Form SPUU (Inv. Junitary 2000)       Under section 501(6), 527, or 4947(a)(1) of the Internal Revenue Code (accept private foundations)		~		Return of Organization Exempt Fro	om In	come Tax	OMB No. 1545-0047
(Rev. JJULIUR) 2020)	For	$m \mathbf{g}$	90		s) <b>2010</b>		
Dearway: Journey of the Stream of the Istest information.       Impaction         A For the 2019 calendary year, or tax year beginning       OCT 1, 2019 and ending SEP 30, 2020         B creating       C Name of organization       D Employer identification number         Watter MISSIONS INTERNATIONAL       57 - 1116978         Watter MISSIONS INTERNATIONAL       57 - 1116978         Watter MISSION       Constraints on delivered to street address;       Room(suit       E Telephone number (1843)769 - 7395         Watter MISSION       SC 29405       High is this a group refurn       Gescenters       S8,776,614.         Watter MISSION ORG       High is this a group refurn       Cest No       Cest No         Tracesempt status:       S01(c) (3       S01(c) (3       (184) (184) (187) (	•				-		
B created and address of phriopal officer, GEORGE C . GREENE IV Hold status (see instructions) I Tace exempt status: X 501(0)(3) S01(0) ≤ (inset no.) 4947(a)(1 or 527 I Tace exempt status: X 501(0) S01(0) ≤ (inset no.) 4947(a)(1 or 527 I Tace exempt status: X 501(0) S01(0) ≤ (inset no.) 4947(a)(1 or 527 I Tace exempt status: X 501(0) S01(0) ≤ (inset no.) 4947(a)(1 or 527 I Tace exempt status: X 501(0)(3) S01(0) ≤ (inset no.) 4947(a)(1 or 527 I Tace exempt status: X 501(0)(3) S01(0) ≤ (inset no.) 4947(a)(1 or 527 I Tace exempt status: X 501(0)(3) S01(0) ≤ (inset no.) 4947(a)(1 or 527 I Tace exempt status: X 501(0)(3) S01(0) ≤ (inset no.) 4947(a)(1 or 527 I Tace exempt status: X 501(0)(3) S01(0) ≤ (inset no.) 4947(a)(1 or 527 I Tace exempt status: X 501(0)(3) S01(0) ( I ≤ (inset no.) 4947(a)(1 or 527 I Tace exempt status: X 501(0)(3) S01(0) ( I ≤ (inset no.) 4947(a)(1 or 527 I Tace exempt status: X 501(0)(3) S01(0) ( I ≤ (inset no.) 4947(a)(1 or 527 I Tace exempt status: X 501(0)(3) S01(0) ( I ≤ (inset no.) 4947(a)(1 or 527 I Tace exempt status: X 501(0)(3) S01(0) ( I ≤ (inset no.) 4947(a)(1 or 527 I Tace exempt status: X 501(0) S01(0) ( I ≤ (inset no.) 4947(a)(1 or 527 I Tace exempt status: X 501(0) (I ≤ (inset no.) 4947(a)(1 or 527 I Tace exempt status: X 501(0) (I ≤ (inset no.) 4947(a)(1 or 527 I Tace exempt status: X 501(0) (I ≤ (inset no.) 4947(a)(1 or 527 I Status exet no.) I (I be organization face ontinue of tace devices of the organization face ontinue of tace devices of tace devices of tace devices of	Depa Interi	rtment nal Rev	of the Treasury enue Service	-			
autochade       WATER MISSIONS INTERNATIONAL       57-1116978         Doing business as WATER MISSION       57-1116978         Number and street (or P.0. busit mail is not delivered to street address)       Room/suite       E Telephone number         Market       T150 MOLLY GREENE WAY, BLDG 1605       G downess 38, 776, 614.         Market       FNAme       NORTH CHARLESTON, SC 29405       H(a) is this a group return for subordinates?       Yes X No         Market       FNAme and address of principal officer GEORGE C. GREENE IV SAME AS C ABOVE       Yes X No       H(b) is at its (see instructions)         I Taxe exempt status:       Xi Si(X)(3) 511(2) () ≤ (insert no.)       d947(a)(1) or 527       H(c) downeernpion number )         Form of organization:       Corporation       Trust       Association       Other > L Year of formator; 2001 M State of legal domicit; SC         Path       Predividescribe the organization is mission or most significant activities:       PROVIDE SUSTAINABLE ACCESS TO         SAFE WATER K S SANITATION IN DEVELOPING COUNTRIES AND DISASTER AREAS.       Check this box > if the organization discontinued its operations or disposed of more than 25% of its net assets.         Number of independent voting members of the governing body (Part VI, line 12)       4       9         Automber of voting members of the governing body (Part VI, line 12)       5       6       125, 401, 435, 18, 89, 2725, 10.	AF	or th	e 2019 calenda	ar year, or tax year beginning $ ext{OCT}$ $ extsf{1}$ , $ extsf{2019}$ and endi	ling SI	EP 30, 2020	
Doing business as       WATER MISSION       57-1116978         Within       Number and street (or P.O. box if mail is not delivered to street address)       Room/suite       E Telephone number         Issue       Issue and street (or P.O. box if mail is not delivered to street address)       Room/suite       E Telephone number         Issue       Control to two, state or province, country, and ZIP or foreign postal code       G crease means as 38, 776, 514.         Marketee       F Name and address of principal officer: GEORGE C. GREENE IV       Ha is this a group return         SAME AS C ABOVE       Issue address of principal officer: GEORGE C. GREENE IV       How Per al bacordinates: [Landar hait. (see instructions)         J Website:       WWW.WATERMISSION.ORG       It No., 'atta a water to the analysic of the street address of principal officer: GEORGE COUNTRIES AND DISASTER AREAS.         C Check this box >       I Briefly describe the organization's mission or most significant activities: PROVIDE SUSTAINABLE ACCESS TO SAFE WATER & SANITATION IN DEVELOPING COUNTRIES AND DISASTER AREAS.         C Check this box >       I If the organization discontinue its operations or disposed of more than 25% of its net assets.         Number of individuals employed in calendar year 2019 (Part V, line ta)       3         4       Number of individuals employed in calendar year 2019 (Part V, line ta)       5         5       Total unrelated business taxable income from Form 990.1 (Ine 39       7b       <	B	Check if	<b>C</b> Name of	organization		D Employer identified	cation number
Doing business as       WATER MISSION       57-1116978         Within       Number and street (or P.O. box if mail is not delivered to street address)       Room/suite       E Telephone number         Issue       Issue and street (or P.O. box if mail is not delivered to street address)       Room/suite       E Telephone number         Issue       Control to two, state or province, country, and ZIP or foreign postal code       G crease means as 38, 776, 514.         Marketee       F Name and address of principal officer: GEORGE C. GREENE IV       Ha is this a group return         SAME AS C ABOVE       Issue address of principal officer: GEORGE C. GREENE IV       How Per al bacordinates: [Landar hait. (see instructions)         J Website:       WWW.WATERMISSION.ORG       It No., 'atta a water to the analysic of the street address of principal officer: GEORGE COUNTRIES AND DISASTER AREAS.         C Check this box >       I Briefly describe the organization's mission or most significant activities: PROVIDE SUSTAINABLE ACCESS TO SAFE WATER & SANITATION IN DEVELOPING COUNTRIES AND DISASTER AREAS.         C Check this box >       I If the organization discontinue its operations or disposed of more than 25% of its net assets.         Number of individuals employed in calendar year 2019 (Part V, line ta)       3         4       Number of individuals employed in calendar year 2019 (Part V, line ta)       5         5       Total unrelated business taxable income from Form 990.1 (Ine 39       7b       <	X	Addr		R MISSIONS INTERNATIONAL			
Image: Section 2010 Secti		Nam				57-11169	78
Intervent       1150       MOLLY GREENE WAY, BLDG 1605       (843)769-7395         City or town, state or province, country, and ZIP or foreign postal code       Greater and address of principal officer: GEORGE C. GREENE IV       H(a) is this a group return         Periode       F Name and address of principal officer: GEORGE C. GREENE IV       H(b) we all advortables?       Yes       No         J Website:       WWW.WATERMISSION.ORG       H(b) we all advortables instance?       Yes       No         J Tax-exempt status:       \$501(c)(3)       501(c)       Image: transmission       H(b) we all advortables?       Yes       No         J Website:       WWW.WATERMISSION.ORG       H(b) we all advortables?       Yes       No       H(b) we all advortables?       No         J Website:       WWW.WATERMISSION.ORG       H(c) crup exemption number       K       Sontables       No         I Tax-exempt status:       \$501(c)(1)       Association       Other N       L year of tomation: Sontables       No         I Tax-exempt status:       \$501(c)(1)       Association       Other N       L year of tomation: Sontables       No         I State degl domicle:       Sontable       Weatscher       Sontable       No       Sontable       Sontable       No         I State degl domicle:       Sontable       Sontable <td></td> <td>Initia</td> <td></td> <td></td> <td>om/suite</td> <td></td> <td></td>		Initia			om/suite		
City or town, state or province, country, and ZIP or foreign postal code       Gross receipts 38, 776, 614.         Ministry       NORTH CHARLESTON, SC 29405       Hit) is this a group return         Finame and address of principal officer: GEORGE C. GREENE IV       Hit) is this a group return         I Tax exempt status:       X 501(c)(3)       501(c)() < (insert no.)       4947(a)(1) or       527         I Tax exempt status:       X 501(c)(3)       501(c)() < (insert no.)       4947(a)(1) or       527         I Tax exempt status:       X 501(c)(3)       501(c)() < (insert no.)       4947(a)(1) or       527         I Tax exempt status:       X 501(c)(3)       501(c)() < (insert no.)       4947(a)(1) or       527         I Tax exempt status:       X 501(c)(3)       501(c)() < (insert no.)       4947(a)(1) or       527         I Tax exempt status:       X 501(c)(3)       501(c)() < (insert no.)       4947(a)(1) or       527         I tax exempt status:       X 501(c)(3)       501(c)() < (insert no.)       497       527         I tax exempt status:       X 501(c)(3)       501(c)() < (insert no.)       497       527         I tax exempt status:       X 500(c)(3)       101(c)(0)       101(c)(0)       101(c)(0)       101(c)(0)         I tax exempt status as status and sinnision or most signifi		Final	1150				
Internet       INVENTION CONTRUCTION (SOC 25400)       (III) is this adjroup fetum         Preduct       SAME AS C ABOVE       (INVENTION)		termi	-	own, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	38,776,614.
SAME AS C ABOVE       H(b) Are at subordinates includes? I vas       No         1 Tax exempt status:       3 501(c) (.) (.) (inset no.)       4947(a)(1) or       501       1' No," attach a list. (see instructions)       H(b) Are at subordinates includes? I vas       I' No," attach a list. (see instructions)         1 Urbasite:       WWW. WATERNI SSION . ORG       H(c) Are at subordinates includes?       H(c) Are at subordinates includes?       I' No," attach a list. (see instructions)         1 Briefly describe the organization's mission or most significant activities:       PROVIDE SUSTAINABLE ACCESS TO         2 Check this box       I the organization discontinue dits operations or disposed of more than 25% of its net assets.         3 Number of voting members of the governing body (Part V, line 1a)       3 100         4 Number of independent voting members of the governing body (Part V, line 1a)       3 100         5 Total number of volung members of the governing body (Part V, line 1a)       3 100         6 Total number of inducters (estimate if necessary)       6 1252         7 a Total onumetare dimuters (estimate if necessary)       6 1252         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a 0.0.         9 Program service revenue (Part VIII, line 1h)       20, 091, 495.       31, 381, 493.         9 Froy ream service revenue (Part VIII, line 1h)       0.0 1, 0.67, 321.       10 therewhere inomounts paid (Part V, column	Х	Amer				H(a) Is this a group re	turn
I Taxexempt status:       IS Status:       IS Status:       IS Status:       IN Procession       IN Procession <td></td> <td>tion</td> <td></td> <td></td> <td></td> <td>for subordinates</td> <td>? Yes X No</td>		tion				for subordinates	? Yes X No
J Website: ▶ WWW. WATERMISSION. ORG       H(c) Group exemption number ▶         K Form of organization: X Corporation       Trust       Association       Other ▶       L year of formation: 2001 M State of legal domicile; SC         Part I Summary       1       Briefly describe the organization's mission or most significant activities: PROVIDE SUSTAINABLE ACCESS TO SAFE WATER & SANITATION IN DEVELOPING COUNTRIES AND DISASTER AREAS.         2       Check this box ▶       if the organization discontinue dit soperations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part V, line 1a)       3         4       Number of individuals employed in calendar year 2019 (Part V, line 2a)       5         5       Total number of volunteers (estimate if necessary)       7a         7a       Total unrelated business revenue from Form 999-T, line 39       7b         9       Prior Year       Current Year         8       Contributions and grants (Part VIII, line 1h)       24, 956, 6, 90.       0.         9       Prior Year       Current Year       0.       1, 067, 321.         10       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       -66, 995.       -101, 605.         12       Total revenue: add lines 8 through 11 (must equal Part VIII, column (A), lines 510       0.       1, 067, 321.         14		pend	SAME .			H(b) Are all subordinates in	cluded? Yes No
K Form of organization:       X Corporation       Trust       Association       Other       L year of formation:       2001       M State of legal domicile:       SC         Part I       Summary       Image: Second control of the second contresecon	_				527	If "No," attach a	list. (see instructions)
Part I       Summary         1       Briefly describe the organization's mission or most significant activities: PROVIDE SUSTAINABLE ACCESS TO SAFE WATER & SANITATION IN DEVELOPING COUNTRIES AND DISASTER AREAS.         2       Check this box ▶ I if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       3         4       Number of independent voting members of the governing body (Part VI, line 1a)       4         5       Total number of independent voting members of the governing body (Part VI, line 2a)       6         6       Total number of volunters (estimate if necessary)       6         7       Total number of volunters (estimate if necessary)       6         7       Total unrelated business revenue from Part VIII, column (C), line 12       7a         9       Program service revenue (Part VIII, ine 2a)       4,566,690.         10       Investment income (Part VIII, olumn (A), lines 3,4, and 7d)       304,698.       289,037.         10       Other revenue (Part VIII, column (A), lines 1.3)       0.       1,067,321.         14       Benefits paid to or for members (Part IX, column (A), lines 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5:10)       7,587,584.       9,724,778.			· · ·				
1       Briefly describe the organization's mission or most significant activities: PROVIDE SUSTAINABLE ACCESS TO SAFE WATER & SANITATION IN DEVELOPING COUNTRIES AND DISASTER AREAS.         2       Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)         4       Number of independent voting members of the governing body (Part VI, line 1a)         5       Total number of individuals employed in calendar year 2019 (Part VI, line 2a)         6       Total number of volunteers (estimate if necessary)         7       Total number of volunteers (estimate if necessary)         9       Program service revenue (Part VIII, column (A), line 39         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         10       Investment income (Part VIII, column (A), lines 1.3)         11       Other revenue (Part VIII, column (A), lines 5.10)         12       Total rundraising deees (Part IX, column (A), lines 1.3)				X Corporation Trust Association Other F	L Year o	f formation: 2001 N	State of legal domicile: SC
SAFE WATER & SANITATION IN DEVELOPING COUNTRIES AND DISASTER AREAS.         2 Check this box ▶if the organization discontinued its operations or disposed of more than 25% of its net assets.         3 Number of voting members of the governing body (Part VI, line 1a)       3 100         4 Number of independent voting members of the governing body (Part VI, line 1b)       4 9         5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)       5 88         6 Total number of volunteers (estimate if necessary)       6 1225         7a Total number of volunteers (estimate if necessary)       6 0.         7a Total number of volunteers (estimate if necessary)       7a 0.         7a Total number of volunteers (estimate if necessary)       6 0.         7a Total number of volunteers (estimate if necessary)       7a 0.         7a Total number of volunteers (estimate if necessary)       7a 0.         7a Total number of volunteers (estimate if necessary)       7a 0.         7a Total numestication come (Part VIII, column (C), line 39       Prior Year         9 Program service revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       -66, 995.       -101, 605.         12 Total revenue add lines 8 through 11 (must equal Part IX, column (A), lines 5.10)       7, 587, 584.       9, 7224, 778.         16 Professional fundraising dee (Part IX, column (A), lines 11a.       15, 401, 435.       18, 891, 275.	Pa	art I			_ ~		
5       Total number of individuals employed in calendar year 2019 (Part V, line 2a)       5       8         6       Total number of individuals employed in calendar year 2019 (Part V, line 2a)       6       125         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a       0.         b Net unrelated business taxable income from Form 990-T, line 39       7b       0.         9       Program service revenue (Part VIII, line 1h)       9       Program service revenue (Part VIII, line 2g)       4,566,690.       0.         10       Investment income (Part VIII, olumn (A), lines 3, 4, and 7d)       10 A, 698.       289,037.       -66,995.       -101,605.         12       Total revenue e add lines 8 through 11 (must equal Part VIII, column (A), line 12)       24,895,888.       31,568,925.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       1,067,321.         14       Benefits paid to or for members (Part IX, column (A), line 5-10)       15 6,987.       129,491.         15       Stalaries, other compensation, employee benefits (Part IX, column (A), line 55.       1,749,882.       1,766,060.         17       Other expenses (Part IX, column (A), line 25)       1,911,598.       15,401,435.       18,891,275.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       <	e	1	Briefly describ	e the organization's mission or most significant activities: <b>PROVIDE</b>	E SUS	STAINABLE AC	CESS TO
5       Total number of individuals employed in calendar year 2019 (Part V, line 2a)       5       8         6       Total number of individuals employed in calendar year 2019 (Part V, line 2a)       6       125         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a       0.         b Net unrelated business taxable income from Form 990-T, line 39       7b       0.         9       Program service revenue (Part VIII, line 1h)       9       Program service revenue (Part VIII, line 2g)       4,566,690.       0.         10       Investment income (Part VIII, olumn (A), lines 3, 4, and 7d)       10 A, 698.       289,037.       -66,995.       -101,605.         12       Total revenue e add lines 8 through 11 (must equal Part VIII, column (A), line 12)       24,895,888.       31,568,925.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       1,067,321.         14       Benefits paid to or for members (Part IX, column (A), line 5-10)       15 6,987.       129,491.         15       Stalaries, other compensation, employee benefits (Part IX, column (A), line 55.       1,749,882.       1,766,060.         17       Other expenses (Part IX, column (A), line 25)       1,911,598.       15,401,435.       18,891,275.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       <	anc		-				
5       Total number of individuals employed in calendar year 2019 (Part V, line 2a)       5       8         6       Total number of individuals employed in calendar year 2019 (Part V, line 2a)       6       125         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a       0.         b Net unrelated business taxable income from Form 990-T, line 39       7b       0.         9       Program service revenue (Part VIII, line 1h)       9       Program service revenue (Part VIII, line 2g)       4,566,690.       0.         10       Investment income (Part VIII, olumn (A), lines 3, 4, and 7d)       10 A, 698.       289,037.       -66,995.       -101,605.         12       Total revenue e add lines 8 through 11 (must equal Part VIII, column (A), line 12)       24,895,888.       31,568,925.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       1,067,321.         14       Benefits paid to or for members (Part IX, column (A), line 5-10)       15 6,987.       129,491.         15       Stalaries, other compensation, employee benefits (Part IX, column (A), line 55.       1,749,882.       1,766,060.         17       Other expenses (Part IX, column (A), line 25)       1,911,598.       15,401,435.       18,891,275.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       <	ern	2			of more t	1 1	
5       Total number of individuals employed in calendar year 2019 (Part V, line 2a)       5       8         6       Total number of individuals employed in calendar year 2019 (Part V, line 2a)       6       125         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a       0.         b Net unrelated business taxable income from Form 990-T, line 39       7b       0.         9       Program service revenue (Part VIII, line 1h)       9       Program service revenue (Part VIII, line 2g)       4,566,690.       0.         10       Investment income (Part VIII, olumn (A), lines 3, 4, and 7d)       10 A, 698.       289,037.       -66,995.       -101,605.         12       Total revenue e add lines 8 through 11 (must equal Part VIII, column (A), line 12)       24,895,888.       31,568,925.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       1,067,321.         14       Benefits paid to or for members (Part IX, column (A), line 5-10)       15 6,987.       129,491.         15       Stalaries, other compensation, employee benefits (Part IX, column (A), line 55.       1,749,882.       1,766,060.         17       Other expenses (Part IX, column (A), line 25)       1,911,598.       15,401,435.       18,891,275.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       <	õ	3					
b Net unrelated business taxable income from Form 990-T, line 39       (7b       0.         Prior Year       Current Year         20,091,495.31,381,493.       20,091,495.31,381,493.         9 Program service revenue (Part VIII, line 2g)       4,566,690.0.0.         10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)       304,698.289,037.         11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       -66,995101,605.         12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)       0.1,067,321.         14 Benefits paid to or for members (Part IX, column (A), line 4)       0.0.0.         15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       7,587,584.9,724,778.         16 Professional fundraising expenses (Part IX, column (A), line 25)       1,911,598.         17 Other expenses (Part IX, column (A), line 12       1,749,882.1,756,060.         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1,749,882.1,756,060.         19 Revenue less expenses. Subtract line 18 from line 12       1,749,882.1,756,060.         19 Revenue less expenses. Subtract line 18 from line 12       1,252,815.2,470,876.         20 Total assets (Part X, line 16)       22,206,608.23,805,023.         21 Total liabilities (Part X, line 26)       1,252,815.2,470,876.         22 Net assets or fund balances. Subtract	<u>ه</u>	1 .					
b Net unrelated business taxable income from Form 990-T, line 39       (7b       0.         Prior Year       Current Year         20,091,495.31,381,493.       20,091,495.31,381,493.         9 Program service revenue (Part VIII, line 2g)       4,566,690.0.0.         10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)       304,698.289,037.         11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       -66,995101,605.         12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)       0.1,067,321.         14 Benefits paid to or for members (Part IX, column (A), line 4)       0.0.0.         15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       7,587,584.9,724,778.         16 Professional fundraising expenses (Part IX, column (A), line 25)       1,911,598.         17 Other expenses (Part IX, column (A), line 12       1,749,882.1,756,060.         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1,749,882.1,756,060.         19 Revenue less expenses. Subtract line 18 from line 12       1,749,882.1,756,060.         19 Revenue less expenses. Subtract line 18 from line 12       1,252,815.2,470,876.         20 Total assets (Part X, line 16)       22,206,608.23,805,023.         21 Total liabilities (Part X, line 26)       1,252,815.2,470,876.         22 Net assets or fund balances. Subtract	ties						
b Net unrelated business taxable income from Form 990-T, line 39       (7b       0.         Prior Year       Current Year         20,091,495.31,381,493.       20,091,495.31,381,493.         9 Program service revenue (Part VIII, line 2g)       4,566,690.0.0.         10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)       304,698.289,037.         11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       -66,995101,605.         12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)       0.1,067,321.         14 Benefits paid to or for members (Part IX, column (A), line 4)       0.0.0.         15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       7,587,584.9,724,778.         16 Professional fundraising expenses (Part IX, column (A), line 25)       1,911,598.         17 Other expenses (Part IX, column (A), line 12       1,749,882.1,756,060.         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1,749,882.1,756,060.         19 Revenue less expenses. Subtract line 18 from line 12       1,749,882.1,756,060.         19 Revenue less expenses. Subtract line 18 from line 12       1,252,815.2,470,876.         20 Total assets (Part X, line 16)       22,206,608.23,805,023.         21 Total liabilities (Part X, line 26)       1,252,815.2,470,876.         22 Net assets or fund balances. Subtract	tivit	-					
B         Contributions and grants (Part VIII, line 1h)         Prior Year         Current Year           9         Program service revenue (Part VIII, line 2g)         4,566,690.         0.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         304,698.         289,037.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         -66,995.         -101,605.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)         0.         1,067,321.           13         Grants and similar amounts paid (Part IX, column (A), lines 1.3)         0.         0.         0.           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         7,587,584.         9,724,778.           16a         Professional fundraising expenses (Part IX, column (A), line 11e)         156,987.         129,491.           17         Other expenses (Part IX, column (A), line 12         1,749,882.         1,756,060.           19         Revenue less expenses. Subtract line 18 from line 12         1,749,882.         1,756,060.           19         Revenue less expenses. Subtract line 21 from line 20         22,206,608.         23,805	Ac						
8         Contributions and grants (Part VIII, line 1h)         20,091,495.         31,381,493.           9         Program service revenue (Part VIII, column (A), line 2g)         4,566,690.         0.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         304,698.         289,037.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         -66,995.         -101,605.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         24,895,888.         31,568,925.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0.         1,067,321.           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)         7,587,584.         9,724,778.           16         Professional fundraising expenses (Part IX, column (A), line 11e)         156,987.         129,491.           15         Add lines 13-17 (must equal Part IX, column (A), line 25)         1,749,882.         1,749,882.         1,756,060.           19         Revenue less expenses. Subtract line 18 from line 12         1,252,815.         2,470,876.         22,206,608.         23,805,023.           20         Total assets (Part X			Net unrelated		<u></u>		-
9       Program service revenue (Part VIII, line 2g)       4,566,690.       0.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       304,698.       289,037.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       -66,995.       -101,605.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)       0.       1,067,321.         14       Benefits paid to or for members (Part IX, column (A), lines 1-3)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       7,587,584.       9,724,778.         16a       Professional fundraising fees (Part IX, column (A), line 25)       1,911,598.       15,401,435.       18,891,275.         17       Other expenses (Part IX, column (A), line 25)       1,749,882.       1,756,060.       1,749,882.         19       Revenue less expenses. Subtract line 18 from line 12       1,749,882.       1,756,060.       1,252,815.       2,470,876.         21       Total liabilities (Part X, line 26)       1,252,815.       2,470,876.       23,459,423.       26,275,899.       1,252,815.       2,470,876.         22       Net assets or fund balances. Subtract line 21 from line 20       22,206,608.       23,805,023.       22,206,608.       23,		8	Contributions	and grants (Part VIII, line 1h)			
11       Other revenue (Part VIII, column (A), lines 5, 64, 82, 92, 102, and 11e)       -000, 933.       -101, 003.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       24, 895, 888.       31, 568, 925.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       1, 067, 321.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       7, 587, 584.       9, 724, 778.         16a       Professional fundraising fees (Part IX, column (D), line 25)       1, 911, 598.       1       15, 401, 435.       18, 891, 275.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       15, 401, 435.       18, 891, 275.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1, 749, 882.       1, 756, 060.         19       Revenue less expenses. Subtract line 18 from line 12       1, 274, 459, 423.       26, 275, 899.         21       Total assets (Part X, line 16)       23, 459, 423.       26, 275, 899.         21       Total assets (Part X, line 26)       1, 252, 815.       2, 470, 876.         22       Net assets or fund balances. Subtract line 21 from line 20       22, 206, 608.       23,	anc						
11       Other revenue (Part VIII, column (A), lines 5, 64, 82, 92, 102, and 11e)       -000, 933.       -101, 003.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       24, 895, 888.       31, 568, 925.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       1, 067, 321.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       7, 587, 584.       9, 724, 778.         16a       Professional fundraising fees (Part IX, column (D), line 25)       1, 911, 598.       1       15, 401, 435.       18, 891, 275.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       15, 401, 435.       18, 891, 275.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1, 749, 882.       1, 756, 060.         19       Revenue less expenses. Subtract line 18 from line 12       1, 274, 459, 423.       26, 275, 899.         21       Total assets (Part X, line 16)       23, 459, 423.       26, 275, 899.         21       Total assets (Part X, line 26)       1, 252, 815.       2, 470, 876.         22       Net assets or fund balances. Subtract line 21 from line 20       22, 206, 608.       23,	Svel		•				289,037.
12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       24,895,888.       31,568,925.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       1,067,321.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       7,587,584.       9,724,778.         16a       Professional fundraising fees (Part IX, column (D), line 25)       1,911,598.       15,401,435.       18,891,275.         17       Other expenses (Part IX, column (A), line 11e)       155,401,435.       18,891,275.       23,146,006.       29,812,865.         19       Revenue less expenses. Subtract line 18 from line 12       1,749,882.       1,756,060.         21       Total assets (Part X, line 16)       23,459,423.       26,275,899.         22       Net assets or fund balances. Subtract line 21 from line 20       22,206,608.       23,805,023.         Part II         Signature Block         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	Å						
13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       1,067,321.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       7,587,584.       9,724,778.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       156,987.       129,491.         b       Total fundraising expenses (Part IX, column (D), line 25)       1,911,598.       15,401,435.       18,891,275.         17       Other expenses (Part IX, column (A), lines 11a.11d, 11f-24e)       15,401,435.       18,891,275.       19,882.       1,756,060.         19       Revenue less expenses. Subtract line 18 from line 12       1,749,882.       1,756,060.       1,252,815.       2,470,876.         20       Total assets (Part X, line 16)       23,459,423.       26,275,899.       1,252,815.       2,470,876.         22       Net assets or fund balances. Subtract line 21 from line 20       22,206,608.       23,805,023.         Part II       Signature Block       Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is		12				24,895,888.	31,568,925.
14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       7, 587, 584.       9, 724, 778.         16a       Professional fundraising expenses (Part IX, column (A), line 11e)       156, 987.       129, 491.         b       Total fundraising expenses (Part IX, column (D), line 25)       1, 911, 598.       15, 401, 435.       18, 891, 275.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       15, 401, 435.       18, 891, 275.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1, 749, 882.       1, 756, 060.         19       Revenue less expenses. Subtract line 18 from line 12       1, 749, 882.       1, 756, 060.         20       Total assets (Part X, line 16)       23, 459, 423.       26, 275, 899.         21       Total liabilities (Part X, line 26)       1, 252, 815.       2, 470, 876.         22       Net assets or fund balances. Subtract line 21 from line 20       22, 206, 608.       23, 805, 023.         Part II       Signature Block       Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is		13					1,067,321.
16a Professional fundraising fees (Part IX, column (A), line 11e)       156,987.129,491.         b Total fundraising expenses (Part IX, column (D), line 25)       1,911,598.         17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       15,401,435.18,891,275.         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1,749,882.1,756,060.         19 Revenue less expenses. Subtract line 18 from line 12       1,749,882.1,756,060.         20 Total assets (Part X, line 16)       23,459,423.266,275,899.         21 Total liabilities (Part X, line 26)       1,252,815.2,470,876.         22 Net assets or fund balances. Subtract line 21 from line 20       22,206,608.23,805,023.         Part II Signature Block         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is		14	Benefits paid t	o or for members (Part IX, column (A), line 4)		-	
16a Professional fundraising fees (Part IX, column (A), line 11e)       156, 987.       129, 491.         b Total fundraising expenses (Part IX, column (D), line 25)       1, 911, 598.       15, 401, 435.       18, 891, 275.         17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       15, 401, 435.       18, 891, 275.       23, 146, 006.       29, 812, 865.         19 Revenue less expenses. Subtract line 18 from line 12       1, 749, 882.       1, 756, 060.       8eginning of Current Year       End of Year         20 Total assets (Part X, line 16)       23, 459, 423.       26, 275, 899.       1, 252, 815.       2, 470, 876.         21 Total liabilities (Part X, line 26)       1, 252, 815.       2, 470, 876.       22, 206, 608.       23, 805, 023.         Part II Signature Block         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	s	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)			
18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       23,146,006.       29,812,865.         19       Revenue less expenses. Subtract line 18 from line 12       1,749,882.       1,756,060.         10       Beginning of Current Year       End of Year         20       Total assets (Part X, line 16)       23,459,423.       26,275,899.         21       Total liabilities (Part X, line 26)       1,252,815.       2,470,876.         22       Net assets or fund balances. Subtract line 21 from line 20       22,206,608.       23,805,023.         Part II       Signature Block       Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	nse	<b>16</b> a	Professional fu	undraising fees (Part IX, column (A), line 11e)		156,987.	129,491.
18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       23,146,006.       29,812,865.         19       Revenue less expenses. Subtract line 18 from line 12       1,749,882.       1,756,060.         10       Beginning of Current Year       End of Year         20       Total assets (Part X, line 16)       23,459,423.       26,275,899.         21       Total liabilities (Part X, line 26)       1,252,815.       2,470,876.         22       Net assets or fund balances. Subtract line 21 from line 20       22,206,608.       23,805,023.         Part II       Signature Block       Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	xpe	b					
19 Revenue less expenses. Subtract line 18 from line 121,749,882.1,756,060.Beginning of Current YearEnd of Year20 Total assets (Part X, line 16)23,459,423.26,275,899.21 Total liabilities (Part X, line 26)1,252,815.2,470,876.22 Net assets or fund balances. Subtract line 21 from line 2022,206,608.23,805,023.Part IISignature BlockUnder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	ш	17					
Beginning of Current YearEnd of Year20Total assets (Part X, line 16)23,459,423.26,275,899.21Total liabilities (Part X, line 26)1,252,815.2,470,876.22Net assets or fund balances. Subtract line 21 from line 2022,206,608.23,805,023.Part IISignature BlockUnder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is		18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)			
Part II         Signature Block           Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is		_	Revenue less	expenses. Subtract line 18 from line 12			
Part II         Signature Block           Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	S OL				Beg	inning of Current Year	
Part II         Signature Block           Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	sset	20	-				
Part II         Signature Block           Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	et A	21		· · · · · · · · · · · · · · · · · · ·			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	_				4	۵۵,۵00,000.	43,003,043.
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							Knowledge and Dellel, It is
	<u></u>	,			hichaici I		

Sign	Signature of officer		Date
Here	GEORGE C. GREENE IV, C	EO & PRESIDENT	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature Date	Check PTIN
Paid	HARRISON PEREIRA		D1/21 self-employed P00746867
Preparer	Firm's name 🕨 TAIT, WELLER & B	AKER LLP	Firm's EIN <b>23-1144520</b>
Use Only	Firm's address <b>TWO LIBERTY PL</b> ,	50 S. 16TH ST, STE 2900	
	PHILADELPHIA, PA	19102-2529	Phone no. 215 - 979 - 8800
May the II	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes No
			= 000 (aa ta)

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

rm 990 (2019)	WATER MIS	SIONS INTERNA	ATIONAL		57-1116978	Page <b>2</b>
art III Stateme	ent of Program Servic	ce Accomplishment	s			
Check if S	chedule O contains a respo	onse or note to any line in	this Part III			X
•	the organization's mission:					
				AND SHARING BES		
		HAT TRANSFORM	I AS MAN	Y LIVES AS POSS	SIBLE, AS	
QUICKLY 2	AS POSSIBLE.					
-	tion undertake any significa	int program services durir	ng the year whi	ch were not listed on the		
prior Form 990 c					Yes	XNo
	e these new services on Scl					
•		• •	n how it condu	icts, any program services?	Yes	XNo
	e these changes on Schedu					
•		•		argest program services, as n		
			e amount of gr	ants and allocations to others	s, the total expenses, ar	าต
	or each program service rep	ported. 22,821. including grar		1,023,931.) (Revenu	•	
(Code:				TAKES A COMPREE		
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	-			WATER MISSION H		
			·	TH ACCESS TO LI		SH
				PEOPLE IN 2020		
	•			ABORATIVE PARTN		н
				TO MANAGE WASH		
				RE THE EQUITABI		ION
OF WASH :	SOLUTIONS. WAT	ER MISSION HA	AS MORE	THAN 400 STAFF	WORKING IN	OUR
U.S. HEAD	QUARTERS AND	NINE COUNTRY	OFFICES	, NEARLY ALL OF	WHOM ARE	
NATIONAL	S OF THE COUNT	RIES IN WHICH	I THEY W	ORK.		
(Code:	) (Expenses \$ 6,88	<b>18,503.</b> including gram	nts of \$	) (Revenu	e \$	
				WATER MISSION H		
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RESILIEN				ISSION RESPONDE		
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				CAMP. WATER MI		
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SOLUTION	S IN WESTERN T	ANZANIA REFUC	GEE CAMP	S OF NYARUGUSU	AND NDUTA.	IN
2020, TH	E NYARUGUSU RE	FUGEE CAMP BE	ECAME TH	E LARGEST REFUG	EE CAMP IN	THE
WORLD WHO	OSE COMPLETE W	ATER SUPPLY I	IS FULLY	TREATED, MEETI	NG THE WORL	D
HEALTH O	RGANIZATION'S	WATER QUALITY	STANDA	RDS, AND IS ENT	IRELY POWER	ED
BY SOLAR	PUMPING SOLUT	IONS.				
Other program s	ervices (Describe on Sched	lule O.)				
(Expenses \$	inc	cluding grants of \$		) (Revenue \$	)	
Total program se	ervice expenses	26,157,912.				
						<b>90</b> (2019
02 01-20-20				CONTINUATION (S	)	
			2		T.)IMP	201 5
101 758275	5 3217.000	201	9.06030	WATER MISSIONS	INTERNATIO	3217.

I	Form 990 (	2019)	WATER	MISSIONS	INTERNATIONAL
I	Part IV	Ch	ecklist of Required S	chedules	

			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	X						
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		<u> </u>					
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		<u> </u>					
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		х					
_									
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		v					
_	ide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			<u> </u>					
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v					
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>					
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v					
~	Schedule D, Part III	8		<u>X</u>					
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?			х					
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>					
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х					
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Λ					
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.								
~	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,								
a		11a	х						
h	Part VI								
D.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х					
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total								
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х					
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in								
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х					
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х					
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses								
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х						
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete								
	Schedule D, Parts XI and XII	12a		Х					
b	Was the organization included in consolidated, independent audited financial statements for the tax year?								
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х						
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х					
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х						
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	Х						
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		<u>X</u>					
20a		20a		X					
	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						
932003	01-20-20	Form	<b>AAO</b> (	(2019)					

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 Form 990 (2019)
 WATER MISSIONS
 INTERNATIONAL

 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		res	
~~	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		<b>v</b>
00	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		x
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		- 23
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X 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		x	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	Λ	x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	354		
D.	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	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 26			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	-		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
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Part V         Statements Regarding Other IRS Filings and Tax Compliance (confinued)         Yes         No           2a         Ear the number of employees reported on From W-3, Transmittal of Wage and Tax Statements, 2a         88         4         4           2a         Ear the number of employees reported on From W-3, Transmittal of Wage and Tax Statements, 2a         88         4         4           b If a teast one is reported on line 2a, dd the organization file all required tedraf employment tax returns?         2a         X         4a         X           b If Yes, That I theta Form 305 by our pab for endoted an explanation on Schedule O         8a         X         4a	Form	990 (2019) WATER MISSIONS INTERNATIONAL 57-1116	978	Р	age <b>5</b>						
ge         Eart the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, 2         B8           b         if at least one is reported on line 2a, did the organization file all required tedral employment tax returns?         2b         X           Mote: If the sum of lines 1 and 2a is grater than 250, you may be required to <i>e</i> -lag tee instructions         3a         X           b         If Yes, 'nast filed a form 50-Tro this year? If 'No' to line 3b, provide an explanation or Standardo Vore, a financial account in a foreign country be SES CSCHEDULE O         3b         X           b         If Yes, 'nast filed a foreign country be SES CSCHEDULE O         3c         X           b         If Yes, 'nast filed a foreign country be SES CSCHEDULE O         3c         X           5b         SES CSCHEDULE O         3c         X           5a         X         5b         X           5a         SES CSCHEDULE O         3c         X           5a         X         5a         X           5a         SES SCHEDULE O         3c         X           5a         X         5a         X           5a         SE         SCHEDULE O         3c           5a         SES SCHEDULE O         3c         3c           5a         SE         SCHEDULE O         3	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
If electronic calendar year ending with or within the year covered by this return       2a       85         If electronic cale is reported on lines 1, and 2a is greater than 250, you may be required or e.de (see instructions)       3a       Xa         B Det the organization have unrelated business groups concered 51, 1000 runno during the year?       3b       Xa         B The Strand Term 3900 Tor this year? If We' to line 3b, provide an explanation on Scheduko 0       3b       3a         A Aray time during the calender year, dit the organization have an interval in a forsign country (such as a bank account, securities account, or other financial accounts (FDAR).       3b       Xa         See instructions to film grequencements for FinCRN Form 114, Report of Foreign Sank and Financial Accounts (FDAR).       5a       X         C If Yees' to line 5a er 5b, did the organization have an interval to a prohibited ta schelber transaction at any time outring that accounts (FDAR).       5a       X         D If Yees' to line 5a er 5b, did the organization have an interval to a prohibited ta schelber transaction at any time outring that accounts (FDAR).       5a       X         D If Yees' to line 5a er 5b, did the organization have an thread or schelber transactions or gifts were not tax deductible?       7a       X         D If Yees' to line 6a er 5b, did the organization have an thread accounts actions an sinvices provided to line payor?       7a       X         D If Yees' to line 6a er 5b, did the organization have schelber schelber transactions anot schelbe				Yes	No						
If electronic calendar year ending with or within the year covered by this return       2a       85         If electronic cale is reported on lines 1, and 2a is greater than 250, you may be required or e.de (see instructions)       3a       Xa         B Det the organization have unrelated business groups concered 51, 1000 runno during the year?       3b       Xa         B The Strand Term 3900 Tor this year? If We' to line 3b, provide an explanation on Scheduko 0       3b       3a         A Aray time during the calender year, dit the organization have an interval in a forsign country (such as a bank account, securities account, or other financial accounts (FDAR).       3b       Xa         See instructions to film grequencements for FinCRN Form 114, Report of Foreign Sank and Financial Accounts (FDAR).       5a       X         C If Yees' to line 5a er 5b, did the organization have an interval to a prohibited ta schelber transaction at any time outring that accounts (FDAR).       5a       X         D If Yees' to line 5a er 5b, did the organization have an interval to a prohibited ta schelber transaction at any time outring that accounts (FDAR).       5a       X         D If Yees' to line 5a er 5b, did the organization have an thread or schelber transactions or gifts were not tax deductible?       7a       X         D If Yees' to line 6a er 5b, did the organization have an thread accounts actions an sinvices provided to line payor?       7a       X         D If Yees' to line 6a er 5b, did the organization have schelber schelber transactions anot schelbe	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
b       If at least one is reported on line 2a, did the organization file all required decide employment tax retures?       2b       X         3a       Did the organization have unrelated business gross income of \$1,000 or more during the year/or the submitty over, a financial account in the organization have an intervest in, or a signature or other authority over, a financial account in the organization have in the organization have an intervest in, or a signature or other authority over, a financial account in a foreign country local has a tank account, socialities account, or other financial accounts (FEAR), 5a       3a       X         b       If Yes, "that if field a Form 980-T for FinCPN Form 114, Report of Foreign Bank and Financial accounts (FEAR), 5a       X         b       Bit Yes, "that if the organization in that it was or is a party to a prohibet tax shelter transaction at any time during the tax year?       5a       X         b       Did any taxable party notify the organization in that it was or is a party to a prohibet tax shelter transaction or socies and tax organization anolicit any contributions that ware not tax deductables charable contributions or gifts were not tax deductables charable contributions and partly for goods and services provided to the payor?       7a       X         b       If Yes, " did the organization in the yeas of SiT stade party as a contribution and partly for goods and services provided?       7a       X         c       If Yes, " did the organization notify the organization in property of the diverganization file organization for fore a pay promism. Greatify for goods and services provide??       7a       X											
Note:         If the sum of these 1s and 2s is greater than 250, you may be required to <i>e</i> -fite (see instructions)         Image: the organization have unaliated business greas income of \$1,000 or more during the year?         Image: the organization have unaliated business greas income of \$1,000 or more during the year?         Image: the organization have an interest in, or a signature or other authority over, a financial accounts in foring not control (such as a back account; councing as back account; councing a back account; councing and the organization have an interest in, or a signature or other authority over, a financial accounts; (FBAF).           56         Max the organization have an unal greas receipts that are normally greater than \$100,000, and did the organization solid; any contributions that are or an aptry to a prohibited tax shelter transaction?         So         X           67         Organization set and y councip that are normally greater than \$100,000, and did the organization solid; any contributions notify the donor of the value of the good are services provided?         To         X           70         Organization set and y consisting dispose of tangble personal property for which it was required?         To         Ta         X           71         Yes, 'idd the organization file proves advised tands.         To         X	b										
ab         Did the organization have unrelated business gross income of \$1,000 or more during the year?         3a         X           b         If "Net," has it field a Form 9900-167 thity seq". If Not 16 <i>inte</i> 30, provide an explanation on Schedule 0         3b         I           4         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 the organization approximation approximatin approximation approximapproximatica approximation appr	~										
b       If Yes, * hat It field a Form 900 T for this year, 7// Who * form 32b, provide an explanation on Schedule O       3b         4       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 bark account, seculities account, or other financial accounts for Till, requirements for Fining Fini	3a										
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a francaid accountly or the francaid accountly.       4a X         b If 'Yes, 'enter the name of the foreign country ▶ SEE SCHEDULE O       5a       X         5a Was the organization approximation for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).       5a       X         5a Was the organization the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         5a Organization approximation the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         6a Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax eductable?       5a       X         7 Organization shat may receive deductible contributions under section 170(c).       7a       X       7a       X         8 If 'Yes, 'i did the organization indity the dorn of the value of the good or services provided to the pary of the good and services provided to the pary of the good and services provided to the pary of the good or services provided to the pary of the good or services provided to the pary of the good or services provided to the pary of the good and services provided to the pary of the good and services provided to the pary of the good or services provided to the pary of the good and services provided to the pary of the good and services provided to the pary of the good and services provided to the pary of the good and services provided to the pary of the foreign Bark and Financi											
financial account in a foreign country (such as a bank account, securities account, or other financial account)?     4a     X       bit if 'yes,' enter the name of the foreign country.     Set as instructions for filing requirements for FinGEN Form 114, Raport of Foreign Bank and Financial Accounts (FBAR).     Set as X       5a     Was the organization a party to a probibled tax sheler transaction?     5b     X       5a     Was the organization are annual gross receipts that are normally greater than \$100,000, and did the organization set annual gross receipts that are normally greater than \$100,000, and did the organization set annual gross receipts that are normally greater than \$100,000, and did the organization set as annual gross receipts that are normally greater than \$100,000, and did the organization set as annual gross receipts that are normally greater than \$100,000, and did the organization set as annual gross receipts that are normally greater than \$100,000, and did the organization set as annual gross receipts that are normally greater than \$100,000, and did the organization set as annual gross receipts that are normally greater than \$100,000, and did the organization set as annual gross receipts and annual gross receives provided?     7a     X       7     Organization set, end ange, or cherwise dispose of tangible personal property for which it was required?     7a     X       7     Test, 'indicate the number of Forms 8282 filed during the year     Zd     Zd     Zd       7     Test, 'indicate the number of Forms 8282 filed during the year?     Zd     Zd     Zd       8     Sponsoring organization neake and contribution of cars, boats, a											
b       If "Yes," enter the name of the foreign country. ► SEE SCHEDULE O         See instructions for finge requirements for FinGEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a         So Was the organization approximation that it was or is a party to a prohibited tax shelter transaction?       5a       X         D Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5c       X         Ga Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       5c       X         Ga Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6a       X         O Organization that may receive eductible contributions under section 170(c).       0b       7a       X         D Id the organization notify the door of the value of the pogods and services provided?       7a       X         D Id the organization notify the door of the value of the pogods and services provided?       7a       X         D Id the organization notify the door of the value of the pogods and services provided?       7a       X         D Id the organization notify the door of the value of the pogods and services provided?       7a       X         D Id the organization notify the door of the value of the noresonal benefit contract?       7c<			4a	x							
See instructions for ling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),       5a         5a Was the organization aparty to a prohibited tax shelter transaction?       5a         5b D d sny taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5a         6 If Yes' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?       5a         6 D best the organization have annual gross receipts that are normally greater than \$100,000, and did the organization set of the organization include with every solicitations and express statement that such contributions or gifts       6a         7 Organization set any cevice deductible contributions under section 170(c).       7a       X         8 Did the organization notify the donor of the value of the goods or services provided?       7a       X         7 Organization set, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282?       7d       7a         9 Did the organization neelive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7a       X         9 Did the organization neelive any taxable distribution to acre, boats, airplanes, or other vehicles, did the organization file form 10826?       7a       7a         9 Did the organization neelive and contribution of care, boats, airplanes, or other vehicles, did the organization file form 10826?       7a       7a         9 Did the or	h										
5a     Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?     5a     X       b     Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?     5a     X       6b     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that ware not tax deductible as chartable contributions?     5a     X       7b     Tryes, ' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions?     7a     X       7b     Organizations that may receive deductible contributions under section 170(c).     7a     X       7c     Organization netwise a payment in excess of \$25 made partly as a contribution and partly for goods and services provided to the payor?     7a     X       7c     M     Did the organization netwise a gayment in excess of \$25 made partly as a contribution or and partly for goods and services provided?     7b     X       7c     M     Did the organization netwise a gayment in excess of \$25 made partly as a contribution or a personal benefit contract?     7c     X       7d     If 'Yes, ' indicate the number of Forms 8282 filed during the year     7a     X     Y       7d     Did the organization netwise any taxabile distribution on a personal benefit contract?     7t     X       7d     If the organization mean taxabile	D.										
b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c       if "Yes" to line 5a or 5b, did the organization R886-17       5c       5c         B       Dest the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions include with every solicitation an express statement that such contributions or gifts       6a       X         b       If 'Yes, 'did the organization nedve space sol 575 made party as a contribution and party for poods and services provided to the payor?       7c       X         b       Did the organization nedve space sol 575 made party as a contribution and party for poods and services provided to the payor?       7c       X         c       Did the organization nedve space sol 575 made party as a contribution and party for poods and services provided to the payor?       7c       X         d       If 'Yes, 'did the organization nedve serves or therwise dispose of tangible personal property for which it was required       7c       X         d       Did the organization neeve any funds, directly or indirectly, on a personal benefit contract?       7r       X         f       Tot do qualified inteletical property, did the organization received a contribution of qualified inteletical property, did the organization received a contribution of qualified inteletical property, did the organization received a contribution of qualified inteletical property, did the organization received a	5a		52		x						
c     If Yes' to line 5a or 5b, did the organization file Form 8886 T?     5c       GB     Does the organization have annual gross receipts that are normally greater than \$100.000, and did the organization solicit any contributions that were not tax deductible as chartable contributions?     5c       b     If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).     6a     X       b     If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions and parity as a contribution and parity for goods and services provided?     7a     X       b     If Yes," did the organization notify the donor of the value of the goods or services provided?     7a     X       c     Did the organization neceive any funds, directly or indirectly, on a personal benefit contract?     7b     X       d     If Yes," indicate the number of Forms 8282 filed duming the year     7d     X       d     If the organization receive any funds, directly or indirectly, on a personal benefit contract?     7c     X       f     If the organization maintaining door advised funds. Did a door advised fund maintained by the sponsoring organization maintaining door advised funds.     9a     9a       solit the spansering organization maintaining door advised funds.     10a     10b     10b       solit the spanoring organization maintaining door advised funds.     1					<u> </u>						
Ge Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       Gen       X         b If "Ves," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Gen       X         c Organizations that may receive deductible contributions under section 170(c).       Bit "Ves," did the organization netwith the donor of the value of the goods or services provided to the payor?       Ta       X         b If "Yes," did the organization sell, axchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       To       Ta       X         c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Te       X         f Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       Te       X         f If the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8098 required?       Th       X         g If the organization neceive any funds, directly or indirectly, on a personal benefit contract?       Te       X         g If the organization make any taxable distributions under section 4966?       Ba       Ba       Ba         g Sonsoring organization make any taxable distributions under section 4966?       Ba       Ba       Ba											
any contributions that were not tax deductible a charitable contributions?     6a     X       b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6b       7 Organizations that may receive deductible contributions under section 170(c).     10 the organization notify the donor of the value of the goods or services provided to the payra?     7a     X       b If "Yes," did the organization sell, exchange, or therwise dispose of tangible personal property for which it was required to file form 8282?     7c     X       c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282?     7c     X       d If "Yes," indicate the number of Forms 8282 filed during the year     7d     7e     X       f Did the organization receive any funds, directly or indirectly, on a personal benefit contract?     7r     X       g If the organization receive a contribution of qualified intellectual property, did the organization file Form 1098-C?     7a     X       9 Sponsoring organization make any taxable distributions under section 4966?     9a     9a     9b       9 Did the sponsoring organization make any taxable distributions on dore section 4966?     9a     9a       10 due organization make any taxable distributions under section 4966?     9a     9b     9b       11 de fores necelys, included on Form 90, Paritable trusts. Is the organization file Form 1098-C?     9a     11a <th></th> <th></th> <th></th> <th></th> <th></th>											
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         7       Organizations that may receive deductible contributions under section 170(c).       6b         a       Did the organization notify the donor of the value of the goods or services provided?       7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       X         d       If "Yes," did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7a       X         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7t       X         f       If the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?       7h       X         f       If the organization make any taxable distributions under section 4966?       9a       9b       9a       9b       9a       9b       9a       9a       9a       9b       9a       9b       9a       9b       9a       9b       9a       9b       9a       9b       9a       9a       9a	Ua		62		x						
were not tax deductible?     6b       7     Organizations that may receive deductible contributions under section 170(c).     10       b     If the organization neceive apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?     7a     X       b     If "Yes," did the organization neceive apyment in excess of \$75 made partly as a contribution and partly for goods and services provided?     7c     X       c     Did the organization neceives any funds, functivy to indirectly or indirectly on a personal benefit contract?     7e     X       f     Did the organization neceived a contribution of casilited intellectual property, did the organization face form 0898 as required?     7fd     X       g     If the organization neceived a contribution of casilited intellectual property, did the organization face form 0896.C?     8       8     Sponsoring organization make any taxable distributions under section 4966?     9a       9     Did the sponsoring organization make any taxable distributions under section 4966?     9a       10     did the sponsoring organization make any taxable distributions under section 4966?     9a       10     Gross income from there sources (Do not ret amounts due or paid to other sources against amounts due or received from them.)     10a       12     Section 501(c)(7) organizations. Enter:     10a	h	•	00		- 23						
7       Organizations that may receive deductible contributions under section 170(c).       a       b       c       b       c	D		6h								
a Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b If 'Yes," did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         b If 'Yes," did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required       7d       7c       X         d If 'Yes," indicate the number of Forms 8282 field during the year       7d       7d       X         f Did the organization receives any funds, directly or indirectly, on a personal benefit contract?       7e       X         f If the organization neceived a contribution of calified intellectual property, did the organization face form 8899 as required?       7h       X         g If the organization neceived a contribution of cars, boats, airplanes, or other vehicles, did the organization face form 8890 as required?       7h       X         9 Sponsoring organizations maintaining doon advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advisor, or related person?       8a       9a         9 Did the sponsoring organizations. Enter:       a linitiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       10a       10a       10b         12 Section 501(c)(27) organizations. Enter:       a Gross income from members or shareholders       11a       10a	7		00								
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7fe       X         f       Did the organization and uning the year, pay premiums, directly or indirectly or a personal benefit contract?       7ff       X         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       Sponsoring organization mates and short funds.       Did the sponsoring organization mates and thasking donor advised funds.       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9a       Did the sponsoring organizations. Enter:       10a       10a       10b         1       Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b       10b         1       Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b <td< th=""><th></th><th></th><th>70</th><th></th><th>x</th></td<>			70		x						
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7n       X         g       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a         10 dit the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a         11       Section 501(c)(7) organizations. Enter:       10a       10a       10b       10a         12       Section 501(c)(12) organizations. Enter:       10a       10b       11a       12a         12       Section 501(c)(12) organization itereset received or accrued during the year					- 23						
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         bit the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7g       7d       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7n       X         g Sponsoring organization make any taxable distributions under section 49667       9a       9a       9a       9b       9c       9c											
d If "Yes," indicate the number of Forms 8282 filed during the year       Td       Td         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Te       X         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       Te       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       Th       X         g If the organization received a contribution of acry, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       Th       Sponsoring organization maintaining donor advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9       Sponsoring organization make a distribution to a donor, donor advised runds.       9a       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b       10a         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b       10c         11       Section 501(c)(12) organizations. Enter:       11a       10b       10c       10c         12       Section 501(c)(12) organizations. Enter:       11b       10b       10c       10c         13       Section 501(c)(12) organizations. Enter:       11b       10c <th>C</th> <th></th> <th>7-</th> <th></th> <th>v</th>	C		7-		v						
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         f If the organization received a contribution of qualified intellectual property, did the organization file Form 8959 as required?       7g       X         f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         8 Sponsoring organizations maintaining door advised funds.       Did a he sponsoring organization make any taxable distributions under section 4966?       9a       8         a Did the sponsoring organizations. Enter:       a Initiation fees and capital contributions included on Part VIII, line 12       10a       9b       9b         11 Section 501(c)? Organizations. Enter:       a Gross income from members or shareholders       11a       11b       11b       12a         12 Section 501(c)? Organizations. Enter:       a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)       11b       12a       12a         13 Section 501(c)(229) qualified nonprofit health insurance issuers.       13a       13a       13a         14 the sponization increased to issue qualified health plans in more than one state?       13a       14a       X       14a	h		70								
f       Did the organization, during the year, pay premiums, directly, or indirectly, on a personal benefit contract?       77       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?       7a       7a         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7b         8       Sponsoring organizations maintaining door advised funds. Did a door advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       the sponsoring organization make and istribution to a door, door advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Gross income from members or shareholders       10b       11a       12a         11       Section 501(c)(12) organizations. Enter:       11a       12a       12a         12       Section 501(c)(12) organizations. Enter:       11b       12a       12a         13       Section 501(c)(22) organizations. Enter:       11b       12a       12a         14       Yes, " enter the amount of tax-exempt interest received or accrued during the year <td< th=""><th></th><th></th><th>70</th><th></th><th>v</th></td<>			70		v						
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8 Sponsoring organization maintaining donor advised funds.       7g       7h         9 Sponsoring organization have excess business holdings at any time during the year?       9a       9a         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a         10 Section 501(c)(7) organizations. Enter:       10a       10a       9a         11 Section 501(c)(2) organizations. Enter:       10a       10b       10b       10b         12 Section 501(c)(2) organizations. Enter:       10a       10b       10b       10b         13 Section 501(c)(2) organizations. Enter:       11a       10b       12b       12c         13 Section 501(c)(2) organizations. Enter:       11a       12b       12b       12a         14 Section 4947(a)(1) non-exempt Charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13 Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         14 Did the organization is locensed to issue qualified health plans       13b       13a	-										
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9       Sponsoring organizations. Enter:       10a         10       Section 501(c)(7) organizations. Enter:       10a         11       Section 501(c)(12) organizations. Enter:       10b         a       Gross income from members or shareholders       11a         b       Gross income from members or shareholders       11a         128       Section 501(c)(2) qualified nonprofit health insurance issuers.       11a         138       Gross income from them.)       12a         129       If "Yes," enter the amount of tax-exempt interest received or acrued during the year?       12a         130       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for addi											
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Bection 501(c)(7) organizations. Enter:       10a         11       Section 501(c)(12) organizations. Enter:       10a         12       Gross receipts, included on Form 990, Part VIII, line 12       10a         13       Section 501(c)(12) organizations. Enter:       11a         14       Gross income from members or shareholders       11a         15       Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12a         14       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       14a       X         14a       Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration	-										
sponsoring organization have excess business holdings at any time during the year? 8   9 Sponsoring organizations maintaining donor advised funds.   a Did the sponsoring organization make any taxable distributions under section 4966?   b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   9 Section 501(c)(7) organizations. Enter:   a Initiation fees and capital contributions included on Part VIII, line 12   b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   11 Section 501(c)(12) organizations. Enter:   a Gross income from members or shareholders   b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   12a Section 501(c)(29) qualified nonprofit health insurance issuers.   a Is the organization licensed to issue qualified health plans in more than one state?   Note: See the instructions for additional information the organization must report on Schedule O.   b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tay ear?   14a X   14b Is the organization subject to the section 4968 excise tax on net investment income?   15 X   16 X   17.Yes," complete Form 4720, Schedule N.	-		<u>/n</u>								
9 Sponsoring organizations maintaining donor advised funds.   a Did the sponsoring organization make any taxable distributions under section 4966?   b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   10 Section 501(c)(7) organizations. Enter:   a Initiation fees and capital contributions included on Part VIII, line 12   b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   11 Section 501(c)(12) organizations. Enter:   a Gross income from members or shareholders   b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   12a Section 501(c)(12) qualified nonprofit health insurance issuers.   a Is the organization licensed to issue qualified health plans in more than one state?   Note: See the instructions for additional information the organization must report on Schedule O.   b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans   c Enter the amount of reserves on hand   14a X   b If "Yes," has it fied a Form 720 to report these payments? If "No," provide an explanation on Schedule O   15 Is the organization subject to the section 4968 excise tax on net investment income?   16 X	8		-								
a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(7) organizations. Enter:       10a       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         11 Section 501(c)(12) organizations. Enter:       10a       10b         a Gross income from members or shareholders       11a       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12 Section 501(c)(29) qualified nonprofit health insurance issuers.       11b       12a       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a       13a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         14	•		8								
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10a       10b       10b         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       11a       10b         12       Section 4947(a)(1) non-exempt charitable frusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a       13a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         14       Did the organization licensed to issue qualified health plans in more than one state?       13a       13a         14       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14a       X         b If "Yes," see instructions and file Form 4720, Schedule N.       15       X			0-								
10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b         12       Gross income from members or shareholders       11a       11b       11b         12       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a       13a         13       Section fore reserves the organization is required to maintain by the states in which the organization licensed to issue qualified health plans in more than one state?       13a       13a         14a       X       13a       14a       X         14a       Did the organization is required to maintain by the states in which the organization subject to the section 4960 tax on payments? If "No," provide an explanation on Schedule O       14a       X         14a       X       14b       15       15 the organization subject to the section 4960 tax on payments(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       14a       X         14b       If "Yes," see instructions and file Form 4720, Schedule N.											
a Initiation fees and capital contributions included on Part VIII, line 12       10a       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11 Section 501(c)(12) organizations. Enter:       a Gross income from members or shareholders       11a       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13         3 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       14a       X         b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14a       X         b If "Yes," see instructions and file Form 4720, Schedule N.       15       X       15       X         16       X       16       X       16       X			90								
b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       11a         a       Gross income from members or shareholders       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         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       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13a       13a         c       Enter the amount of reserves on hand       13a       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14a       X         b       If "Yes," see instructions and file Form 4720, Schedule N.       15       X       15       X<											
11       Section 501(c)(12) organizations. Enter:       11a       11a         a       Gross income from members or shareholders       11a       11b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         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       13a         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13b         c       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c         t       Id the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       15         15       Is the organization subject to the section 4960 tax on payment(s) of more											
a Gross income from members or shareholders       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13a         c Enter the amount of reserves on hand       13c       14a         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net inve											
b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c         c       Enter the amount of reserves on hand       13c       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X <th></th> <th></th> <th></th> <th></th> <th></th>											
amounts due or received from them.)       11b       12a         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       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13b         c       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization and file Form 4720, Schedule N.       15       X         16       X       If "Yes," complete Form 4720, Schedule O.       16       X											
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       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       14a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X	D										
b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c       14a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X			40								
13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c       14a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X			12a								
a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand       13c       14a         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X											
Note: See the instructions for additional information the organization must report on Schedule O.       Image: Construction of the instruction of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       Image: Construction of the organization receives on hand       Image: Construction of the organization receives on hand       Image: Construction of the organization receives on hand       Image: Construction of the organization receives any payments for indoor tanning services during the tax year?       Image: Construction of the organization receive any payments for indoor tanning services during the tax year?       Image: Construction of the organization receive any payments for indoor tanning services during the tax year?       Image: Construction of the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       Image: Construction of the organization an educational institution subject to the section 4968 excise tax on net investment income?       Image: Construction of the organization of the organization of the organization of the organization and the organization of the section 4968 excise tax on net investment income?       Image: Construction of the organization											
b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X	а		13a								
organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X											
c       Enter the amount of reserves on hand       13c       14a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X	b										
14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14a       X         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X											
b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X					v						
15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X											
excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         If "Yes," complete Form 4720, Schedule O.       16       X			14b								
If "Yes," see instructions and file Form 4720, Schedule N.         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?         16       X         17       If "Yes," complete Form 4720, Schedule O.	15										
16       X         If "Yes," complete Form 4720, Schedule O.       16			15								
If "Yes," complete Form 4720, Schedule O.					17						
	16		16								
		It "Yes," complete Form 4720, Schedule O.		000	(00.10)						

Form **990** (2019)

932005 01-20-20

Form	990	(2019)

#### WATER MISSIONS INTERNATIONAL

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

				•	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
-	officer, director, trustee, or key employee?		2	,	X	
3	Did the organization delegate control over management duties customarily performed by or under the			-		
0	of officers, directors, trustees, or key employees to a management company or other person?		3	2		x
4	Did the organization make any significant changes to its governing documents since the prior Form 99					<u>Х</u> Х
-	Did the organization become aware during the year of a significant diversion of the organization's ass					X
5						X
6 7-	Did the organization have members or stockholders?			,		
/a	Did the organization have members, stockholders, or other persons who had the power to elect or ap		_			v
	more members of the governing body?		7	a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholders, or				
	persons other than the governing body?		7	b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
	The governing body?				X	
b	Each committee with authority to act on behalf of the governing body?		8	b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at the				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		g	)		Х
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-	venue Code.)				
				`	Yes	Ν
0a	Did the organization have local chapters, branches, or affiliates?		10	a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10	b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body				х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	5				
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12	a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "\gamma$					
C		,	10	c	x	
3	in Schedule O how this was done				X	
	Did the organization have a written whistleblower policy?		·····	_	X	
4 5	Did the organization have a written document retention and destruction policy?		1	+	^	
5	Did the process for determining compensation of the following persons include a review and approval	i by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				v	
	The organization's CEO, Executive Director, or top management official				X	
b	Other officers or key employees of the organization		15	b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent with a				
	taxable entity during the year?		16	ia		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's				
	exempt status with respect to such arrangements?		16	b		
ec	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, C	O,CT,FL,GA	HI,I	L,1	KS,	K
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-T (Section 501	(c)(3)s on	ly) a	vailat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain	on Schedule O)				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	,	y, and fina	ancia	al	
	statements available to the public during the tax year.					
0	State the name, address, and telephone number of the person who possesses the organization's boo	ks and records				
	RODNEY FREEMAN - (843) 769-7395					
	1150 MOLLY GREENE WAY, BLDG 1605, N CHARLESTON, SC	29405				
	TTO TOTT OUTTIN WAT' DIDO TOOJ' N CHAUTDOION' DC	<u>u</u> , <u>a</u>				(20

Form 990 (2019)	WATER	MISSIONS	INTERNATIONAL	57-11169
Part VII Compensation	n of Officer	rs, Directors,	Trustees, Key Emplo	oyees, Highest Compensated
Employees, ar	nd Indeper	Ident Contra	ctors	
Check if Schedule	O contains a	response or note	to any line in this Part VII	

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		ne	Reportable	Reportable	Estimated		
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	ia a a	Irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	66			sated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		66	upens		(W-2/1099-MISC)		organization and related
	below	ual tr	tional		yolqr	st con yee	_			organizations
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) GEORGE C GREENE III	55.00		=	0	×	1 0	ш.			
EXECUTIVE CHAIRMAN AND FOUNDER		x		x				0.	0.	0.
(2) W RUSSELL SMITH	3.50									
SECRETARY		x		x				0.	0.	0.
(3) STEVE COX	3.50							••	•••	
DIRECTOR		x						0.	0.	0.
(4) ROBERT W GREENE	3.50									
DIRECTOR		x						0.	0.	0.
(5) DANIEL R GROVER	3.50									
TREASURER		X		x				0.	Ο.	0.
(6) BRADFORD S MARSHALL	3.50									
VICE CHAIR		Х		Х				0.	0.	0.
(7) ROBERT L MEDLIN	3.50									
DIRECTOR		Х						0.	0.	0.
(8) GEORGE C GREENE IV	55.00									
CHIEF EXECUTIVE OFFICER & PRESIDENT		Х		Х				148,486.	0.	33,705.
(9) BRETT HILDEBRAND	3.50									
DIRECTOR		Х						0.	0.	0.
(10) CHARLES B. YOUNG	3.50									
DIRECTOR		Х						0.	0.	0.
(11) BERNARD DRACKWICZ	55.00									
CHIEF FINANCIAL OFFICER				Х				104,975.	0.	27,293.
(12) RODNEY FREEMAN	55.00									
CHIEF OPERATING OFFICER				Х				0.	0.	0.
(13) SETH WOMBLE	55.00									
EVP OPERATIONS						X		131,891.	0.	28,356.
(14) MICHAEL POUW	55.00									
CHIEF INFORMATION OFFICER						X		122,561.	0.	11,877.
(15) JENNIFER MCHUGH	55.00									
VP PARTNERSHIPS & COMMUNICATIONS						X		120,051.	0.	14,725.
(16) DAVID INMAN	55.00									
DIR LATIN AMERICAN AND CARIBBEAN PRO						X		102,247.	0.	14,408.
(17) WILL FURLONG	55.00									
DIRECTOR OF TANZANIA PROGRAM						X		101,645.	0.	14,583.
932007 01-20-20										Form <b>990</b> (2019)

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Form **990** (2019)

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Form 990 (2019) WATER MI	<u>SSIONS I</u>	INT	'ER	NA	TI	ON	AI	J	57-11	<u>1169</u>	<u>78</u>	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	<b>(B)</b> Average hours per	Average         Position         Reportable           hours per         (do not check more than one box, unless person is both an compensation         compensation							(E) Reportable compensatio	Reportable compensation		
	week (list any hours for related organizations below line)	tee or director	Institutional trustee a	Offlicer p		Highest compensated		from the organization (W-2/1099-MISC)	from related organization: (W-2/1099-MIS	s	comp fro orga and	other pensation im the nization related nizations
										-+		
										-+		
										$\rightarrow$		
the Quickanal								831,856.		0.	111	,947.
1b       Subtotal         c       Total from continuation sheets to Part VI         d       Total (add lines 1b and 1c)	I, Section A							0.		0.		0.
2 Total number of individuals (including but n compensation from the organization ►	ot limited to th	iose	liste	d ab	ove	) wh	o re	eceived more than \$100,0	000 of reportable	,	,	7 Yes No
<b>3</b> Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s			,			,	0				3	X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	um of reportabl 0,000? <i>If</i> "Yes,	le co " co	mpe mple	ensat ete S	tion Sche	and edule	oth d <i>J f</i>	ner compensation from the form	ne organization		4	X
<ul> <li>5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." con Section B. Independent Contractors</li> </ul>							elate	ed organization or individ	ual for services		5	X
1 Complete this table for your five highest co the organization. Report compensation for	-									ensati	on fror	n
(A) Name and business CRAIG WILLIAMS, AXIOM -DB		ER	SK	01/7	VE	.т		(B) Description of second COUNTRY PROGE		Co	(C) ompen	sation
10, HERVLEV, DENMARK 2730					<u> </u>			SUPPORT			109	,555.
2 Total number of independent contractors (i	ncluding but n	ot lin	nitec	to t	thos	se lis	ted	above) who received mo	re than			
\$100,000 of compensation from the organi	zation 🕨				1	<u> </u>				ļ	orm 9	<b>90</b> (2019)

932008 01-20-20

		0 (2019) WATER MISSIONS	S INTERNA	TIONAL		57-1116	978 Page 9
Pa	rt V	III Statement of Revenue					
		Check if Schedule O contains a response o	or note to any lin	(		(2)	
				(A) Total rayonua	<b>(B)</b> Related or exempt	(C) Unrelated	(D) Revenue excluded
				Total revenue		business revenue	
							sections 512 - 51
s s	1 :	a Federated campaigns 1a					
un		b Membership dues 1b					
Ω		c Fundraising events 1c	285,682.				
Contributions, Gifts, Grants and Other Similar Amounts		d Related organizations 11	,				
ji Gi		e Government grants (contributions) 1e					
Sin							
er utio	1	f All other contributions, gifts, grants, and	31 005 911				
Q t h d		similar amounts not included above 1f	31,095,811.				
ont	9	g Noncash contributions included in lines 1a-1f	2,981,818.	21 201 402			
a ŭ		h Total. Add lines 1a-1f	····· ►	31,381,493.			
		-	Business Code				
e	2 8	a					
Program Service Revenue	1	b					
Se		c					
am Ser evenue		d					
ЪĞ		e					
Pr	1	f All other program service revenue					
		g Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes					
	5	other similar amounts)		254,536.			254,536
	4	Income from investment of tax-exempt bond pr					
	4						
	5	Royalties(i) Real					
			(ii) Personal				
	6 8	a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)	►				
	7 :	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b> 7,076,471.	20,000.				
	1	<b>b</b> Less: cost or other basis					
e		and sales expenses <b>7b</b> 7,057,041.	4,929.				
venue		c Gain or (loss) 7c 19,430.	15,071.				
e l		d Net gain or (loss)		34,501.			34,501.
Other R		a Gross income from fundraising events (not		, -			
Ę	0	including \$ of					
0							
		contributions reported on line 1c). See	Ο.				
		Part IV, line 18 8a	145,719.				
		b Less: direct expenses 8b	T#0,/19.	146 510			145 510
		c Net income or (loss) from fundraising events	····· ►	-145,719.			-145,719
	9 ;	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
	I	b Less: direct expenses9b					
		c Net income or (loss) from gaming activities	►				
	10 ;	a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory					
			Business Code				
snu	11 :	a MISCELLANEOUS	900099	30,010.			30,010
Jec		b FOREIGN CURRENCY TRANSLATION GAIN	900099	14,104.			14,104
ella. ven							
Miscellaneous Revenue		c					
Σ		d All other revenue		44,114.			
		e Total. Add lines 11a-11d	<b>&gt;</b>	31,568,925.	0,	0.	187,432
	12	Total revenue. See instructions		51,300,323.	U. U.	I <sup>0</sup> .	
932009	9 01-2	20-20					Form <b>990</b> (201

#### Form 990 (2019)

WATER MISSIONS INTERNATIONAL Part IX Statement of Functional Expenses

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

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	Check if Schedule O contains a respon		this Part IX		
	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		схренеев	general expenses	скренеее
•	and domestic governments. See Part IV, line 21	1,067,321.	1,067,321.		
2	Grants and other assistance to domestic	1,00,,0210	1,00,,0210		
2					
~	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,	405 020		405 020	
	trustees, and key employees	405,830.		405,830.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	7,941,571.	5,631,434.	1,506,527.	803,610.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	146,167.	79,821.	19,647.	46,699.
9	Other employee benefits	803,414.	608,620.	51,662.	143,132.
10	Payroll taxes	427,796.	202,019.	88,317.	137,460.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	60,736.	52,302.	8,434.	
	Accounting	262,675.	9,698.	252,977.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	129,491.			129,491.
	Investment management fees	4,034.		4,034.	
	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	1,536,493.	848,317.	517,161.	171,015.
12	Advertising and promotion		,		•
13	Office expenses				
14	Information technology	580,437.	8,667.	571,770.	
15	Royalties	,			
16	Occupancy	439,593.	424,939.	5,062.	9,592.
17		1,048,592.	964,255.	55,957.	28,380.
18	Travel Payments of travel or entertainment expenses	1,010,0020	50172551		20,000
10	for any federal, state, or local public officials				
40	Conferences, conventions, and meetings	94,451.	70,714.	10,481.	13,256.
19 20	-	J = 1 = J = •	, , , , , , , , , , , , , , , , , , , ,	10,1010	15,250
20 21	Interest				
21	Payments to affiliates	271,859.	246,768.	12,047.	13,044.
22	Depreciation, depletion, and amortization	155,534.	128,601.	19,834.	7,099.
23	Insurance	100,004.	120,001.	19,054.	7,033.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	11 020 620		0 220	1 640
а	PRODUCT & TRANSPORT	11,920,629.	11,909,757.	9,230.	1,642.
b	SUPPLIES	367,190.	212,327.	149,989.	4,874.
С					
d		0 1 1 0 0 5 5		1 0 4 5 6 0 1	100.001
е	All other expenses	2,149,052.	3,692,352.	-1,945,604.	402,304.
25	Total functional expenses. Add lines 1 through 24e	29,812,865.	26,157,912.	1,743,355.	1,911,598.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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		Check if Schedule O contains a response or not	e to anv	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			2,587,440.	1	2,962,369.
	2	Savings and temporary cash investments			7,594,637.	2	12,153,502.
	3	Pledges and grants receivable, net				3	
	4				307,595.	4	174,451.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualit					
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			3,880,981.	8	4,163,359.
As	9				548,028.	9	435,678.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,175,661.			
	b	Less: accumulated depreciation	10b	2,430,160.	697,656.	10c	745,501.
	11	Investments - publicly traded securities			7,843,086.	11	4,406,259.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	0.	15	1,234,780.		
	16	Total assets. Add lines 1 through 15 (must equa			23,459,423.	16	26,275,899.
	17	Accounts payable and accrued expenses			979,137.	17	1,700,462.
	18	Grants payable			18		
	19	Deferred revenue			273,678.	19	770,414.
	20					20	
	21	Escrow or custodial account liability. Complete I	Part IV o	f Schedule D		21	
Ś	22	Loans and other payables to any current or form	er office	er, director,			
litie		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of thes	se perso	ns		22	
	23	Secured mortgages and notes payable to unrela	ted third	parties		23	
	24	Unsecured notes and loans payable to unrelated	d third pa	arties		24	
	25	Other liabilities (including federal income tax, pa	yables to	o related third			
		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			1,252,815.	26	2,470,876.
		Organizations that follow FASB ASC 958, che	ck here				
ces		and complete lines 27, 28, 32, and 33.		_			
lan	27	Net assets without donor restrictions		······ _	6,430,266.	27	9,207,283.
Ba	28	Net assets with donor restrictions			15,776,342.	28	14,597,740.
pur		Organizations that do not follow FASB ASC 9	ck here 🕨 📃				
Ĕ		and complete lines 29 through 33.		_			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		·····		29	
isel	30	Paid-in or capital surplus, or land, building, or ec	luipment	t fund		30	
t As	31	Retained earnings, endowment, accumulated in				31	
Ne	32	Total net assets or fund balances		L	22,206,608.	32	23,805,023.
	33	Total liabilities and net assets/fund balances			23,459,423.	33	26,275,899. Form <b>990</b> (2019)

Form 990 (2019)

### Form 990 (2019) WATER MIS

Form	990 (2019) WATER MISSIONS INTERNATIONAL	57	-1116978	Pa	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	31,56		
2	Total expenses (must equal Part IX, column (A), line 25)	2	29,81		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,75		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,20		
5	Net unrealized gains (losses) on investments	5	-	6,3	97.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-15	1,2	48.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	23,80	5,0	23.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				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	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2</u> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?			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				
	review, or compilation of its financial statements and selection of an independent accountant?			Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au			
	Act and OMB Circular A-133?		<u>3a</u>		X X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	000	

Form **990** (2019)

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Department of the Treasury Internal Revenue Service

(Form	990	or	990-	EZ)
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# 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
2019
Open to Public Inspection

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Name	e of t	the organization						Employer	identification number			
		WATE	R MISSIONS	INTERNATION	AL			5	7-1116978			
Par	tl	Reason for Public (	Charity Status 🖉	All organizations must c	omplete th	is part.) Se	e instructions	3.				
The o	rgan	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)						
1 [		A church, convention of ch	urches, or associatio	on of churches described	l in sectio	n 170(b)(	1)(A)(i).					
2 [		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forr	n 990 or 99	90-EZ).)						
3		A hospital or a cooperative					ii).					
4		A medical research organiz						)(iii). Enter	the hospital's name,			
_		city, and state:										
5 [		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).					
7	Х	An organization that norma	-					ne general j	oublic described in			
		section 170(b)(1)(A)(vi). (C	-		Ū			•				
8 [		A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Par	t II.)							
9 [		An agricultural research org	anization described	in section 170(b)(1)(A)	ix) operate	ed in conju	unction with a	land-grant	college			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or			
		university:				-		_				
10 [		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from o	contributio	ns, membersł	nip fees, an	d gross receipts from			
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	s support	from gross investment			
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	ifter June 30, 1975.			
		See section 509(a)(2). (Con	mplete Part III.)									
11 [		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).					
12 [		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or			
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	or section	509(a)(2).	See section &	509(a)(3).	Check the box in			
		lines 12a through 12d that	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and	12g.				
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving			
		the supported organization	on(s) the power to req	gularly appoint or elect a	n majority c	of the direc	tors or truste	es of the su	Ipporting			
		organization. You must o	complete Part IV, Se	ections A and B.								
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connec	tion with it	s supporte	ed organizatio	n(s), by hav	ring			
		control or management o	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or mana	ge the supp	ported			
		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 functional	ly 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	v integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppor	ted organiz	zation(s)			
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	/eness			
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	<b>V</b> .					
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III				
		functionally integrated, or	r Type III non-functior	nally integrated supporti	ng organiz	ation.						
f	Ente	er the number of supported o	organizations									
g		vide the following information			(iv) is the orac	anization listed						
	(	<ul> <li>i) Name of supported organization</li> </ul>	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir		(vi) Amount of other support (see instructions)			
		organization		above (see instructions))	Yes	No	support (see ii	istructions				
Total												
Total									1			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

#### Schedule A (Form 990 or 990-EZ) 2019 WATER MISSIONS INTERNATIONAL Part II Support Schedule for Organizations Described in Sections 170(

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support					-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	11372228.	16372820.	26745414.	20091493.	<u>31381493.</u>	105963448	
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	11372228.	16372820.	26745414.	20091493.	31381493.	105963448	
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)						13656012.	
6	Public support. Subtract line 5 from line 4.						92307436.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
7	Amounts from line 4	11372228.	16372820.	26745414.	20091493.	31381493.	105963448	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	18,306.	7,630.	9,821.	300,624.	254,536.	590,917.	
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.)	110,447.	71,367.	-75,871.	92,516.	44,114.	242,573.	
11	Total support. Add lines 7 through 10						106796938	
12	Gross receipts from related activities,	etc. (see instructio	ons)			12		
13	First five years. If the Form 990 is fo	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectior	n 501(c)(3)		
_	organization, check this box and sto	phere						
Sec	ction C. Computation of Publi	ic Support Per	centage					
14	Public support percentage for 2019 (I	line 6, column (f) di	vided by line 11, c	olumn (f))		14	86.43 %	
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	88.22 %	
16a	33 1/3% support test - 2019. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and	
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X	
b	33 1/3% support test - 2018. If the	organization did no	t check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box	
	and stop here. The organization qua	lifies as a publicly s	supported organization	ation				
17a	10% -facts-and-circumstances test	t - 2019. If the org	anization did not o					
	and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization							
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	publicly supported	organization			
b	10% -facts-and-circumstances test	t - 2018. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or <sup>-</sup>	17a, and line 15 is	10% or	
	more, and if the organization meets the	he "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explain	n in Part VI how the	e	
	organization meets the "facts-and-cire	cumstances" test.	The organization o	ualifies as a public	ly supported orga	nization		
18	Private foundation. If the organization	on did not check a	box on line 13, 16	<u>a, 16b, 17a, or 17b</u>	o, check this box a	nd see instructions	s <b>&gt;</b>	
					Sche	edule A (Form 990	or 990-EZ) 2019	

#### Schedule A (Form 990 or 990-EZ) 2019 WATER MISSIONS INTERNATIONAL 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) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>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						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> 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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is fo	r the organization's	s first, second, thi	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) orga	nization,
check this box and stop here						
Section C. Computation of Publi	c Support Per	centage				
<b>15</b> Public support percentage for 2019 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 20					17	%
<b>18</b> Investment income percentage from					18	%
19a 33 1/3% support tests - 2019. If the						e 17 is not
more than 33 1/3%, check this box a						▶∟
b 33 1/3% support tests - 2018. If the						
line 18 is not more than 33 1/3%, che						on ▶∐
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
932023 09-25-19		15		Sch	edule A (Form	990 or 990-EZ) 2019

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#### Schedule A (Form 990 or 990-EZ) 2019 WATER MISSIONS INTERNATIONAL

#### 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")? // "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 disgualified 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.)

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3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2019

Ye<u>s</u>

1

2

3a

3b

No

## Schedule A (Form 990 or 990-EZ) 2019 WATER MISSIONS INTERNATIONAL Part IV Supporting Organizations (continued)

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

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Schedule A (Form 990 or 990-EZ) 2019

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2019.06030 WATER MISSIONS INTERNATIO 3217.002

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Schedule A (Form 990 or 990-EZ) 2019 WATER MISSIONS INTERNATIONAL
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	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 <b>Part VI</b> ):			
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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

#### Schedule A (Form 990 or 990-EZ) 2019 WATER MISSIONS INTERNATIONAL

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)					
<u>Secti</u>	on D - Distributions			Current Year				
1								
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpose							
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 th	e organization is responsive						
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2019 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
Secti	on E - Distribution Allocations (see instructions)	(iii) Distributable Amount for 2019						
1	Distributable amount for 2019 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2019 (reason-							
	able cause required- explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2019							
a	From 2014							
b	From 2015							
C	From 2016							
d	From 2017							
e	From 2018							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2019 distributable amount							
i	Carryover from 2014 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2019 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2019 distributable amount							
C	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2020. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2015							
b	Excess from 2016							
с	Excess from 2017							
d	Excess from 2018							
е	Excess from 2019							

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019	WATER	MISSIONS	INTERNATIONAL
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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, 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 IN	MISCELLANEOUS INCOME				
2015 AMOUNT: \$	51,371.				
2016 AMOUNT: \$	97,545.				
2017 AMOUNT: \$	28,812.				
2018 AMOUNT: \$	61,213.				
2019 AMOUNT: \$	30,010.				

\_\_\_\_\_

GAIN (LOSS) ON FOREIGN CURRENCY TRANSLATION

2015 AMOUNT: \$ 24,026.

2016 AMOUNT: \$ -26,178.

2017 AMOUNT: \$ -131,398.

2018 AMOUNT: \$ 7,983.

2019 AMOUNT: \$ 14,104.

FUNDRAISING EVENT GROSS REVENUE

2015 AMOUNT: \$ 35,050.

2017 AMOUNT: \$ 26,715.

2018 AMOUNT: \$ 23,320.

2019 AMOUNT: \$ 0.

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Schedule A (Form 990 or 990-EZ) 2019 20 2019.06030 WATER MISSIONS INTERNATIO 3217.002

SCHEDULE D	)
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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.

	ov/Form990 for instru	uctions and the lates	L IIII OI III auoii.



Name of the organization

#### WATER MISSIONS INTERNATIONAL

Employer identification number 57-1116978

Par	t I Organizations Maintaining Donor Advised	d Funds or Other S	imilar Funds	or Accour	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line				
		(a) Donor advise	d funds	<b>(b)</b> Fur	nds 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	vriting that the assets he	ld in donor advis	ed funds	
	are the organization's property, subject to the organization's e	exclusive legal control?			Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gra	ant funds can be	used only	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for an	y other purpose	conferring	
	impermissible private benefit?				
Par	t II Conservation Easements. Complete if the org	anization answered "Yes	s" on Form 990, I	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	_		
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of	a historically	important land area
	Protection of natural habitat		Preservation of	a certified hi	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribu	ution in the form	of a conserva	
	day of the tax year.				Held at the End of the Tax Year
	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 t	erminated by the	organization	during the tax
	year ►				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the peri		ion, handling of		
-	violations, and enforcement of the conservation easements it				
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, an	d enforcing cons	ervation ease	ements during the year
-		line of interference and an			to do to the contract
7	Amount of expenses incurred in monitoring, inspecting, hand \$	ling of violations, and en	forcing conserva	lion easemen	its during the year
8	Does each conservation easement reported on line 2(d) above	a satisfy the requirement	s of soction 170(		
0	and section 170(h)(4)(B)(ii)?	•	-		Yes No
9	In Part XIII, describe how the organization reports conservation				
5	balance sheet, and include, if applicable, the text of the footn				
	organization's accounting for conservation easements.	oto to the organization o			
Par		Art, Historical Trea	asures, or Ot	her Simila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 956	8, not to report in its reve	enue statement a	nd balance sl	heet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education,	or research in fu	rtherance of	public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that des	cribes these item	S.	-
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue	statement and b	alance sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furth	erance of pu	blic service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			►	\$
	(ii) Assets included in Form 990, Part X				\$
2	If the organization received or held works of art, historical trea				
	the following amounts required to be reported under FASB As	SC 958 relating to these	items:		
а	Revenue included on Form 990, Part VIII, line 1			►	\$
b	Assets included in Form 990, Part X				
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.			Schedule D (Form 990) 2019
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26	b				
•	~	~ ~	-	~	 

Sche		ISSIONS IN						<u>57-11</u>			<sub>age</sub> 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Histo	orical Tre	easures, o	r Other	<sup>·</sup> Similar	<sup>r</sup> Assets	(contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	ls, check	any of the	following that	make sig	gnificant u	ise of its	·	,	
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌	Loan or exc	change progra	am					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explain	n how th	ey further th	ne organizatio	on's exem	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, his	storical trea	sures, or othe	er similar	assets		_		_
_	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.										
1a	Is the organization an agent, trustee, custod	lian or other intermed	liary for o	contribution	s or other ass	sets not i	ncluded				
	on Form 990, Part X?		-						Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
с	Beginning balance						1c				
d	Additions during the year										
е	Distributions during the year						. 1e				
f	Ending balance								_		_
	Did the organization include an amount on F						ty?	∟	Yes		No
	If "Yes," explain the arrangement in Part XIII						-				
Par	<b>t V Endowment Funds.</b> Complete										
		(a) Current year	<b>(b)</b> P	rior year	(c) Two year	rs back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g 2	End of year balance Provide the estimated percentage of the cur		l o (lino 1c		)) hold as:						
2	Board designated or quasi-endowment		e (iiiie i c %	, column (a	III TIEIU as.						
a h	Permanent endowment										
c	Term endowment	%									
Ū	The percentages on lines 2a, 2b, and 2c sho	-									
3a	Are there endowment funds not in the posse		ation tha	t are held a	nd administer	ed for the	e organiza	ation			
	by:	5					5		ſ	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
_ 4	Describe in Part XIII the intended uses of the		wment f	unds.							
Par	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	ed "Yes" on Form 990	), Part IV	, line 11a. S	See Form 990	, Part X, I	line 10.				
	Description of property	(a) Cost or o basis (investr		. ,	t or other (other)	• •	ccumulate preciation	d	(d) Bool	k value	e
1a	Land			4	2,773.				42	2,7	73.
	Buildings				9,131.		19,05	53.		),0	
	Leasehold improvements			36	57,846.	3	362,07			5,70	
	Equipment			2,68	85,911.	2,0	)49,03	30.	636	5,88	81.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990. Part	<u>X. colur</u>	nn (B). line 1	0c.)				745	5,50	01.
								Schodulo			0040

Schedule D (Form 990) 2019

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes"			
	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	a-ot-year market value
	al derivatives			
	held equity interests			
Other				
<u>A)</u> B)				
<u>ь)</u> С)				
D)				
E)				
<u>-,</u> F)				
. <u>,</u> G)				
<u></u> H)				
ul. (Col. (t	o) must equal Form 990, Part X, col. (B) line 12.)			
	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	d-of-year market value
1)				
2)				
3)				
4)				
(5)				
6)				
7)				
8)				
<u>(9)</u>	o) must equal Form 990, Part X, col. (B) line 13.) 🕨			
(4)	Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
<u>(1)</u> (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
al. <u>(Colu</u> art X	mn (b) must equal Form 990. Part X. col. (B) line Other Liabilities.		▶	
	Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line	THE OFTEN. SEE FORTH 990, Part X, IINE 25	. (b) Book value
(1) Fed	eral income taxes			
1) Fea 2)	בימו וווטטוווב נמגבא			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line	e 25.)	<b>&gt;</b>	
	for uncertain tax positions. In Part XIII, provide		the organization's financial statements t	hat reports the
	ation's liability for uncertain tax positions under			

WATER MISSIONS INTERNATIONAL

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Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

Sche	dule D (Form 990) 2019 WATER MISSIONS INTERNATION	ΑL		57-	1116978 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts Wit	h Revenue per Re		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	32,926,104.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-6,397.		
b	Donated services and use of facilities	2b	1,367,608.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	1,361,211. 31,564,893.
3	Subtract line 2e from line 1			3	31,564,893.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4,032.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	4,032.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	31,568,925.
I Dai					
1 4	t XII Reconciliation of Expenses per Audited Financial Stateme		th Expenses per I	Retur	'n.
I a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1				Retur	n. 31,176,441.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements			1	
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a		1	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b		1	
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c		1	31,176,441.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	1,367,608.	 	31,176,441.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2a 2b 2c 2d	1,367,608.	1	31,176,441.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	1,367,608.	1 2e 3	31,176,441.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>	2a 2b 2c 2d	1,367,608.	1 2e 3	31,176,441.
1 2 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	1,367,608.	1 2e 3	31,176,441. 1,367,608. 29,808,833.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	2a 2b 2c 2d 4a 4b	1,367,608.	1 2e 3 4c	31,176,441. 1,367,608. 29,808,833. 4,032.
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	1,367,608.	1 2e 3	31,176,441. 1,367,608. 29,808,833.

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

#### PART X, LINE 2:

THE CONSOLIDATED FINANCIAL STATEMENT EFFECTS OF A TAX POSITION TAKEN OR
EXPECTED TO BE TAKEN ARE RECOGNIZED IN THE CONSOLIDATED FINANCIAL
STATEMENTS WHEN IT IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS,
THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION. INTEREST AND
PENALTIES, IF ANY, ARE INCLUDED IN EXPENSES IN THE CONSOLIDATED STATEMENT
OF ACTIVITIES. AS OF SEPTEMBER 30, 2020, 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 2017.
932054 10-02-19 Schedule D (Form 990) 2019

Schedule D (	(Form 990)	2019

Part XIII	Supplemental Information		
Τάιτ Λιι	Supplemental Information	(continued)	
			Schedule D (Form 990) 2019

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to	(e) If activity listed in (d) is a program service, describe specific type	(f) Total expenditures for and
		contractors in the region	recipients located in the region)	of service(s) in the region	investments in the region
SUB-SAHARAN AFRICA -				WAGES, TRAVEL COSTS,	
ANGOLA, BENIN,				PRODUCTION, OTHER COSTS.	
BOTSWANA, BURKINA				IMPLEMENTATION OF	
FASO,	8	177	PROGRAM SERVICES	COMPREHENSIVE SAFE WATER	8,398,822
CENTRAL AMERICA AND				WAGES, TRAVEL COSTS,	
THE CARIBBEAN -				PRODUCTION, OTHER COSTS.	
ANTIGUA & BARBUDA,				IMPLEMENTATION OF	
ARUBA, BAHAMAS,	5	82	PROGRAM SERVICES	COMPREHENSIVE SAFE WATER	2,101,194
SOUTH AMERICA -				WAGES, TRAVEL COSTS,	
ARGENTINA, BOLIVIA,				PRODUCTION, OTHER COSTS,	
BRAZIL, CHILE,				IMPLEMENTATION OF	
COLUMBIA, ECUADOR,	2	10	PROGRAM SERVICES	COMPREHENSIVE SAFE WATER	677,433
NORTH AMERICA -				WAGES, TRAVEL COSTS,	, ,
CANADA AND MEXICO,				PRODUCTION, OTHER COSTS,	
BUT NOT THE UNITED				IMPLEMENTATION OF	
STATES	1	10	PROGRAM SERVICES	COMPREHENSIVE SAFE WATER	256,895
EAST ASIA AND THE				WAGES, TRAVEL COSTS,	,
PACIFIC - AUSTRALIA,				PRODUCTION, OTHER COSTS,	
BRUNEI, BURMA,				IMPLEMENTATION OF	
CAMBODIA	4	26	PROGRAM SERVICES	COMPREHENSIVE SAFE WATER	561,136
3 a Subtotal	20	305			11,995,480
<b>b</b> Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a					
and 3b)	20	305			11,995,480

United States.

Pa	rt I	General Information on Activities Outside the United States	Complete if the organization answered "Yes" on
		Form 990, Part IV, line 14b.	
1	For g	rantmakers. Does the organization maintain records to substantiate the amour	t of its grants and other assistance,

X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

### SCHEDULE F (Form 990) Statement of Activities Outside the United States

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

2

Name of the organization

WATER MISSIONS INTERNATIONAL

COLOMIN (ഥ)

932071 10-12-19

#### Inspection Employer identification number

57-1116978

OMB No. 1545-0047	
2019	
Open to Public	

No

#### Schedule F (Form 990) 2019

#### WATER MISSIONS INTERNATIONAL

57-1116978

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

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			l recognized as charities by the t				1	1
			tion 501(c)(3) equivalency letter					

Schedule F (Form 990) 2019 WATER MISSIONS INTERNATIONAL

57-1116978

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

 Part III can be duplicated if additional space is needed.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2019

			MISSIONS	<u>INTERNATIONAL</u>
Part IV	Foreign Forms	S		

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? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "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? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2019

# Schedule F (Form 990) 2019 WATER MISSIONS INTERNATIONAL 5 Part V Supplemental Information 5 Provide the information required by Part L line 2 (monitoring of funds): Part L line 3 column (f) (accounting monitoring of funds): Part L line 3 column (f) (accounting monitoring of funds): Part L line 3 column (f) (accounting monitoring funds): Part L line 3 column (f) (accounting monitoring funds): Part L line 3 column (f) (accounting monitoring funds): Part L line 3 column (f) (accounting monitoring funds): Part L line 3 column (f) (accounting monitoring funds): Part L line 3 column (f) (accounting funds): Part L line 3 c

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, 932075 10-12-19 Schedule F (Form 990) 2019 35

Schedule F	(Form 990) 2019 WATEF	MISSIONS	INTERNATIONAL	57-1116978
Part V	Supplemental Information	ation		
	Provide the information requ	ired by Part I, line 2	(monitoring of funds); Part I, line 3	, column (f) (accounting method; amounts of
	investments vs. expenditure	s per region); Part II	, line 1 (accounting method); Part I	II (accounting method); and Part III, column (c)
	(estimated number of recipie	nts), as applicable.	Also complete this part to provide	any additional information. See instructions.

PRODUCTION, OTHER COSTS, IMPLEMENTATION OF COMPREHENSIVE 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: 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.

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities						ities	OMB No. 1545-0047		
(Form 990 or 990-EZ)		lete 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.							
Department of the Treasury Attach to Form 990 or Form 990-EZ.								Open to Public	
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.								Inspection	
Name of the organization	า						Employer identification number		
		ISSIONS INTERNATIO					57-1116		
	complete this par	<ul> <li>Complete if the organization answe t.</li> </ul>	ered "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not	
1 Indicate whether the	e organization rais	sed funds through any of the followin	g activ	vities. (	Check all that apply.				
a X Mail solicitat	tions	e X Solicita	tion of	non-g	overnment grants				
<b>b</b> X Internet and	email solicitations	s f 🔄 Solicita	tion of	gover	nment grants				
c Phone solici	tations	g 🔀 Special	fundra	aising	events				
d X In-person so	licitations			-					
		or oral agreement with any individual	(incluc	ling of	ficers, directors, trus	tees,	or		
key employees list	ed in Form 990, P	art VII) or entity in connection with p	rofessi	onal fi	undraising services?		X Yes	No No	
<b>b</b> If "Yes," list the 10	highest paid indiv	viduals or entities (fundraisers) pursu	ant to	agreei	ments under which t	he fur	draiser is to be	)	
compensated at le	east \$5,000 by the	organization.		-					
	-		T						
(i) Name and addres	s of individual	(ii) Activity		Did	(iv) Gross receipts		Amount paid or retained bv)	(vi) Amount paid	
or entity (func				ustody trol of	from activity	fundraiser listed in col. (i)	to (or retained by) organization		
	,			utions?			ed in col. (i)	organization	
MASTERWORKS - 1701 E.		CONSULTING, PLANNING, AND		No					
WOODFIELD RD, STE 425,		EXECUTING DIRECT MAIL		X	721,757.		119,967.	601,790.	
HERITAGE PHILANTHROPY		CONSULTING ON							
PARTNERS, LLC - LAN	NIER DRIVE	INSTITUTIONAL FUNDING		x	0.		9,524.	-9,524.	
Total	<u></u>		<u></u> .		721,757.		129,491.	592,266.	
3 List all states in whi	ich the organizatio	on is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from re	gistration	
or licensing.	-	-					-	-	

AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, MD, MI, MN, NH, NJ, NM, NY, NC, ND, OH, OR, PA RI, SC, TN, UT, OK, MS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2019

932081 09-11-19

Schedule G (F	orm 990 or 990-EZ) 20	19 WATER	MISSIONS	INTERNATIONAL	
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57-1116978 Page 2

**Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 Part II

		of fundraising event contributions and gr	(a) Event #1 WALK FOR	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			WATER (event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	285,682.			285,682.
ш	2	Less: Contributions	285,682.			285,682.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
Se	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
'ect E	7	Food and beverages				
Di	8	Entertainment				
	9	Other direct expenses	145,719.			145,719.
	10	Direct expense summary. Add lines 4 through			►	145,719.
	11	Net income summary. Subtract line 10 from I			►	-145,719.
Ра	ırt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	(I.) Dull tabe/instant		
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				Singo, progressive singe		
Re	1	Gross revenue				
_						
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
			<b>Yes</b> %	<b>Yes</b> %	<b>Yes</b> %	
	6	Volunteer labor	Νο	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	′ from line 1. column (d)		•	
					<b>F</b>	•
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:			
		he organization licensed to conduct gaming a				Yes No
b	lf "	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	evoked suspended or te	rminated during the tax	/ear?	Yes No
		Yes," explain:				
		· · · · · · · · · · · · · · · · · · ·				
93208	32 09	-11-19			Schedule G (Fo	rm 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 WATER MISSIONS INTERNATIONAL	57-1116978 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other er	ntity formed
to administer charitable gaming?	Yes No
<b>13</b> Indicate the percentage of gaming activity conducted in:	
a The organization's facility	
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events bo	oks and records:
Name	
Address 🕨	
15a Does the organization have a contract with a third party from whom the organization receives gaming	revenue? Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$	and the amount
of gaming revenue retained by the third party  \$	_
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
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 proceed	
retain the state gaming license?	
b Enter the amount of distributions required under state law to be distributed to other exempt organizat	ions or spent in the
organization's own exempt activities during the tax year <b>s</b> <b>Part IV Supplemental Information.</b> Provide the explanations required by Part I, line 2b, colur	and (iii) and (i); and Dart III, lines 0, 0h, 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instruction	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID	FUNDRAISERS:
(I) NAME OF FUNDRAISER: MASTERWORKS	
(I) ADDRESS OF FUNDRAISER:	
1701 E. WOODFIELD RD, STE 425, SCHAUMBURG, IL 60173	
(II) ACTIVITY: CONSULTING, PLANNING, AND EXECUTING DI	RECT MAIL ACTIVITY
·	
(I) NAME OF FUNDRAISER: HERITAGE PHILANTHROPY PARTNERS	-
(I) ADDRESS OF FUNDRAISER: LANIER DRIVE NE, BROOKHAVE	
932083 09-11-19 <b>3 9</b>	Schedule G (Form 990 or 990-EZ) 2019

39 2019.06030 WATER MISSIONS INTERNATIO 3217.002

Part IV	Supplemental Information (continued)
_	
	Schedule G (Form 990 or 990-F7)

SCHEDULE I			rants and Oth					OMB No. 1545-0047	
(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							2019		
Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.						Open to Public Inspection			
Name of the organization WATER MISSIONS INTERNATIONAL 57									
Part I General Inf	formation on Grants a	nd Assistance							
criteria used to av	ation maintain records t vard the grants or assis V the organization's pro	tance?				-			
	Other Assistance to I					anization answered "Y	′es" on Form 990, Part	IV, line 21, for any	
1 (a) Name and add	at received more than dress of organization ernment	(b) EIN	be duplicated if additi (c) IRC section (if applicable)	onal space is neede (d) Amount of cash grant	ed. (e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance	
GLOBAL WATER CENT 1150 MOLLY GREENE NORTH CHARLESTON,	WAY, BLDG 1605	84-5144926	501(C)(3)	993,305.	0.			TO ASSIST IN THE FORMATION AND OPERATIONS OF THE ORGANIZATION.	
FOOD FOR THE HUNGR 1224 E WASHINGTON PHOENIX, AZ 85034-	STREET	95-2680390	501(C)(3)	43,390.	0.			DONATION OF RESTRICTED FUNDS FOR ROHINGYA REFUGEE RESPONSE TO NON-PROFIT ACTIVELY	
	er of section 501(c)(3) an er of other organizations	0	·	e line 1 table				<u>2.</u> 0.	
	Reduction Act Notice,							Schedule I (Form 990) (2019)	

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

#### 932102 10-26-19

Part III

### Schedule I (Form 990) (2019) WATER MISSIONS INTERNATIONAL

Part III can be duplicated if additional space is needed.

 (a) Type of grant or assistance
 (b) Number of recipients
 (c) Amount of cash grant
 (d) Amount of non-cash assistance
 (e) Method of valuation (book, FMV, appraisal, other)
 (f) Description of noncash assistance

 Image: Strate Stra

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: FOOD FOR THE HUNGRY

(H) PURPOSE OF GRANT OR ASSISTANCE: DONATION OF RESTRICTED FUNDS FOR

ROHINGYA REFUGEE RESPONSE TO NON-PROFIT ACTIVELY WORKING ON WASH

DEVELOPMENT IN THIS REFUGEE AREA TO FULFILL DONOR'S INTENTION.



57-1116978

SCI	HEDULE J	1	OMB No. 1	545-004	7
(Fo	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		20	40	<u> </u>
•	Compensated Employees		<b>ZU</b>	IJ	
Depar	The Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Open to	Publi	с
	B Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	-	mployer ide			nber
De	WATER MISSIONS INTERNATIONAL	57-11	16978	3	
Pa	rt I Questions Regarding Compensation				
				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	0,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel Housing allowance or residence for personal				
	Travel for companions Payments for business use of personal residu	ence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	ala af)			
	Discretionary spending account Personal services (such as maid, chauffeur, o	cnet)			
<b>b</b>					
D	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		416		
•	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		
2	Indicate which, if any, of the following the organization used to establish the compensation of the organization's				
3	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization of	to			
	establish compensation of the CEO/Executive Director, but explain in Part III.	10			
	X       Compensation committee       Written employment contract         Independent compensation consultant       X       Compensation survey or study				
	Form 990 of other organizations	imittee			
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			4a		x
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?				x
	Participate in, or receive payment from, an equity-based compensation arrangement?				x
U	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?				х
~	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
-	contingent on the net earnings of:				
а	The organization?		6a		Х
	Any related organization?				Х
-	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
-	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)?		9		
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		e J (Forn	1 990)	2019

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Page **2** 

### 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 other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) GEORGE C GREENE IV	(i)	124,263.	0.	24,223.	5,114.	28,591.	182,191.	0.
CHIEF EXECUTIVE OFFICER & PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SETH WOMBLE	(i)	112,697.	0.	19,194.	4,478.	23,878.	160,247.	0.
EVP OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2019

## Part III Supplemental Information

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

Schedule J (Form 990) 2019

SCHEDULE L	Tra	Insactior	ıs V	Vith	Interested	Persons			ON	//B No. <sup>-</sup>	1545-00	47
(Form 990 or 990-EZ)	Complete if the o	-					6, 27,	28a,		20	19	]
Department of the Treasury									-	pen T		olic
Internal Revenue Service	990-EZ       ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a         28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.       ► Attach to Form 990 or Form 990-EZ.         resurve       ► Go to www.irs.gov/Form990 for instructions and the latest informer granization         WATER MISSIONS INTERNATIONAL         Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(2)         Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990         of disqualified person         (b) Relationship between disqualified       (c) Description         amount of tax incurred by the organization managers or disqualified persons during the year 958		latest information.				spect					
-		GTONG TH	מיםש	ישעא			-	-			on nu	mber
						tion $501(c)(29)$ organ				/0		
1	(b) F					<u>, or rorm 330-L2, r a</u>	ur v, n		<i>.</i>	(d)	Corre	ected?
(a) Name of disqualified	Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 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.     He organization     WATER MISSIONS INTERNATIONAL     ST     Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizatio.     Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 36a or 40b.     (c) Description of transaction     (c) Pelationship between disqualified person disqualified person and organization     (c) Description of transaction     (c) Description     (c) Descriptio		sactio	n		· · · ·	es	No				
										_		
										_		
(Form 990 or 990-EZ)       > 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.       > A tatch to Form 990 or Form 990-EZ.         Department of the organization       > Complete if the organizations (section 501(c)(4), and section 501(c)(2)) organizations only).       Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ. Part V, line 40b.       1 (a) Name of disqualified person       (b) Relationship between disqualified person 501(c)(2) organizations only).         Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ. Part V, line 40b.       1 (a) Name of disqualified person       (b) Relationship between disqualified persons during the year under section 4558         2       Enter the amount of tax, incurred by the organization managers or disqualified persons during the year under section 4958       \$	+											
2 Enter the amount of tax	incurred by the o	rganization man	agers	or disa	ualified persons duri	ng the year under						
	-	•	Ū		-	0 7		▶ \$				
								▶ \$				
•	•				Part V, line 38a or F	orm 990, Part IV, line	e 26; c	or if th	e orga	nizatio	n	
					(a) Original	(f) Balance due	(a)	In			(i) V	Vritten
.,		vization of loop		n the	() 0	(I) Balarice due	default?		by board or agreeme			
												No
	_											
Part III Grants or As	ssistance Ben	efiting Inter	este	d Per	sons.							
(a) Name of interested	person	interested pers	son an						• • •	) Purp assista		f
								+				

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

Schedule L (Form 990 or 990-EZ) 2019

932131 10-21-19

Schedule L (	Form 990 or 9	90-EZ)	20-	19 WA	TE	R	MISS	SIONS INTERNATIONAL					NAL	57-1116	978	Page <b>2</b>
Part IV	Business	Frans	sac	tions I	nvo	olvi	ng Int	eres	sted	Perso	ons.					
	Complete if th	ne orga	aniza	ation an	swer	red	"Yes" o	n Fori	m 99	0, Part l	V, line 2	28a, 2	8b, or 28c.			
(a)	) Name of inter						(b) Relationship between interested person and the organization (c) Amount of transaction					(d) Description of transaction		aring of ation's ues?		
															Yes	No
GEORGE	GREENE	IV	,	CEO	&	Ρ	SON	OF	ΕX	ECUI	IVE	CH	182,191.	COMPENSATIO		Х
Part V	Suppleme	ntal I	nfc	ormati	on.											

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 , CEO & PRESIDENT

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

# SON OF EXECUTIVE CHAIRMAN

(D) DESCRIPTION OF TRANSACTION: COMPENSATION AND BENEFITS

14311101 758275 3217.000

### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

Inspection

19

Department of the Treasury
Internal Revenue Service

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.

### Name of the organization MED MECCEONC

Employer identification number 57-1116978

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	WATER	MISSIONS	INTERNATIONAL
Part I	Types of Property		

га	I Types of Froperty							
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin		S
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	X	1	16,000.	<b>ਪ</b> ਆਜ			
7	Boats and planes							
8	Intellectual property							
9		X	48	792 259	STOCK MARKE	<b>π 1</b> 7	Δ.Τ.ΤΤ	
	Securities - Publicly traded	- 77	<u>+0</u>	172,237•	DIOCK MARKE	1 1		<u> </u>
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 $\ldots$							
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 )	Х	380	2,149,051.	RETAIL VALU	E		
26	Other ( OTHER )	X	15		RETAIL VALU			
27	Other ( )							
28	Other ( )							
29	Number of Forms 8283 received by the organiz	ration during	the tax year for co	ontributions				
	for which the organization completed Form 828		•					
		50, i uitit, i					Yes	No
30a	During the year, did the organization receive by	, contributio	n any property rep	orted in Part L lines 1 throu	nh 28 that it		100	
004	must hold for at least three years from the date		• • • • •		-			
	exempt purposes for the entire holding period?					200		х
<b>L</b>						<u>30a</u>		
	If "Yes," describe the arrangement in Part II.	aliov that re	a viraa tha raviour	f any nonatondard contribu	tionol	01	х	
31	Does the organization have a gift acceptance p				tions?	31		
32a	Does the organization hire or use third parties of contributions?		0	, i ,		32a		х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of property	for which column (a) is che	cked,			
	describe in Part II.			· · · · · · · · · · · · · · · · · · ·				
I HA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990	)	Schedule M	I (Eorr	n 990)	2019

Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
	נווא אמו וסר מוץ מסטונוסוומו וחוסווומנוסוו.
932142 09-27-	19 Schedule M (Form 990) 2019
	// M

Schedule M (Form 990) 2019 WATER MISSIONS INTERNATIONAL

57-1116978

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



OMB No. 1545-0047

WATER MISSIONS INTERNATIONAL

Employer identification number 57-1116978

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

AFTERMATH TO ASSESS NEEDS, IMPLEMENT SAFE WATER SOLUTIONS, AND

COMMUNICATE REAL-TIME INFORMATION VIA WATER MISSION'S GLOBAL INCIDENT

PLATFORM.

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 DIRECTOR AND THE CHAIRMAN. THE COMMITTEE WAS COMPOSED OF ,

GEORGE GREENE III, RUSTY SMITH, 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 DELEGATES.

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

GEORGE GREENE III, EXECUTIVE CHAIRMAN 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

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

 932211
 09-06-19

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57-1116978

Page 2

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 CEO/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 COMPENSATION BY USING COMPARATIVE DATA FROM OTHER NOT-FOR-PROFIT ORGANIZATIONS. THIS IS DOCUMENTED VIA PERSONNEL RECORDS AND THE ANNUAL BUDGETING PROCESS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AK,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,MA,MD,ME,MI,MN,MS,WA,OH,NV,ND,NC,NY,NM NJ, NH, UT, TN, OR, OK, SC, RI, PA, WV, WI, VA, AZ, DE, IA, ID, IN, MA, ME, MO, MT, NE, NV, SD, TX, VA, VT, WA, WI, WV, WY

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932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

14311101 758275 3217.000

Name of the organization

WATER MISSIONS INTERNATIONAL

57-1116978

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION PROVIDES GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,

AND FINANCIAL STATEMENTS TO THE PUBLIC EITHER ON ITS WEBSITE OR UPON

**REQUEST**.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

FOREIGN CURRENCY TRANSLATION ADJUSTMENT

-151,248.

AMENDED FORM 990, PART 1, LINE 3 ; PART VII

THE FORM 990 IS BEING AMENDED FOR THE YEAR ENDED SEPTEMBER 30, 2020

WITH REFERENCE TO PART 1, LINE 3 AND PART VII TO ACCURATELY REPORT THE

VOTING MEMBERS OF THE ORGANIZATION. THE PREVIOUSLY FILED FORM 990 HAD

REPORTED 11 VOTING MEMBERS ON PAGE 1, PART 1, LINE 3 AS OF SEPTEMBER

30, 2020. HOWEVER, THE ORGANIZATION HAD 10 VOTING MEMBERS DURING THE

FISCAL YEAR. IN ADDITION, PART VII OF THE 990 IS BEING AMENDED TO

ACCURATELY REPORT THE 10 VOTING MEMBERS.

SCHEDULE G, PART I, LINE 2B

THE EXACT STREET ADDRESS FOR HERITAGE PHILANTHROPY PARTNERS, LLC, IS

AVAILABLE TO THE IRS UPON REQUEST.

932212 09-06-19

# Related Organizations and Unrelated Partnerships

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

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Employer identification number 57 - 1116978

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

### WATER MISSIONS INTERNATIONAL

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

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

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

Schedule R (Form 990) 2019

Part II Continuation of Identification of Related Tax-Exempt Organizations

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	conti organiz	<b>g)</b> 512(b)(13) rolled zation?
MISSION D'EAU HAITI				501(c)(3))		Yes	No
	IMPLEMENTATION OF PROJECTS				WARDD MEGGEONG		
CARREFOUR MARIN 21 3 RUE MILFORT	IN ACCORDANCE WITH THE				WATER MISSIONS		37
BON REPOS, HAITI	MISSION	HAITI			INTERNATIONAL		Х
WAHA MITRA INDONESIA	IMPLEMENTATION OF PROJECTS						
JI KELAPA SAWIT NO 32	IN ACCORDANCE WITH THE				WATER MISSIONS		37
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		X
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
	_						
	_						

# Schedule R (Form 990) 2019 WATER MISSIONS INTERNATIONAL

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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 or more related organizations treated as a partnership during the tax year.

Name, address, and EIN of related organization	Primary activity	Legal							3)	()		(i)			
		domicile (state or	Direct controlling entity	Predomin (related, excluded fr	nant income , unrelated, rom tax under	Share inc	e of total come	Share of end-of-year assets		Disproportion allocations		Code V-UE amount in b 20 of Sched	oox '	General or managing partner?	Percentaç ownershi
		foreign country)		sections	512-514)			a55	613	Yes	No	K-1 (Form 10	065)	Yes No	
												<u> </u>			
												<b></b>			
V Identification of Related Org				omplete if tl	he organizati	on ansv	vered "Yes"	on Forr	n 990, Pa	art IV, I	ine 34	, because it h	ad on	e or mo	ore related
Organizations treated as a corp	poration or trust durin	ng the tax y	1					<u> </u>					1		
(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity ι		(c) (d) Legal domicile (state or foreign country)			<b>(e)</b> Type of entity (C corp, S corp, or trust)		<b>(f)</b> Share of total income			(g)		(h)	(i) Section
												Share of end-of-year	own	entage ership	512(b)(13) controlled entity?
												assets			Yes No
															103 1

# Schedule R (Form 990) 2019 WATER MISSIONS INTERNATIONAL

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.										
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	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity									
b	b Gift, grant, or capital contribution to related organization(s)									
с	c Gift, grant, or capital contribution from related organization(s)									
d	d Loans or loan guarantees to or for related organization(s)									
е	e Loans or loan guarantees by related organization(s)									
f	Dividends from related organization(s)	1f		Х						
g	Sale of assets to related organization(s)	1g		Х						
	Purchase of assets from related organization(s)	1h		X X						
i	i Exchange of assets with related organization(s)									
j Lease of facilities, equipment, or other assets to related organization(s)										
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х						
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		X X						
m Performance of services or membership or fundraising solicitations by related organization(s)										
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
o	Sharing of paid employees with related organization(s)	10		X						
р	Reimbursement paid to related organization(s) for expenses	1p		Х						
	Reimbursement paid by related organization(s) for expenses	1q		X						
r	Other transfer of cash or property to related organization(s)	1r		Х						
S	Other transfer of cash or property from related organization(s)	1s		Х						
2	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.									

N	(a) lame of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)				
<u>(</u> 2)				
<u>(3)</u>				
<u>(</u> 4)				
<u>(5)</u>				
<u>(6)</u>				

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### Schedule R (Form 990) 2019 WATER MISSIONS INTERNATIONAL

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) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are a partners 501(c orgs Yes	s sec. )(3) ?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(I Dispr tiol alloca <b>Yes</b>	n) opor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener manag partn <b>Yes</b>	) ging er? <b>NO</b>	<b>(k)</b> Percentage ownership

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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