors, or trustees either (ii) appointed or elected by the supported organization's provided organization's provided organization's provided organization's provided organization's involvement as significant voice in the organization and the supported organization's live in the relationship described in (ii), did the organization's supported organization's involvement as supp   |     | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the               |           |     |    |
| 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.  2 bid the organization operate for the benefit of any supported organization other than the supported organization (s) that operated, supervised, or controlled the supporting organization (f) 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.  Section C. Type II Supporting Organizations  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization was vested in the same persons that controlled or managed to measurement of the supporting organization was vested in the same persons that controlled or managed to measurement of the supporting organization was vested in the same persons that controlled or managed to measurement of the supported organizations by the last day of the fifth month of the organization's tax year, (i) a viriten 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 field 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?  2 Were any of the organization so officers, directors, or trustees either (ii) appointed or elected by the supported organization's provided organization's provided organization's provided organization's provided organization's involvement as significant voice in the organization and the supported organization's live in the relationship described in (ii), did the organization's supported organization's involvement as supp   |     | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or                    |           |     |    |
| 2 Did the organization and what conditions or restrictions, if any, applied to such powers during the tax year 2 Did the organization operate for the benefit of any supported organization other than the supported organization of the two providing such benefit carried out the purposes of the supported organizations of the supported organizations or trustees of cannot of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organizations or trustees of each of the organization's supported organizations, and the supported organization's supported organizations or trustees of each of the organization's supported organizations or trustees of each of the organization's supported organizations or trustees of each of the organization's supported organizations organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (ii) copies of the organization's orficers, directors, or trustees either (i) appointed or elicited by the supported organization's poverning documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization's officers, directors, or trustees either (i) appointed or elicited by the supported organization's provided or   |     |  |           |     |    |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supenvised, 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, supenvised, or controlled the supporting organizations.  Section C. Type II Supporting Organizations  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)" If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization supported organizations.  Section D. All Type III Supporting Organizations  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, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (ii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization organization(s) or (ii) serving on the governing body of a supported organizations have a significant voice in the organization is substantially all the directors, or trustees either (ii) appointed organizations have a significant voice in the organization is were the organization is an income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  Section E. Type III Functionally Integrated Supporting Organizations. Comple   |     | describe how the powers to appoint and/or remove directors or trustees were allocated among 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 organizations.  2  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or managem of the supporting organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization supported organizations.  Section D. All Type III Supporting Organizations  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 copy of the Form 990 that was most recently filed as of the date of notification, and (ii) copies of the organization's poverning documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization maintenance a close and continuous working relationship with the supported organizations in Part VI how the organization maintenance a close and continuous working relationship with the supported organizations is income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations between the organizations is lated to a satisfy the Integral Part Test during the year (see instructions).  3 Practice of progranization is the parent of each of its supported organizations. Complete line 3 below.  5 Did the organization is upported organization's activities during the tax year directly further the exempt purposes, ho   |     | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.                           | 1         |     |    |
| Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supported, or controlled the supporting Organizations.  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting Organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization(s).  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 flied 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?  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,' replain in Part VI how the organization ministend a close and continuous working relationship with the supported organization(s).  3 By reason of the relationship described in (2), did the organization's supported organization's supported organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organization's supported organization's and substantially all of the dispanding the supported organizations.  3 Cection E. Type III Functionally integrated Supporting Organizations.  1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  2 Activities Test. Answer (a) and (b) below.  3 Did the organization is suppo   | 2   | Did the organization operate for the benefit of any supported organization other than the supported                              |           |     |    |
| Section C. Type II Supporting Organizations  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If *No,* describe in Part VI how control or management of the supporting Organization was vested in the same persons that controlled or managed the supported progranization was vested in the same persons that controlled or managed the supported organization(s).  Section D. All Type III Supporting Organizations  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?  2 Were an anjority of the organization is officers, cirectors, or trustees either (ii) 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) or (ii) serving on the governing body of a supported organization in Part VI how the organization maintained a close and continuous working relationship with the supported organization (s) or (ii) serving on the governing body of a supported organizationship and the relationship described in (2), did the organization's supported organizations have a significant voice in the organization sinvestment policies and in directing the use of the organization's income or assests at all times during the tax year? If *Yes," describe in Part VI the role the organization's investment policies and in directing the use of the organization's investment organizations and explain how the organization.   |     | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in                       |           |     | 1  |
| Section C. Type II Supporting Organizations  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If *No,* describe in Part VI how control or management of the supporting Organization was vested in the same persons that controlled or managed the supported progranization was vested in the same persons that controlled or managed the supported organization(s).  Section D. All Type III Supporting Organizations  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?  2 Were an anjority of the organization is officers, cirectors, or trustees either (ii) 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) or (ii) serving on the governing body of a supported organization in Part VI how the organization maintained a close and continuous working relationship with the supported organization (s) or (ii) serving on the governing body of a supported organizationship and the relationship described in (2), did the organization's supported organizations have a significant voice in the organization sinvestment policies and in directing the use of the organization's income or assests at all times during the tax year? If *Yes," describe in Part VI the role the organization's investment policies and in directing the use of the organization's investment organizations and explain how the organization.   |     | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,                      |           |     | 1  |
| Section C. Type II Supporting Organizations  Yes No  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? "It "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).  Section 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 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?  2 Were any of the organization's officers, directors, or trustees either (i) appointed organization's proported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization of the relationship described in (2), did the organization's supported organization have a significant voice in the organization's investment policies and in directing the use of the organization's supported organization's supported organization's proported organization's provide describes din a constitute activit   |     |  | 2         |     |    |
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| 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).  Section D. All Type III Supporting Organizations  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?  2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization's 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 have a significant voice in the organization in (2), did the organization's supported organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  Section E. Type III Functionally Integrated Supporting Organizations  1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) and The organization satisfied the Activities Test. Complete line 2 below.  5 Line organization satisfied the Activities Test. Complete line 2 below.  6 Line organization satisfied the Activities Test. Complete line 2 below.  7 Line organization satisfied the Activities Test. Complete line 2 below.  8 Line organization satisfied the Activities Test. Complete line 2 below.  9 Line organization satisfied the Activities Test. Complete line 2 below.  1 Line organization satisfied to the organization was responsive?   |     |  |           | Yes | No |
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| 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.  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 organizations. Answer (a) and (b) below.  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.  Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each   | а   | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of               |           |     |    |
| those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.  2a  b Did the activities described 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  3 Parent of Supported Organizations. Answer (a) and (b) below.  a 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.  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each   |     |  |           |     | 1  |
| how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.  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  3 Parent of Supported Organizations. Answer (a) and (b) below. a 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.  3 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each   |     | ·  |           |     | 1  |
| that these activities constituted substantially all of its activities.  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  3 Parent of Supported Organizations. Answer (a) and (b) below.  a 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.  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  |     | •  |           |     | 1  |
| 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  3 Parent of Supported Organizations. Answer (a) and (b) below.  a 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.  3 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  |     |  | 2a        |     |    |
| 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.  3 Parent of Supported Organizations. Answer (a) and (b) below.  a 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.  3 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  | b   | •  |           |     |    |
| reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  2b  3 Parent of Supported Organizations. Answer (a) and (b) below. a 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.  3 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  |     |  |           |     |    |
| activities but for the organization's involvement.  2b  3 Parent of Supported Organizations. Answer (a) and (b) below.  a 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  |     | • •  |           |     |    |
| <ul> <li>3 Parent of Supported Organizations. Answer (a) and (b) below.</li> <li>a 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.</li> <li>b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each</li> </ul>  |     |  | 2b        |     |    |
| <ul> <li>a 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? <i>Provide details in Part VI.</i></li> <li>b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each</li> </ul>   | 3   | •  |           |     |    |
| trustees of each of the supported organizations? Provide details in Part VI.  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  |     |  |           |     |    |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  | -   |  | 3a        |     |    |
|  | h   |  | - Ju      |     |    |
|  | ~   |  | 3b        |     |    |

| Pai  | Type III Non-Functionally Integrated 509(a)(3) Supporting                      | ng Organi      | zations                    |                                |
|------|--|----------------|----------------------------|--------------------------------|
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifyir | ng trust on N  | ov. 20, 1970 (explain in F | Part VI.) See instructions. A  |
|      | other Type III non-functionally integrated supporting organizations must co    | omplete Sec    | tions A through E.         |                                |
| Sect | ion A - Adjusted Net Income  |                | (A) Prior Year             | (B) Current Year<br>(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<br>(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  | 1b             |                            |                                |
| С    | Fair market value of other non-exempt-use assets                               | 1c             |                            |                                |
| d    | Total (add lines 1a, 1b, and 1c)   | 1d             |                            |                                |
| е    | Discount claimed for blockage or other   |                |                            |                                |
|      | factors (explain in detail in Part VI):  |                |                            |                                |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets                   | 2              |                            |                                |
| _3   | Subtract line 2 from line 1d   | 3              |                            |                                |
| 4    | Cash deemed held for exempt use. Enter 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-functiona  | lly integrated | d Type III supporting orga | nization (see                  |
|      | instructions).   |                |                            |                                |

Schedule A (Form 990 or 990-EZ) 2018

| Par   | rt V   Type III Non-Functionally Integrated 509               | (a)(3) Supporting Orga        | nizations <sub>(continued)</sub>       |   |
|-------|---|-------------------------------|--|---|
| Secti | ion D - Distributions   |                               | •                                      | Current Year                              |
| 1     | Amounts paid to supported organizations to accomplish exe     |                               |  |   |
| 2     | Amounts paid to perform activity that directly furthers exem  |                               |  |   |
|       | organizations, in excess of income from activity              |                               |  |   |
| 3     | Administrative expenses paid to accomplish exempt purpos      | es of supported organizations | 3                                      |   |
| 4     | Amounts paid to acquire exempt-use assets                     |                               |  |   |
| 5     | Qualified set-aside amounts (prior IRS approval required)     |                               |  |   |
| 6     | Other distributions (describe in Part VI). See instructions.  |                               |  |   |
| 7     | Total annual distributions. Add lines 1 through 6.            |                               |  |   |
| 8     | Distributions to attentive supported organizations to which t | he organization is responsive |  |   |
|       | (provide details in Part VI). See instructions.               |                               |  |   |
| 9     | Distributable amount for 2018 from Section C, line 6          |                               |  |   |
| 10    | Line 8 amount divided by line 9 amount                        |                               |  |   |
| Secti | ion E - Distribution Allocations (see instructions)           | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2018 | (iii)<br>Distributable<br>Amount for 2018 |
| 1     | Distributable amount for 2018 from Section C, line 6          |                               |  |   |
| 2     | Underdistributions, if any, for years prior to 2018 (reason-  |                               |  |   |
|       | able cause required- explain in Part VI). See instructions.   |                               |  |   |
| 3     | Excess distributions carryover, if any, to 2018               |                               |  |   |
| а     | From 2013   |                               |  |   |
| b     | From 2014   |                               |  |   |
| С     | From 2015   |                               |  |   |
| d     | From 2016   |                               |  |   |
| е     | From 2017   |                               |  |   |
| f     | Total of lines 3a through e                                   |                               |  |   |
| g     | Applied to underdistributions of prior years                  |                               |  |   |
| h     | Applied to 2018 distributable amount                          |                               |  |   |
| i     | Carryover from 2013 not applied (see instructions)            |                               |  |   |
| j     | Remainder. Subtract lines 3g, 3h, and 3i from 3f.             |                               |  |   |
| 4     | Distributions for 2018 from Section D,                        |                               |  |   |
|       | line 7: \$  |                               |  |   |
| а     | Applied to underdistributions of prior years                  |                               |  |   |
| b     | Applied to 2018 distributable amount                          |                               |  |   |
| С     | Remainder. Subtract lines 4a and 4b from 4.                   |                               |  |   |
| 5     | Remaining underdistributions for years prior to 2018, if      |                               |  |   |
|       | any. Subtract lines 3g and 4a from line 2. For result greater |                               |  |   |
|       | than zero, explain in Part VI. See instructions.              |                               |  |   |
| 6     | Remaining underdistributions for 2018. Subtract lines 3h      |                               |  |   |
|       | and 4b from line 1. For result greater than zero, explain in  |                               |  |   |
|       | Part VI. See instructions.                                    |                               |  |   |
| 7     | Excess distributions carryover to 2019. Add lines 3j          |                               |  |   |
|       | and 4c.   |                               |  |   |
| 8     | Breakdown of line 7:  |                               |  |   |
| а     | Excess from 2014  |                               |  |   |
| b     | Excess from 2015  |                               |  |   |
| С     | Excess from 2016  |                               |  |   |
| d     | Excess from 2017  |                               |  |   |
|       | Excess from 2018  |                               |  |   |

Schedule A (Form 990 or 990-EZ) 2018

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part VI 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, 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 2014 AMOUNT: \$ 6,846. 2015 AMOUNT: \$ 51,371. 2016 AMOUNT: \$ 97,545. 2017 AMOUNT: \$ 28,812. 2018 AMOUNT: \$ 61,213. GAIN (LOSS) ON FOREIGN CURRENCY TRANSLATION 2015 AMOUNT: \$ 24,026. 2016 AMOUNT: \$ -26,178.2017 AMOUNT: \$ -131,398. 2018 AMOUNT: \$ 7,983. FUNDRAISING EVENT GROSS REVENUE 2015 AMOUNT: \$ 35,050. 2017 AMOUNT: \$ 26,715. 2018 AMOUNT: \$ 23,320.

### **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

| Par | t I Organizations Maintaining Donor Advised                           | d Funds or Other Similar Funds                | or Accounts. Complete if the                  |
|-----|---|---|---|
|     | organization answered "Yes" on Form 990, Part IV, line                | e 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 v        | _   |   |
|     | are the organization's property, subject to the organization's e      |   |   |
| 6   | Did the organization inform all grantees, donors, and donor ad        | dvisors in writing that grant funds can be    | used only                                     |
|     | for charitable purposes and not for the benefit of the donor or       | r donor advisor, or for any other purpose     | · — —   |
| Da  |   |   |   |
| Par |   |   | Part IV, line 7.                              |
| 1   | Purpose(s) of conservation easements held by the organization         |   |   |
|     | Preservation of land for public use (e.g., recreation or ed           |   | torically important land area                 |
|     | Protection of natural habitat   | Preservation of a cer                         | tified historic structure                     |
|     | Preservation of open space  |   |   |
| 2   | Complete lines 2a through 2d if the organization held a qualifi       | ied conservation contribution in the form     |   |
|     | day of the tax year.  |   | Held at the End of the Tax Year               |
| a   | Total number of conservation easements                                |   | 1 1   |
| b   | ,                               |   |   |
| С   | Number of conservation easements on a certified historic stru         |   |   |
| d   | Number of conservation easements included in (c) acquired a           |   |   |
| •   | listed in the National Register                                       |   |   |
| 3   | Number of conservation easements modified, transferred, rele          | eased, extinguished, or terminated by the     | e organization during the tax                 |
| 4   | year ▶<br>Number of states where property subject to conservation eas | ament is leasted                              |   |
| 5   | Does the organization have a written policy regarding the peri        | · · · · · · · · · · · · · · · · · · ·         |   |
| 3   | violations, and enforcement of the conservation easements it          |   | Yes No  |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting, I        |   |   |
| Ū   | b   | mandaning of violations, and officioning cont | servation deserments during the year          |
| 7   | Amount of expenses incurred in monitoring, inspecting, hand           | ling of violations, and enforcing conserva    | tion easements during the year                |
| -   | <b>▶</b> \$   | g or moranorio, and ornoronig concerna        | mon casements adming and year                 |
| 8   | Does each conservation easement reported on line 2(d) above           | e satisfy the requirements of section 170     | (h)(4)(B)(i)                                  |
|     | and section 170(h)(4)(B)(ii)?   |   |   |
| 9   | In Part XIII, describe how the organization reports conservation      |   |   |
|     | include, if applicable, the text of the footnote to the organizati    |   |   |
|     | conservation easements.   |   |   |
| Par | t III Organizations Maintaining Collections of                        | Art, Historical Treasures, or Ot              | ther Similar Assets.                          |
|     | Complete if the organization answered "Yes" on Form                   | 990, Part IV, line 8.                         |   |
| 1a  | If the organization elected, as permitted under SFAS 116 (AS          | C 958), not to report in its revenue staten   | nent and balance sheet works of art,          |
|     | historical treasures, or other similar assets held for public exh     | ibition, education, or research in furthera   | nce of public service, provide, in Part XIII, |
|     | the text of the footnote to its financial statements that describ     | oes these items.                              |   |
| b   | If the organization elected, as permitted under SFAS 116 (AS          | C 958), to report in its revenue statement    | and balance sheet works of art, historical    |
|     | treasures, or other similar assets held for public exhibition, ed     | lucation, or research in furtherance of pul   | blic service, provide the following amounts   |
|     | relating to these items:  |   |   |
|     | (i) Revenue included on Form 990, Part VIII, line 1                   |   | <b>&gt;</b> \$                                |
|     |   |   | <b>L</b> .                                    |
| 2   | If the organization received or held works of art, historical treat   | asures, or other similar assets for financia  | ıl gain, provide                              |
|     | the following amounts required to be reported under SFAS 11           | 16 (ASC 958) relating to these items:         |   |
| а   | Revenue included on Form 990, Part VIII, line 1                       |   | <b>&gt;</b> \$                                |
| b   | Assets included in Form 990, Part X                                   |   |   |

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

Schedule D (Form 990) 2018

| Par    | t III Organizations Maintaining Co   | ollections of Art, His               | torical Treasures, o            | or Other S     | imilar Asse          | ets (continued)        |
|--------|--|--------------------------------------|---------------------------------|----------------|----------------------|------------------------|
| 3      | Using the organization's acquisition, accessio                                 | n, and other records, chec           | k any of the following the      | at are a signi | ficant use of it     | s collection items     |
|        | (check all that apply):  |                                      |                                 |                |                      |                        |
| а      | Public exhibition  | d 🗌                                  | Loan or exchange prog           | rams           |                      |                        |
| b      | Scholarly research   | е 🗌                                  | Other                           |                |                      |                        |
| С      | Preservation for future generations  |                                      |                                 |                |                      |                        |
| 4      | Provide a description of the organization's col                                | lections and explain how t           | hey further the organizat       | ion's exemp    | t purpose in Pa      | art XIII.              |
| 5      | During the year, did the organization solicit or                               | •                                    | •                               | -              |                      |                        |
|        | to be sold to raise funds rather than to be mai                                | •                                    | •                               |                |                      | Yes No                 |
| Par    | t IV Escrow and Custodial Arrang   |                                      |                                 |                |                      | V, line 9, or          |
|        | reported an amount on Form 990, Part   |                                      |                                 |                | ,                    | ,                      |
| 1a     | Is the organization an agent, trustee, custodia                                | n or other intermediary for          | contributions or other a        | ssets not inc  | luded                |                        |
|        | on Form 990, Part X?   |                                      |                                 |                |                      | Yes No                 |
| b      | If "Yes," explain the arrangement in Part XIII a                               | nd complete the following            | table:                          |                |                      |                        |
|        |  |                                      |                                 |                |                      | Amount                 |
| С      | Beginning balance  |                                      |                                 |                | 1c                   |                        |
| d      | Additions during the year  |                                      |                                 |                | 1d                   |                        |
| е      | Distributions during the year  |                                      |                                 |                | 1e                   |                        |
| f      | Ending balance   |                                      |                                 |                | 1f                   |                        |
| 2a     | Did the organization include an amount on Fo                                   |                                      |                                 |                | ?                    | Yes No                 |
|        | If "Yes," explain the arrangement in Part XIII.                                |                                      |                                 | •              |                      |                        |
| Par    |  |                                      |                                 |                |                      |                        |
|        | · .  |                                      |                                 |                |                      | ck (e) Four years back |
| 1a     | Beginning of year balance  |                                      |                                 | ,              | ,                    |                        |
| b      | Contributions  |                                      |                                 |                |                      |                        |
| c      | Net investment earnings, gains, and losses                                     |                                      |                                 |                |                      |                        |
| d      | Grants or scholarships   |                                      |                                 |                |                      |                        |
|        | Other expenditures for facilities  |                                      |                                 |                |                      |                        |
| ·      |  |                                      |                                 |                |                      |                        |
| f      | Administrative expenses  |                                      |                                 |                |                      |                        |
|        | End of year balance  |                                      |                                 |                |                      |                        |
| g<br>2 | Provide the estimated percentage of the curre                                  | ent year end halance (line 1         | a column (a)) held as:          |                |                      |                        |
| a      | Board designated or quasi-endowment  |                                      | g, column (a)) nelu as.         |                |                      |                        |
| b      | Permanent endowment  |                                      |                                 |                |                      |                        |
|        | Temporarily restricted endowment   | ^%                                   |                                 |                |                      |                        |
| С      | The percentages on lines 2a, 2b, and 2c shou                                   |                                      |                                 |                |                      |                        |
| 22     | Are there endowment funds not in the posses                                    |                                      | at are held and administ        | orod for the   | ragnization          |                        |
| Ja     |  | Sion of the organization the         | at are field and administ       | ered for the t | organization         | Yes No                 |
|        | by: (i) unrelated organizations  |                                      |                                 |                |                      |                        |
|        |  |                                      |                                 |                |                      |                        |
| h      | (ii) related organizations  If "Yes" on line 3a(ii), are the related organizat | ione lietad as required on S         | Schodulo D2                     |                |                      | 3b                     |
| 4      | Describe in Part XIII the intended uses of the                                 |                                      |                                 |                |                      | 30                     |
|        | t VI Land, Buildings, and Equipme  |                                      | iurius.                         |                |                      |                        |
| 1 4    | Complete if the organization answered  |                                      | V line 112 See Form 00          | n Part Y lin   | o 10                 |                        |
|        |  |                                      |                                 |                |                      | (d) Dook value         |
|        | Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | 1 ' '          | umulated<br>eciation | (d) Book value         |
|        | Land   | ` '                                  | 46,014.                         |                | ociation             | 46,014.                |
|        | Land   |                                      | 83,026                          |                | 7,567.               | 65,459.                |
| b      | Buildings  |                                      | 369,120.                        |                | 0,038.               | 9,082.                 |
| c      | Leasehold improvements   | •                                    | 2,452,663.                      |                | 50,030.              | 577,101.               |
| d      | Equipment  |                                      | 2,32,003                        | 1,0            | 3,304.               | 311,101.               |
|        | Other  | •                                    | (0) (1)                         |                |                      | 697,656.               |
| rota   | . Add lines 1a through 1e. (Column (d) must ed                                 | ıuaı ⊢orm 990. Part X. colu          | mn (B). line 10c.)              |                |                      | 001,000.               |

Schedule D (Form 990) 2018

| Part VIII   Investments - Other Securities.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.  | Schedule D (Form 990) 2018 WATER MISSIC        | NS INTERNA                              | TIONAL                      | 57                      | -1116978           | Page |
|---|--|---|-----------------------------|-------------------------|--------------------|------|
| (a) Bescription of security or category seculary name of security. (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) Financial derivatives (c) Closely-hard equity interests (d) Other (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d  |  |   |                             |                         |                    |      |
| (a) Bescription of security or category inclusing name or security.  (b) Book value  (c) Method of valuation: Cost or end-of-year market value  (f) Financial derivatives  (g) Closely-haid equity interests  (h)  (g)  (g)  (g)  (g)  (g)  (g)  (g)  | Complete if the organization answered "Yes" of | n Form 990. Part IV.                    | line 11b. See Form 990.     | Part X. line 12.        |                    |      |
| (2) Closely-held equity interests (3) Other (A) (B) (C) (C) (D) (E) (E) (F) (G) (F) (F) (F) (G) (F) (F) (F) (G) (F) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F  |  |   |                             |                         | d-of-year market v | alue |
| (2) Closely-held equity interests (3) Other (A) (B) (C) (C) (D) (E) (E) (F) (G) (F) (F) (F) (G) (F) (F) (F) (G) (F) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F  | (1) Financial derivatives                      |   |                             |                         |                    |      |
| (8) Cther (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c  |  |   |                             |                         |                    |      |
| (A) (B) (C) (C) (D) (E) (F) (G) (F) (F) (F) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F  |  |   |                             |                         |                    |      |
| (B) (C) (D) (E) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D  | ·  |   |                             |                         |                    |      |
| (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D  |  |   |                             |                         |                    |      |
| (C) (E) (F) (G) (G) (H) must equal Form 990, Part X, col. (B) line 12.) ▶    Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶   Part VIII   Investments - Program Related.   Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f   |  |   |                             |                         |                    |      |
| (E) (F) (G) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶  Part Viiii   Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (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 Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column fish must equal Form 990, Part X col. (B) line 15.) ▶  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 25.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1, (a) Description of liability (b) Book value (c) (d) (d) (e) (f) (e) (f) (f) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g |  |   |                             |                         |                    |      |
| Col. (b) must equal Form 990, Part X, col. (B) line 12,   Part VIII   Investments - Program Related.  |  |   |                             |                         |                    |      |
| (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII   Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X col. (B) line 15.)  Part X  Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (6)   |  |   |                             |                         |                    |      |
| (1)   Total, (Col. (b) must equal Form 990, Part X, col. (B) line 12.)   Part VIII   Investments - Program Related.   |  |   |                             |                         |                    |      |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶   Part VIII   Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (a) Description of investment   (b) Book value   (c) Method of valuation: Cost or end-of-year market value     (1)   |  |   |                             |                         |                    |      |
| Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (a) Description of investment   (b) Book value   (c) Method of valuation: Cost or end-of-year market value     (1)  |  |   |                             |                         |                    |      |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9)  10tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) >  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (6)  |  |   |                             |                         |                    |      |
| (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)  |  | on Form 990 Part IV                     | line 11c See Form 990       | Part X line 13          |                    |      |
| (1) (2) (3) (4) (5) (6) (7) (8) (9)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (1) Federal income taxes (2) (3) (4) (6) Book value (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9   |  |   |                             |                         | d-of-vear market v | alue |
| (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 Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (1) Federal income taxes (2) (3) (4) (6)  |  | (-,                                     | (5)                         |                         | <b>,</b>           |      |
| (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 Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description (b) Book value  (1) Federal income taxes (2) (3) (4) (4) (5)  |  |   |                             |                         |                    |      |
| (4) (5) (6) (7) (8) (9) (9) (7) (a) Description (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5)   |  |   |                             |                         |                    |      |
| (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 Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)   Part X   Other Liabilities.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (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 Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5)   |  |   |                             |                         |                    |      |
| (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 Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5)   |  |   |                             |                         |                    |      |
| (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 Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (4) (5)   |  |   |                             |                         |                    |      |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  |  |   |                             |                         |                    |      |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  |  |   |                             |                         |                    |      |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   (a) Description   (b) Book value   |  |   |                             |                         |                    |      |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5)   |  |   |                             |                         |                    |      |
| (a) Description (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)   |  | n Form 990 Part IV                      | line 11d See Form 990       | Part X line 15          |                    |      |
| (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5)  |  |   | inic i id. dec i dilli doc, | r ure x, into ro.       | (b) Book va        | ılue |
| (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5)  | •  |   |                             |                         | (2) 2001. 10       |      |
| (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5)  |  |   |                             |                         |                    |      |
| (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5)  |  |   |                             |                         |                    |      |
| (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5)  |  |   |                             |                         |                    |      |
| (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X. col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5)   |  |   |                             |                         |                    |      |
| (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5)   |  |   |                             |                         |                    |      |
| (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5)   |  |   |                             |                         |                    |      |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5)  |  |   |                             |                         |                    |      |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5)  |  |   |                             |                         |                    |      |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)   |  | 15 \                                    |                             |                         |                    |      |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5)   | Part X Other Liabilities.                      | <i>13.)</i>                             |                             |                         | ı                  |      |
| 1.     (a) Description of liability     (b) Book value       (1) Federal income taxes     (2)       (3)     (4)       (5)     (5)   |  | n Form 990 Part IV                      | line 11e or 11f See Form    | 990 Part X line 25      |                    |      |
| (1) Federal income taxes (2) (3) (4) (5)  | (a) Description of liability                   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                             | 1 000, 1 411 7, 1110 20 | •                  |      |
| (2)<br>(3)<br>(4)<br>(5)  |  |   | (-,                         |                         |                    |      |
| (3)<br>(4)<br>(5)   |  |   |                             |                         |                    |      |
| (4)<br>(5)  |  |   |                             |                         |                    |      |
| (5)   |  |   |                             |                         |                    |      |
|   |  |   |                             |                         |                    |      |
|   |  |   |                             |                         |                    |      |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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

Schedule D (Form 990) 2018

(7) (8) (9)

| Pa    | rt XI   | Reconciliation of Revenue per Audited Financial Statement                               | ts Witl    | h Revenue per Re         | turn.  |                     |
|-------|---------|---|------------|--------------------------|--------|---------------------|
|       |         | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.             |            |                          |        |                     |
| 1     | Total r | evenue, gains, and other support per audited financial statements                       |            |                          | 1      | 26,102,439.         |
| 2     | Amou    | nts included on line 1 but not on Form 990, Part VIII, line 12:                         |            |                          |        |                     |
| а     | Net ur  | realized gains (losses) on investments  | 2a         | 68,941.                  |        |                     |
| b     | Donat   | ed services and use of facilities   | 2b         | 1,137,610.               |        |                     |
| С     | Recov   | eries of prior year grants  | 2c         |                          |        |                     |
| d     |         | (Describe in Part XIII.)  | 2d         |                          |        |                     |
| е     | Add lir | nes 2a through 2d   |            |                          | 2e     | 1,206,551.          |
| 3     | Subtra  | ct line 2e from line 1  |            |                          | 3      | 24,895,888.         |
| 4     |         | nts included on Form 990, Part VIII, line 12, but not on line 1:                        |            |                          |        |                     |
| а     | Invest  | ment expenses not included on Form 990, Part VIII, line 7b                              | 4a         |                          |        |                     |
| b     | Other   | (Describe in Part XIII.)  | 4b         |                          |        |                     |
| С     | Add lir | nes <b>4a</b> and <b>4b</b>   |            |                          | 4c     | 0.                  |
| 5     | Total r | evenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)                |            |                          | 5      | 24,895,888.         |
| Pa    | rt XII  | Reconciliation of Expenses per Audited Financial Statemen                               | nts Wi     | th Expenses per F        | Returi | n.                  |
|       |         | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.             |            |                          |        |                     |
| 1     | Total 6 | expenses and losses per audited financial statements                                    |            |                          | 1      | 24,283,616.         |
| 2     | Amou    | nts included on line 1 but not on Form 990, Part IX, line 25:                           |            |                          |        |                     |
| а     | Donat   | ed services and use of facilities   | 2a         | 1,137,610.               |        |                     |
| b     | Prior y | ear adjustments   | 2b         |                          |        |                     |
| С     | Other   | losses  | 2c         |                          |        |                     |
| d     | Other   | (Describe in Part XIII.)  | 2d         |                          |        |                     |
| е     | Add lir | nes 2a through 2d   |            |                          | 2e     | 1,137,610.          |
| 3     | Subtra  | ct line <b>2e</b> from line <b>1</b>  |            |                          | 3      | 23,146,006.         |
| 4     | Amou    | nts included on Form 990, Part IX, line 25, but not on line 1:                          |            |                          |        |                     |
| а     | Invest  | ment expenses not included on Form 990, Part VIII, line 7b                              | 4a         |                          |        |                     |
| b     | Other   | (Describe in Part XIII.)  | 4b         |                          |        |                     |
| С     | Add lir | nes <b>4a</b> and <b>4b</b>   |            |                          | 4c     | 0.                  |
| 5     | Total   | expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)              |            |                          | 5      | 23,146,006.         |
| Pa    | rt XIII | Supplemental Information.   |            |                          |        |                     |
| Prov  | ide the | descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV | /, lines 1 | b and 2b; Part V, line 4 | ;Part) | K, line 2; Part XI, |
| lines | 2d and  | 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition      | onal info  | ormation.                |        |                     |
|       |         |   |            |                          |        |                     |
| _     |         |   |            |                          |        |                     |
| PA)   | RT 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, 2019, 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 2016.

Schedule D (Form 990) 2018

| Schedule D | O (Form 990) 2018                       | WATER MISS            | IONS I | NTERNATIONAL | ı | 57-1116978 | Page 5   |
|------------|---|-----------------------|--------|--------------|---|------------|----------|
| Part XIII  | O (Form 990) 2018<br>Supplemental Infor | mation (agatiance -1) |        |              |   |            | <u> </u> |
|            |   | (continued)           |        |              |   |            |          |
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### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

### **Statement of Activities Outside the United States**

 $\blacktriangleright$  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.

2018
Open to Public Inspection

Name of the organization

Employer identification number

| WATER MISSIONS                   | ΓΝΦΕΡΝΔΦ.            | TONAT.                       |   |                    | 57-111697             | 8                         |
|----------------------------------|----------------------|------------------------------|---|--------------------|-----------------------|---------------------------|
| Part I General Infor             | mation on A          | ctivities Out                | side the United States. Comple            | ata if the average | ization analyses d "V | oo" on                    |
| Form 990, Part IV                |                      | ouvides out                  | Side the Office States. Comple            | ete ii the organ   | ization answered if   | es on                     |
|                                  |                      | maintain rocar               | ds to substantiate the amount of its gra  | inte and other     | esistanco             |                           |
| =                                | -                    |                              | the selection criteria used to award the  |                    |                       | Yes No                    |
| the grantees engionity it        | or the grants or a   | issistance, and i            | the selection criteria used to award the  | grants or assis    | 21                    | res NO                    |
| 2 For grantmakers Dece           | ribo in Dort V the   | organization's               | procedures for monitoring the use of its  | aranta and at      | har assistance autoi  | do tho                    |
| United States.                   | iibe iii Fait V tile | organization s               | procedures for monitoring the use of its  | s grants and ot    | ner assistance outsi  | de trie                   |
|                                  | o following Part     | I lino 3 table co            | an be duplicated if additional space is n | oodod )            |                       |                           |
| (a) Region                       | (b) Number of        |                              | (d) Activities conducted in the region    |                    | vity listed in (d)    | (f) Total                 |
| (a) Negion                       | offices              | `employees                   | (by type) (such as, fundraising, pro-     | , ,                | gram service,         | expenditures              |
|                                  | in the region        | agents, and independent      | gram services, investments, grants to     |                    | specific type         | for and                   |
|                                  |                      | contractors<br>in the region | recipients located in the region)         | of service         | (s) in the region     | investments in the region |
| SUB-SAHARAN AFRICA -             |                      | III the region               |   | WAGES, TRAV        | EL COSTS,             | -                         |
| ANGOLA, BENIN,                   |                      |                              |   |                    | OTHER COSTS.          |                           |
| BOTSWANA, BURKINA                |                      |                              |   | IMPLEMENTAT        |                       |                           |
| FASO,                            | 7                    | 154                          | PROGRAM SERVICES                          | COMPREHENSI        | VE SAFE WATER         | 6,327,029.                |
| CENTRAL AMERICA AND              |                      |                              |   | WAGES, TRAV        | EL COSTS,             |                           |
| THE CARIBBEAN -                  |                      |                              |   | PRODUCTION,        | OTHER COSTS.          |                           |
| ANTIGUA & BARBUDA,               |                      |                              |   | IMPLEMENTAT        | ION OF                |                           |
| ARUBA, BAHAMAS,                  | 5                    | 80                           | PROGRAM SERVICES                          | COMPREHENSI        | VE SAFE WATER         | 1,957,010.                |
| SOUTH AMERICA -                  |                      |                              |   | WAGES, TRAV        | EL COSTS,             |                           |
| ARGENTINA, BOLIVIA,              |                      |                              |   | PRODUCTION,        | OTHER COSTS,          |                           |
| BRAZIL, CHILE,                   |                      |                              |   | IMPLEMENTAT        | ION OF                |                           |
| COLUMBIA, ECUADOR,               | 2                    | 10                           | PROGRAM SERVICES                          | COMPREHENSI        | VE SAFE WATER         | 685,858.                  |
| NORTH AMERICA -                  |                      |                              |   | WAGES, TRAV        | EL COSTS,             |                           |
| CANADA AND MEXICO,               |                      |                              |   | PRODUCTION,        | OTHER COSTS.          |                           |
| BUT NOT THE UNITED               |                      |                              |   | ENGINEERING        | DESIGN AND            |                           |
| STATES                           | 1                    | 7                            | PROGRAM SERVICES                          | SUPPORT OF         | SAFE WATER            | 204,673.                  |
| EAST ASIA AND THE                |                      |                              |   | IMPLEMENTAT        | ION OF                |                           |
| PACIFIC - AUSTRALIA,             |                      |                              |   |                    | VE SAFE WATER         |                           |
| BRUNEI, BURMA,                   |                      |                              |   |                    | ION PROJECTS          |                           |
| CAMBODIA,                        | 5                    | 24                           | PROGRAM SERVICES                          | AND, WHEN N        | ECESSARY,             | 737,325.                  |
|                                  |                      |                              |   |                    |                       |                           |
|                                  |                      |                              |   |                    |                       |                           |
|                                  |                      |                              |   |                    |                       |                           |
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|                                  |                      |                              |   |                    |                       |                           |
|                                  |                      |                              |   |                    |                       |                           |
| 3 a Subtotal                     | 20                   | 275                          |   |                    |                       | 9,911,895.                |
| <b>b</b> Total from continuation |                      |                              |   |                    |                       | <u> </u>                  |
| sheets to Part I                 | 0                    | 0                            |   |                    |                       | 0.                        |
| c Totals (add lines 3a           |                      |                              |   |                    |                       |                           |

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

20

275

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2018

9,911,895.

832071 10-31-18

and 3b)

| recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. |  |  |                                 |                          |                                 |                                  |                                       |   |  |  |
|--|--|--|---------------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|--|--|
| 1 (a) Name of organization   | (b) IRS code section and EIN (if applicable) |  | (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) |  |  |
|  |  |  |                                 |                          |                                 |                                  |                                       |   |  |  |
|  |  |  |                                 |                          |                                 |                                  |                                       |   |  |  |
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|  |  |  | recognized as charities by the  |                          |                                 |                                  |                                       | L   |  |  |
| 3 Enter total number of  |  |  | ion 501(c)(3) equivalency lette |                          |                                 | <b>P</b> .                       |                                       |   |  |  |

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

|  |                                   |                          | tes. Complete i          | if the organization answered "Yes" | on Form 990, Part                | IV, line 16.                          |  |  |
|--|-----------------------------------|--------------------------|--------------------------|------------------------------------|----------------------------------|---------------------------------------|--|--|
| Part III can be duplica  (a) Type of grant or assistar | ated if additional space is neede | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement    | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) |  |
|  |                                   |                          |                          |                                    |                                  |                                       |  |  |
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Page 4

| Part IV | Foreign | Forms |
|---------|---------|-------|

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)  | Yes | X No |
|---|---|-----|------|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) | Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)  | Yes | X No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)   | Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)  | Yes | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)  | Yes | X No |

Schedule F (Form 990) 2018

Page 5

### Part V | Supplemental Information

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

### PART I, LINE 2:

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

### PART I, LINE 3, COLUMN (E):

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 ACCORDANCE WITH THE MISSION.

### (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) 2018

# Schedule F (Form 990) 2018 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 instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

WATER MISSIONS INTERNATIONAL

Employer identification number

57-1116978

| Fundraising Activ                                      | <b>ities.</b> Complete if the organization answ<br>his part. | ered "Y   | es" or   | n Form 990, Part IV, I            | ine 17. Form 990-EZ  | filers are not  |
|--|--|-----------|--|-----------------------------------|--|---|
| <u> </u>   | on raised funds through any of the following                 | na activ  | rities. (                                      | Check all that apply.             |  |   |
| a X Mail solicitations                                 | · · · · · · · · · · · · · · · · · · ·                        | -         |  | overnment grants                  |  |   |
| <b>b</b> X Internet and email solici                   |  |           | •  | nment grants                      |  |   |
| c Phone solicitations                                  | g X Specia   |           |  |                                   |  |   |
| d X In-person solicitations                            | <b>3</b>   |           |  |                                   |  |   |
|  | ritten or oral agreement with any individua                  | l (includ | ling of  | fficers, directors, trus          | tees, or   |   |
|  | 990, Part VII) or entity in connection with p                |           |  |                                   | X Yes  | No  |
| <b>b</b> If "Yes," list the 10 highest pai             | id individuals or entities (fundraisers) pursu               | uant to   | agreei   | ments under which th              | ne fundraiser is to be   | 9   |
| compensated at least \$5,000                           | by the organization.   |           |  |                                   |  |   |
| (i) Name and address of individuor entity (fundraiser) | ial (ii) Activity  | have c    | Did<br>raiser<br>ustody<br>itrol of<br>utions? | (iv) Gross receipts from activity | (v) Amount paid<br>to (or retained by)<br>fundraiser<br>listed in col. (i) | (vi) Amount paid<br>to (or retained by)<br>organization |
| MASTERWORKS - 1701 E                                   | CONSULTING, PLANNING, AND                                    | Yes       | No   |                                   |  |   |
| WOODFIELD RD STE 425,                                  | EXECUTING DIRECT MAIL  |           | Х  | 801,345.                          | 92,134.  | 709,211.  |
| LYNN BEAHM - GRAPPENHALL DR                            | ,  |           |  |                                   |  |   |
| APEX, NC 27502   | GRANT WRITING  |           | x  | 326,135.                          | 6,366.   | 319,769.  |
| MCCONKEY/JOHNSON                                       | CONSULTING ON FUNDRAISING                                    |           |  |                                   |  |   |
| INTERNATIONAL, INC 4935                                | ORGANIZATION, DEVELOPMENT                                    |           | x  | 0.                                | 45,268.  | -45,268.  |
| JIM LOSCHEIDER - BAMBOO RD,                            | CONSULTING ON FEASIBILITY                                    |           |  |                                   |  |   |
| BOONE, NC 28607  | STUDY AND CAPITAL FUNDS                                      |           | х  | 0.                                | 6,719.   | -6,719.   |
| JOHN PEAYS - MCKELLAR RD,                              | CONSULTING ON STEWARDSHIP                                    |           |  |                                   |  |   |
| ORIPPING SPRINGS, TX 78620                             | MANAGEMENT   |           | х  | 0.                                | 6,500.   | -6,500.   |
|  |  |           |  |                                   |  |   |
|  |  |           |  |                                   |  |   |
| Total  |  |           | <b>•</b>                                       | 1,127,480.                        | 156,987.   | 970,493.  |
| or licensing. AL, AK, AR, CA, CO, CT,                  | nization is registered or licensed to solicit                |           |  |                                   |  |   |
| RI,SC,TN,UT,OK,MS                                      |  |           |  |                                   |  |   |
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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) 2018

| Pa              | rt I | of fundraising events. Complete if the of fundraising event contributions and groups. | •  |                       | · · · · · ·                           | •  |
|-----------------|------|---|--|-----------------------|---------------------------------------|--|
|                 |      | or randration g over to or tribution e and gr   | (a) Event #1 WALK FOR WATER (event type) | (b) Event #2          | (c) Other events NONE  (total number) | (d) Total events (add col. (a) through col. (c)) |
| Revenue         | 1    | Gross receipts  | 338,354.                                 | 71 7                  |                                       | 338,354.   |
| _               | 2    | Less: Contributions   | 315,034.                                 |                       |                                       | 315,034.   |
|                 | 3    | Gross income (line 1 minus line 2)  | 23,320.                                  |                       |                                       | 23,320.  |
|                 | 4    | Cash prizes   |  |                       |                                       |  |
| S               | 5    | Noncash prizes  |  |                       |                                       |  |
| xpense          | 6    | Rent/facility costs   |  |                       |                                       |  |
| Direct Expenses | 7    | Food and beverages  |  |                       |                                       |  |
| Δ               | 8    | Entertainment Other direct expenses   | 159,511.                                 |                       |                                       | 159,511.   |
|                 | 10   |   | ,  |                       | <b>&gt;</b>                           | 159,511.   |
|                 |      | Net income summary. Subtract line 10 from I   |  |                       | <b>&gt;</b>                           | -136,191.  |
| Pa              | rt I | II Gaming. Complete if the organization   |  |                       |                                       |  |
|                 |      | \$15,000 on Form 990-EZ, line 6a.   |  | ,                     | ,                                     |  |
|                 |      | ,   | (a) Diama                                | (b) Pull tabs/instar  | nt (a) Other remine                   | (d) Total gaming (add                            |
| Revenue         |      |   | (a) Bingo                                | bingo/progressive bir | ngo (c) Other gaming                  | col. (a) through col. (c))                       |
| eve             |      |   |  |                       |                                       |  |
| ď               | 1    | Gross revenue   |  |                       |                                       |  |
| ses             | 2    | Cash prizes   |  |                       |                                       |  |
| Expens          | 3    | Noncash prizes  |  |                       |                                       |  |
| Direct Expenses | 4    | Rent/facility costs   |  |                       |                                       |  |
|                 | 5    | Other direct expenses   |  |                       |                                       |  |
|                 |      | Carlot direct experience  | Yes %                                    | Yes                   | % Yes %                               |  |
|                 | 6    | Volunteer labor   | No No                                    | No                    | - /0                                  |  |
|                 | 7    | Direct expense summary. Add lines 2 through   |  |                       | <b>&gt;</b>                           |  |
|                 | 8    | Net gaming income summary. Subtract line 7  |  |                       |                                       |  |
|                 |      |   | , \                                      |                       |                                       | •  |
| 9               | Ent  | ter the state(s) in which the organization condu                                      | ucts gaming activities:                  |                       |                                       |  |
| а               | ls t | he organization licensed to conduct gaming a  | ctivities in each of these s             | states?               |                                       | Yes No   |
|                 |      | No," explain:   |  |                       |                                       |  |
|                 | _    |   |  |                       |                                       |  |
|                 |      |   |  |                       |                                       |  |
|                 |      | ere any of the organization's gaming licenses re<br>Yes," explain:                    |  |                       | tax year?                             | Yes No   |
| ~               | ••   | ·   |  |                       |                                       |  |
|                 |      |   |  | -                     |                                       |  |

Schedule G (Form 990 or 990-EZ) 2018

832082 10-03-18

| Sch            | edule G (Form 990 or 990-EZ) 2018 WATER MISSIONS INTERNATIONAL 57-   | 1116978               | Page 3   |
|----------------|--|-----------------------|----------|
| 11             | Does the organization conduct gaming activities with nonmembers?   | Yes                   | ☐ No     |
|                | 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:   |                       |          |
|                | a The organization's facility  | 13a                   | %        |
|                | o An outside facility  | 13b                   | <u> </u> |
|                | Enter the name and address of the person who prepares the organization's gaming/special events books and records:            | 102                   | ,,,      |
| 17             | the the hame and address of the person who prepares the organization's gaming/special events books and records.              |                       |          |
|                | Name   |                       |          |
|                | Address  |                       |          |
| 15a            | a Does the organization have a contract with a third party from whom the organization receives gaming revenue?               | Yes                   | ☐ No     |
| k              | o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount                              |                       |          |
|                | of gaming revenue retained by the third party > \$   |                       |          |
|                | If "Yes," enter name and address of the third party:   |                       |          |
|                |  |                       |          |
|                | Name   |                       |          |
|                | Address ►  |                       |          |
| 16             | Gaming manager information:  |                       |          |
|                | Nome S.  |                       |          |
|                | 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?   | Yes                   | ☐ No     |
| ŀ              | • Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the |                       |          |
| •              | organization's own exempt activities during the tax year > \$  |                       |          |
| Pa             | irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F          | art III lines 0 0     | 2h 10h   |
|                | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.                             | art III, III les 5, s | , 10D,   |
|                | 13b, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions.                             |                       |          |
| ac.            | HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER   | g.                    |          |
| <u>50</u>      | HEDOLE G, PART I, DINE 2B, DIST OF TEN HIGHEST PAID FONDRAISEN   | . O .                 |          |
|                |  |                       |          |
| <u>(I</u>      | ) NAME OF FUNDRAISER: MASTERWORKS  |                       |          |
|                |  |                       |          |
| <u>(I</u>      | ) ADDRESS OF FUNDRAISER:   |                       |          |
| <u>17</u>      | 01 E WOODFIELD RD STE 425, SCHAUMBURG, IL 60173  |                       |          |
| / <del>-</del> | T \ ACMITTIME, CONCILIMING OF ANNITHE AND EVERTIMING DIDECT WATER  | CMT177 M17            |          |
| <u>/ T</u>     | I) ACTIVITY: CONSULTING, PLANNING, AND EXECUTING DIRECT MAIL A   | CTTVTTY               |          |
|                |  |                       |          |
| <u>(I</u>      | ) NAME OF FUNDRAISER: LYNN BEAHM   |                       |          |
| (I             | ) ADDRESS OF FUNDRAISER: GRAPPENHALL DR, APEX, NC 27502  |                       |          |

832083 10-03-18

### 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.

**2018** 

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

WATER MISSIONS INTERNATIONAL

 $Employer\ identification\ number \\ 57-1116978$ 

|    |   |    | Yes | No       |
|----|---|----|-----|----------|
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,    |    |     |          |
|    | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.                |    |     |          |
|    | First-class or charter travel   |    |     |          |
|    | Travel for companions Payments for business use of personal residence   |    |     |          |
|    | Tax indemnification and gross-up payments  Health or social club dues or initiation fees                                  |    |     |          |
|    | Discretionary spending account Personal services (such as maid, chauffeur, chef)  |    |     |          |
|    |   |    |     |          |
| b  | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or             |    |     |          |
|    | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain                  | 1b |     |          |
| 2  | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,          |    |     |          |
|    | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?                     | 2  |     |          |
|    |   |    |     |          |
| 3  | Indicate which, if any, of the following the 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  X Compensation survey or study   |    |     |          |
|    | Form 990 of other organizations  X Approval by the board or compensation committee  |    |     |          |
|    |   |    |     |          |
| 4  | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing              |    |     |          |
|    | organization or a related organization:   |    |     |          |
| а  | Receive a severance payment or change-of-control payment?   | 4a |     | X        |
| b  | Participate in, or receive payment from, a supplemental nonqualified retirement plan?                                     | 4b |     | X        |
| С  | Participate in, or receive payment from, an equity-based compensation arrangement?  | 4c |     | X        |
|    | 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?   | 5a |     | X        |
|    | Any related organization?   | 5b |     | _X_      |
|    | 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 |     | <u> </u> |
| b  | Any related organization?   | 6b |     | X        |
|    | 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          |    |     |          |
|    | 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           |    |     |          |
|    | 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)?   | ۱۵ |     |          |

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

Schedule J (Form 990) 2018

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

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

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

|                        |             | (B) Breakdown of         | W-2 and/or 1099-MI                  | SC compensation                           | (C) Retirement and          | (D) Nontaxable | (E) Total of columns | (F) Compensation   |
|------------------------|-------------|--------------------------|-------------------------------------|---|-----------------------------|----------------|----------------------|--|
| (A) Name and Title     |             | (i) Base<br>compensation | (ii) Bonus & incentive compensation | (iii) Other<br>reportable<br>compensation | other deferred compensation | benefits       | (B)(i)-(D)           | in column (B)<br>reported as deferred<br>on prior Form 990 |
| (1) GEORGE C GREENE IV | (i)         | 124,662.                 | 0.                                  | 20,075.                                   | 4,924.                      | 25,757.        | 175,418.             | 0.   |
| PRESIDENT & COO        | (ii)        | 0.                       | 0.                                  | 0.  | 0.                          | 0.             | 0.                   | 0.   |
|                        | (i)         |                          |                                     |   |                             |                |                      |  |
|                        | (ii)        |                          |                                     |   |                             |                |                      |  |
|                        | (i)         |                          |                                     |   |                             |                |                      |  |
|                        | (ii)        |                          |                                     |   |                             |                |                      |  |
|                        | (i)         |                          |                                     |   |                             |                |                      |  |
|                        | (ii)<br>(i) |                          |                                     |   |                             |                |                      |  |
|                        | (ii)        |                          |                                     |   |                             |                |                      |  |
| -                      | (i)         |                          |                                     |   |                             |                |                      |  |
|                        | (ii)        |                          |                                     |   |                             |                |                      |  |
|                        | (i)         |                          |                                     |   |                             |                |                      |  |
|                        | (ii)        |                          |                                     |   |                             |                |                      |  |
|                        | (i)         |                          |                                     |   |                             |                |                      |  |
|                        | (ii)        |                          |                                     |   |                             |                |                      |  |
|                        | (i)         |                          |                                     |   |                             |                |                      |  |
|                        | (ii)        |                          |                                     |   |                             |                |                      |  |
|                        | (i)         |                          |                                     |   |                             |                |                      |  |
|                        | (ii)<br>(i) |                          |                                     |   |                             |                |                      |  |
|                        | (ii)        |                          |                                     |   |                             |                |                      |  |
|                        | (i)         |                          |                                     |   |                             |                |                      |  |
|                        | (ii)        |                          |                                     |   |                             |                |                      |  |
|                        | (i)         |                          |                                     |   |                             |                |                      |  |
|                        | (ii)        |                          |                                     |   |                             |                |                      |  |
|                        | (i)         |                          |                                     |   |                             |                |                      |  |
|                        | (ii)        |                          |                                     |   |                             |                |                      |  |
|                        | (i)         |                          |                                     |   |                             |                |                      |  |
|                        | (ii)        |                          |                                     |   |                             |                |                      |  |
|                        | (i)         |                          |                                     |   |                             |                |                      |  |
|                        | (ii)        |                          |                                     |   |                             |                | 1                    |  |

| 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. |
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### **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

2018

Open To Public Inspection

| Name of th     | ne organization<br>W        | ATER MT                             | SSIONS II         | NTER     | NAT                | TONAL                         |               |                      | 1 -     | -         |  |               | n nu  | mber    |
|----------------|-----------------------------|-------------------------------------|-------------------|----------|--------------------|-------------------------------|---------------|----------------------|---------|-----------|--|---------------|-------|---------|
| Part I         |                             |                                     |                   |          |                    | ion 501(c)(4), and 50         | )1(c)         | (29) organizations   |         |           | <u> </u>   |               |       |         |
|                |                             |                                     |                   |          |                    | art IV, line 25a or 25        |               |                      |         |           | b.   |               |       |         |
| 1 (a) No       | me of disqualified p        | orson (b                            | ) Relationship be |          |                    | lified                        | ' <b>~\</b> D | oscription of trans  | cactio  | n         |  | (d) (         | Corre | cted?   |
| (a) Na         | ine or disqualified p       | erson                               | person and        | organiza | ation              | '                             | (C) D         | escription of tran   | Sactio  | 11        |  | Y€            | s     | No      |
|                |                             |                                     |                   |          |                    |                               |               |                      |         |           |  |               |       |         |
|                |                             |                                     |                   |          |                    |                               |               |                      |         |           |  | —             | _     |         |
|                |                             |                                     |                   |          |                    |                               |               |                      |         |           |  | $+\!-$        | _     |         |
|                |                             |                                     |                   |          |                    |                               |               |                      |         |           |  | +-            | -     |         |
|                |                             |                                     |                   |          |                    |                               |               |                      |         |           |  | +             | +     |         |
| 2 Enter        | the amount of tax is        | ncurred by the                      | organization ma   | nagers   | or disc            | ualified persons du           | rina          | the vear under       |         |           |  |               |       |         |
|                |                             | •                                   | •                 | Ū        |                    |                               | •             | -                    |         | <b>S</b>  |  |               |       |         |
|                |                             |                                     |                   |          |                    | ganization                    |               |                      |         | <b>\$</b> |  |               |       |         |
|                |                             |                                     |                   |          |                    |                               |               |                      |         |           |  |               |       |         |
| Part II        | Loans to and                | l/or From II                        | nterested Pe      | rsons.   | •                  |                               |               |                      |         |           |  |               |       |         |
|                | Complete if the c           | organization an                     | swered "Yes" on   | Form 9   | 990-EZ             | , Part V, line 38a or         | Forn          | n 990, Part IV, line | e 26; c | or if the | e orgar  | nizatio       | n     |         |
|                | reported an amo             |                                     |                   | 6, or 2  | 2.                 | T                             | _             |                      |         |           | U-) Ann  | round         |       |         |
| ,              | a) Name of<br>rested person | (b) Relationsh<br>with organization |                   |          | oan to or<br>m the | (e) Original principal amount | (             | f) Balance due       |         |           | by boa   | ard or        | (i) W | /ritten |
| iriter         | esteu person                | Willi Organizati                    | on oan            |          | ization?           | ┨                             |               |                      |         |           | i i  | 11100:        |       | 1       |
|                |                             |                                     | +                 | To       | From               |                               | +             |                      | Yes     | No        | Yes  | No            | Yes   | No      |
|                |                             |                                     | +                 | +        |                    |                               | +             |                      |         |           | $\vdash$   |               |       |         |
|                |                             |                                     |                   | +        |                    |                               | +             |                      |         |           |  | $\rightarrow$ |       |         |
|                |                             |                                     |                   |          |                    |                               | T             |                      |         |           |  |               |       |         |
|                |                             |                                     |                   |          |                    |                               |               |                      |         |           |  |               |       |         |
|                |                             |                                     |                   |          |                    |                               |               |                      |         |           |  |               |       |         |
|                |                             |                                     |                   |          |                    |                               |               |                      |         |           |  |               |       |         |
|                |                             |                                     |                   |          |                    |                               | _             |                      |         |           | $\sqcup$   |               |       |         |
|                |                             |                                     |                   |          |                    |                               | 1             |                      |         |           | $\sqcup$   |               |       |         |
|                |                             |                                     |                   |          |                    |                               |               |                      |         |           | igwdow   |               |       |         |
| Total Part III | Grants or As                | sistance Re                         | enefiting Inte    | reste    | d Per              | <b>&gt;</b> \$                |               |                      |         |           |  |               |       |         |
| ı artın        | Complete if the c           |                                     | _                 |          |                    |                               |               |                      |         |           |  |               |       |         |
| (a) N          | lame of interested p        |                                     | (b) Relationshi   |          |                    | (c) Amount of                 |               | (d) Type             | of      |           | (e)  | Purno         | nse o | f       |
| (α) Γ          | tame of interested p        | Croon                               | interested pe     |          |                    | assistance                    |               | assistan             |         |           |  |               |       | •       |
|                |                             |                                     | the organi        | zation   |                    |                               |               |                      |         |           |  |               |       |         |
|                |                             |                                     |                   |          |                    |                               |               |                      |         |           | (d) Corrected?  Yes No  **  **  **  **  **  **  **  **  ** |               |       |         |
|                |                             |                                     |                   |          |                    |                               |               |                      |         |           |  |               |       |         |
|                |                             |                                     |                   |          |                    |                               |               |                      |         | $\perp$   |  |               |       |         |
|                |                             |                                     |                   |          |                    |                               |               |                      |         | $\perp$   |  |               |       |         |
|                |                             |                                     |                   |          |                    |                               |               |                      |         | _         |  |               |       |         |
|                |                             |                                     |                   |          |                    |                               |               |                      |         | +         |  |               |       |         |
|                |                             |                                     |                   |          |                    |                               |               | 1                    |         |           |  |               |       |         |

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

Schedule L (Form 990 or 990-EZ) 2018

# Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (b) Relationship between interested (d) Description of (a) Name of interested person (c) Amount of organization's person and the organization transaction transaction revenues? Yes No GEORGE GREENE IV PRESIDE SON OF CEO AND BOAR 175,418. COMPENSATIO X EAGLE DESIGN AND TECHNOLOG COMPANY OWNED BY A 157,945. TECHNOLOGY Х Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions) SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: GEORGE GREENE IV PRESIDENT/COO (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: SON OF CEO AND BOARD CHAIRPERSON (D) DESCRIPTION OF TRANSACTION: COMPENSATION AND BENEFITS (A) NAME OF PERSON: EAGLE DESIGN AND TECHNOLOGY (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: COMPANY OWNED BY A FORMER BOARD MEMBER (D) DESCRIPTION OF TRANSACTION: TECHNOLOGY SERVICES

## **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 instructions and the latest information.

Employer identification number WATER MISSIONS INTERNATIONAL 57-1116978

| Par | t I Types of Property                             |               |                      |   |                  |           |      |          |
|-----|---|---------------|----------------------|---|------------------|-----------|------|----------|
|     |   | (a)           | (b)                  | (c)   | (d)              |           |      |          |
|     |   | Check if      | Number of            | Noncash contribution                                | Method of de     | •         |      |          |
|     |   | applicable    | contributions or     | amounts reported on<br>Form 990, Part VIII, line 1g | noncash contribu | tion amou | unts |          |
| 1   | Art - Works of art                                |               |                      |   |                  |           |      |          |
| 2   | Art - Historical treasures                        |               |                      |   |                  |           |      |          |
| 3   |   |               |                      |   |                  |           |      |          |
| -   | Art - Fractional interests                        |               |                      |   |                  |           |      |          |
| 4   | Books and publications                            |               |                      |   |                  |           |      |          |
| 5   | Clothing and household goods                      |               |                      |   |                  |           |      | —        |
| 6   | Cars and other vehicles                           |               |                      |   |                  |           |      |          |
| 7   | Boats and planes                                  |               |                      |   |                  |           |      | —        |
| 8   | Intellectual property                             | X             | 22                   | 122 612   |                  | TI T77T   | TTT  |          |
| 9   | Securities - Publicly traded                      | Λ             | 22                   | 134,014.  | STOCK MARKE      | I VAL     | UE   |          |
| 10  | Securities - Closely held stock                   |               |                      |   |                  |           |      |          |
| 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             | 325                  | 2,272,979.  | RETAIL VALU      | E         |      |          |
| 26  | Other ▶ (OTHER)                                   | X             | 16                   | 33,423.   | RETAIL VALU      | E         |      |          |
| 27  | Other • ()  |               |                      |   |                  |           |      |          |
| 28  | Other ()  |               |                      |   |                  |           |      |          |
| 29  | Number of Forms 8283 received by the organization | ation during  | the tax year for co  | ontributions  |                  |           |      |          |
|     | for which the organization completed Form 828     | 3, Part IV, D | Oonee Acknowledg     | ement 29  |                  |           |      |          |
|     |   |               |                      |   |                  | Ye        | es   | No       |
| 30a | During the year, did the organization receive by  | contributio   | n any property rep   | orted in Part I, lines 1 throug                     | h 28, that it    |           |      |          |
|     | must hold for at least three years from the date  | of the initia | I contribution, and  | which isn't required to be us                       | ed for           |           |      |          |
|     | exempt purposes for the entire holding period?    |               |                      |   |                  | 30a       |      | <u>X</u> |
| b   | If "Yes," describe the arrangement in Part II.    |               |                      |   |                  |           |      |          |
| 31  | Does the organization have a gift acceptance po   | olicy that re | quires the review o  | of any nonstandard contribut                        | ions?            | 31 2      | ζ    |          |
| 32a | Does the organization hire or use third parties o | r related or  | ganizations to solic | cit, process, or sell noncash                       |                  |           | T    |          |
|     | contributions?                                    |               | _                    | · ·   |                  | 32a       |      | X        |
| b   | If "Yes," describe in Part II.                    |               |                      |   |                  |           |      |          |
| 33  | If the organization didn't report an amount in co | lumn (c) for  | a type of property   | for which column (a) is chec                        | ked,             |           |      |          |
|     | describe in Part II.                              |               |                      |   | ·<br>            |           |      |          |
|     |   |               |                      |   |                  |           |      |          |

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Schedule M (Form 990) 2018

832142 10-18-18

#### **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

# 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.

2018
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: WORKING IN OUR CHARLESTON HEADQUARTERS AND AROUND THE WORLD IN TEN 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 1,400 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 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 THAN 1.3 MILLION PEOPLE WITH ACCESS TO SAFE WATER AND SANITATION FOLLOWING SOME OF THE WORLD'S MOST DEVASTATING DISASTERS, INCLUDING HURRICANE DORIAN, A RECENT CATEGORY 5 HURRICANE TO THAT DEVASTATED THE THE ORGANIZATION HAS ALSO RESPONDED TO NUMEROUS OTHER DISASTERS SINCE ITS FOUNDING, INCLUDING: HURRICANE MARIA IN 2017, HURRICANE MATTHEW IN HAITI IN 2016; THE EARTHQUAKE IN NEPAL IN 2015;

832211 10-10-18

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

Schedule O (Form 990 or 990-EZ) (2018)

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 EARTHOUAKE 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 REFUGEES FROM SOUTH SUDAN THAT HAVE FLED TO NORTHERN UGANDA AND 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 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 MOLLY GREENE, GEORGE GREENE III, CARL EHMANN, CHARLES B. YOUNG 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

Name of the organization
WATER MISSIONS INTERNATIONAL
Employer identification number
57-1116978

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 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

| Name of the organization  WATER MISSIONS INTERNATIONAL                        | 57-1116978        |
|---|-------------------|
| COMPENSATION BY USING COMPARATIVE DATA FROM OTHER NOT-FOR-                    | PROFIT            |
| ORGANIZATIONS. THIS IS DOCUMENTED VIA PERSONNEL RECORDS AN                    | D 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, O | H,NV,ND,NC,NY,NM  |
| NJ, NH, UT, TN, OR, OK, SC, RI, PA, WV, WI, VA, AZ, DE, IA, ID, IN, MA, ME, M | O,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 WEBSI                    | TE OR UPON        |
| REQUEST.  |                   |
|   |                   |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:                             |                   |
| FOREIGN CURRENCY TRANSLATION ADJUSTMENT                                       | -121,830.         |
|   |                   |
| SCHEDULE G, PART I, LINE 2B   |                   |
| THE PERSONAL ADDRESSES FOR FUNDRAISERS LYNN BEAHM, JOHN P                     | EAYS AND JIM      |
| LOSCHEIDER ARE THE SAME AS THEIR BUSINESS ADDRESSES. THE E                    | XACT 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.

Department of the Treasury Internal Revenue Service

Name of the organization

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

2018

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

| (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 controlling<br>entity |
|  |                  |   |              |                    |                              |
|  |                  |   |              |                    |                              |
|  |                  |   |              |                    |                              |
|  |                  |   |              |                    |                              |

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

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Schedule R (Form 990) 2018

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (a)  Name, address, and EIN  of related organization | <b>(b)</b> Primary activity | (c) Legal domicile (state or foreign country) | (d)<br>Exempt Code<br>section | (e) Public charity status (if section | (f) Direct controlling entity | conti | g)<br>512(b)(13)<br>rolled<br>zation? |
|--|-----------------------------|---|-------------------------------|---------------------------------------|-------------------------------|-------|---------------------------------------|
| orrolated organization                               |                             | loreign country)                              | 0001.011                      | 501(c)(3))                            | or the s                      | Yes   | No                                    |
| MISSION D'EAU HAITI                                  | IMPLEMENTATION OF PROJECTS  |   |                               |                                       |                               | 163   | 140                                   |
| 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                                     |
| · · · · · · · · · · · · · · · · · · ·                |                             |   |                               |                                       |                               |       |                                       |
| -  |                             |   |                               |                                       |                               |       |                                       |
|  |                             |   |                               |                                       |                               |       |                                       |
|  |                             |   |                               |                                       |                               |       |                                       |
| -  |                             |   |                               |                                       |                               |       |                                       |
|  |                             |   |                               |                                       |                               |       |                                       |
| -  |                             |   |                               |                                       |                               |       |                                       |
|  |                             |   |                               |                                       |                               |       |                                       |
|  |                             |   |                               |                                       |                               |       |                                       |
|  |                             |   |                               |                                       |                               |       |                                       |
|  |                             |   |                               |                                       |                               |       |                                       |
|  |                             |   |                               |                                       |                               |       |                                       |
|  |                             |   |                               |                                       |                               |       | <del> </del>                          |
|  |                             |   |                               |                                       |                               |       |                                       |
|  |                             |   |                               |                                       |                               |       |                                       |
|  |                             |   |                               |                                       |                               |       |                                       |
|  |                             |   |                               |                                       |                               |       |                                       |
|  | _                           |   |                               |                                       |                               |       |                                       |
|  |                             |   |                               |                                       |                               |       | L                                     |

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|----------|---|---|--------------------|-------------------|-----------------------|-----------------|
| Part III | 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 of | or more related |
| Part III | organizations treated as a partnership during the tax year.       |   |                    |                   |                       |                 |
|          |   |   |                    |                   |                       |                 |

| (a)  | (b)              | (c)                                       | (d)                | (e)  | (f)            | (g)                         | (1      | h)        | (i)             | (j)       | (k)        |
|--|------------------|---|--------------------|--|----------------|-----------------------------|---------|-----------|-----------------|-----------|------------|
| Name, address, and EIN of related organization | Primary activity | Legal<br>domicile<br>(state or<br>foreign | Direct controlling | Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | Share of total | Share of end-of-year assets | Disprop | ortionata | Code V-UBI      | General o | Percentage |
|  |                  | country)                                  |                    | sections 512-514)  |                |                             | Yes     | No        | K-1 (Form 1065) | Yes No    |            |
|  |                  |   |                    |  |                |                             |         |           |                 |           |            |
|  |                  |   |                    |  |                |                             |         |           |                 |           |            |
|  |                  |   |                    |  |                |                             |         |           |                 |           |            |
|  |                  |   |                    |  |                |                             |         |           |                 |           |            |
|  |                  |   |                    |  |                |                             |         |           |                 |           |            |
|  |                  |   |                    |  |                |                             |         |           |                 |           |            |
|  |                  |   |                    |  |                |                             |         |           |                 |           |            |
|  |                  |   |                    |  |                |                             |         |           |                 |           |            |
|  |                  |   |                    |  |                |                             |         |           |                 |           |            |
|  |                  |   |                    |  |                |                             |         |           |                 |           |            |
|  |                  |   |                    |  |                |                             |         |           |                 |           |            |
|  |                  |   |                    |  |                |                             |         |           |                 |           |            |
|  |                  |   |                    |  |                |                             |         |           |                 |           |            |
|  |                  |   |                    |  |                |                             |         |           |                 |           |            |
|  |                  |   |                    |  |                |                             |         |           |                 |           |            |
|  |                  |   |                    |  |                |                             |         |           |                 |           |            |
|  |                  |   |                    | 1  |                |                             |         |           | 1               |           |            |

Part IV 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>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | <b>(f)</b><br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership |     | tion<br>b)(13)<br>rolled<br>tity? |
|--|--------------------------------|---|-------------------------------|---|--|--|--------------------------------|-----|-----------------------------------|
|  |                                | country                                       |                               |   |  |  |                                | Yes | No                                |
|  |                                |   |                               |   |  |  |                                |     |                                   |
|  |                                |   |                               |   |  |  |                                |     |                                   |
|  |                                |   |                               |   |  |  |                                |     |                                   |
|  |                                |   |                               |   |  |  |                                |     |                                   |

Page 3

Yes No

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

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?

| а          | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity |    | -               |                                   | 1a    | X |
|------------|---|----|-----------------|-----------------------------------|-------|---|
| b          | Gift, grant, or capital contribution to related organization(s)                                 |    |                 |                                   | 1b    | X |
| С          | Gift, grant, or capital contribution from related organization(s)                               |    |                 |                                   | 1c    | X |
| d          | Loans or loan guarantees to or for related organization(s)                                      |    |                 |                                   | 1d    | Х |
| е          | Loans or loan guarantees by related organization(s)   |    |                 |                                   | 1e    | X |
|            |   |    |                 |                                   |       |   |
| f          | Dividends from related organization(s)  |    |                 |                                   | 1f    | X |
|            | Sale of assets to related organization(s)   |    |                 |                                   | 1g    | X |
| h          | Purchase of assets from related organization(s)   |    |                 |                                   | 1h    | X |
| i          | Exchange of assets with related organization(s)   |    |                 |                                   | 1i    | X |
| j          | Lease of facilities, equipment, or other assets to related organization(s)                      |    |                 |                                   | 1j    | X |
|            |   |    |                 |                                   |       |   |
| k          | Lease of facilities, equipment, or other assets from related organization(s)                    |    |                 |                                   | 1k    | X |
| 1          |   |    |                 |                                   | 11    | X |
| m          | n Performance of services or membership or fundraising solicitations by related organization(s) |    |                 |                                   | 1m    | Х |
|            | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   |    |                 |                                   | 1n    | Х |
|            | Sharing of paid employees with related organization(s)  |    |                 |                                   | 10    | Х |
|            |   |    |                 |                                   |       |   |
| р          | Reimbursement paid to related organization(s) for expenses                                      |    |                 |                                   | 1p    | Х |
| q          | Reimbursement paid by related organization(s) for expenses                                      |    |                 |                                   | 1q    | Х |
| ·          |   |    |                 |                                   |       |   |
| r          | Other transfer of cash or property to related organization(s)                                   |    |                 |                                   | 1r    | Х |
|            | Other transfer of cash or property from related organization(s)                                 |    |                 |                                   | 1s    | Х |
|            |   |    |                 |                                   |       |   |
|            | (a) (b)   |    | (c)             | (d)                               |       |   |
|            | Name of related organization Transact   |    | Amount involved | Method of determining amount invo | olved |   |
|            | type (a-  | s) |                 |                                   |       |   |
|            |   |    |                 |                                   |       |   |
| 1)         |   |    |                 |                                   |       |   |
|            |   |    |                 |                                   |       |   |
| 2)         |   |    |                 |                                   |       |   |
|            |   |    |                 |                                   |       |   |
| 3)         |   |    |                 |                                   |       |   |
| 41         |   |    |                 |                                   |       |   |
| 4)         |   |    |                 |                                   |       |   |
| <b>-</b> \ |   |    |                 |                                   |       |   |
| 5)         |   |    |                 |                                   |       |   |
| C)         |   |    |                 |                                   |       |   |
| 6)         |   |    |                 |                                   |       |   |

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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)<br>Name, address, and EIN<br>of entity | (b)<br>Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | Are all partners sec 501(c)(3) orgs.? | (g)<br>Share of<br>end-of-year<br>assets | Disprition allocat | opor-<br>late<br>tions? | General manage partne | (k) Percentage ownership |
|--|-------------------------|---|---|---------------------------------------|--|--------------------|-------------------------|-----------------------|--------------------------|
|  |                         |   |   |                                       |  |                    |                         |                       |                          |
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