			EXTENDED TO AUGUST 15, 202		OMB No. 1545-0047				
Form <b>990</b>			Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (	except private foundations)	0004				
Depa	rtment	of the Treasury	Do not enter social security numbers on this form as it may be a security number on this form as it may be a security number of the security numbers.		Open to Public Inspection				
-		enue Service	► Go to www.irs.gov/Form990 for instructions and the lat ar year, or tax year beginning OCT 1, 2021 and ending	SEP 30, 2022	inspection				
_				D Employer identification	tion number				
	heck if pplicat	le:		D Employer identificat	lion number				
	_chan		R MISSIONS INTERNATIONAL		<b>`</b>				
	_chan	ge Doing b	usiness as WATER MISSION	57-1116978	3				
	_returr  Final	n Number	and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone number (843)769-7	7205				
	returr∟ termi		MOLLY GREENE WAY, BLDG 1605		41,215,911.				
	ated Amer	nded NTODE	own, state or province, country, and ZIP or foreign postal code H CHARLESTON, SC 29405	G Gross receipts \$					
	_returr _Appli		nd address of principal officer: GEORGE C. GREENE IV	H(a) Is this a group retu for subordinates?					
	_ltion pend		AS C ABOVE	H(b) Are all subordinates inclu					
<u>і</u> т	- ay.ey	empt status:		527 If "No," attach a lis					
			WATERMISSION.ORG	H(c) Group exemption r					
_				rear of formation: 2001 M					
	irt I	<u> </u>			all a children a child				
	1	Briefly describ	e the organization's mission or most significant activities: <b>PROVIDE</b>	SUSTAINABLE ACC	ESS TO				
ЭСe			TER & SANITATION IN DEVELOPING COUNTRI						
Governance	2	Check this bo	x      if the organization discontinued its operations or disposed of m	nore than 25% of its net asset	S.				
Nel	3			3	11				
	4								
80	5		of individuals employed in calendar year 2021 (Part V, line 2a)		143				
vitie	6	Total number	of volunteers (estimate if necessary)		251				
Activities &	7 a		d business revenue from Part VIII, column (C), line 12		0.				
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		0.				
				Prior Year	Current Year				
ē	8	Contributions	and grants (Part VIII, line 1h)	32,723,197.	35,548,684.				
Revenue	9	•	ce revenue (Part VIII, line 2g)	0.	0.				
Šev	10		come (Part VIII, column (A), lines 3, 4, and 7d)	171,802.	181,889.				
_	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-205,454.	-232,304.				
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	32,689,545.	35,498,269.				
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	8,552,475.	1,377,676.				
			to or for members (Part IX, column (A), line 4)	0.	0. 13,079,028.				
ses	15		compensation, employee benefits (Part IX, column (A), lines 5-10)	192,997.	173,802.				
Expenses	16a		undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) <b>1</b> ,685,337.	192,997.	1/3,002.				
Ä				16,342,075.	19,707,710.				
_			es (Part IX, column (A), lines 11a-11d, 11f-24e)	36,762,624.	34,338,216.				
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	-4,073,079.	1,160,053.				
28	19	I VENELING 1622	expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year				
Net Assets or Fund Balances	20	Total assets (F	Part X, line 16)	21,599,484.	23,086,876.				
Asse Bala	20		(Part X, line 26)	2,022,180.	2,748,631.				
Net , und	22		fund balances. Subtract line 21 from line 20	19,577,304.	20,338,245.				
Pa	nrt II				_0,000,2100				
		-	declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of mv kr	nowledge and belief, it is				
			Declaration of preparer (other than officer) is based on all information of which prep		<b>J</b>				

		,	
Sign Here	Signature of officer         GEORGE C. GREENE IV, C         Type or print name and title	EO & PRESIDENT	Date
Paid	Print/Type preparer's name HARRISON PEREIRA	Preparer's signature	Date Check PTIN 04/21/23 self-employed P00746867
Preparer	Firm's name 🕨 TAIT, WELLER & B	AKER LLP	Firm's EIN ▶ 23-1144520
Use Only	Firm's address TWO LIBERTY PL,	50 S. 16TH ST, STE	2900
	PHILADELPHIA, PA	Phone no. 215 - 979 - 8800	
May the II	RS discuss this return with the preparer shown abo	ve? See instructions	X Yes No

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

	990 (2021) WATER MISSIONS INTERNATIONAL 57-1116978 Pa	age <b>2</b>
ai	t III Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	X
	Briefly describe the organization's mission:	
	TO HONOR GOD BY DEVELOPING, IMPLEMENTING, AND SHARING BEST-IN-CLASS	
	SAFE WATER SOLUTIONS THAT TRANSFORM AS MANY LIVES AS POSSIBLE, AS	
	QUICKLY AS POSSIBLE.	
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
	prior Form 990 or 990-EZ? Yes X If "Yes," describe these new services on Schedule O.	
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
	If "Yes," describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
	(Code: ) (Expenses \$ 24,569,528 • including grants of \$ 1,043,185 • ) (Revenue \$	-
	SAFE WATER FOR COMMUNITIES: 2.2 BILLION PEOPLE LACK ACCESS TO SAFE	
	WATER. THE GLOBAL WATER CRISIS IMPACTS EVERY FACET OF LIFE. CHILDREN	
	MISS SCHOOL DUE TO DEADLY WATER-RELATED ILLNESSES. PARENTS STRUGGLE TO	
	PROVIDE FOR THEIR FAMILIES WHEN SO MANY HOURS ARE SPENT COLLECTING	
	WATER. ACCESS TO SAFE WATER IS LIFE-CHANGING FOR THESE MEN, WOMEN, AND	
	CHILDREN. IT BUILDS HEALTH AND HOPE, CREATING EDUCATIONAL AND ECONOMIC	
	OPPORTUNITIES THAT CAN HELP BREAK THE CYCLE OF POVERTY. THE GLOBAL	
	WATER CRISIS IS ENORMOUS AND URGENT, BUT THERE IS HOPE. WATER MISSION	
	IS A CHRISTIAN ENGINEERING NONPROFIT THAT BUILDS SUSTAINABLE SAFE WATE	R
	SOLUTIONS FOR PEOPLE IN DEVELOPING COUNTRIES, REFUGEE CAMPS, AND	
	DISASTER AREAS. OUR DESIGNS ACCOUNT FOR GEOGRAPHICAL AND CULTURAL	
	CONTEXT, EMPLOYING QUALITY STANDARDS EXPECTED IN DEVELOPED COUNTRIES.	
	(Code:) (Expenses \$5 , 265 , 664 . including grants of \$) (Revenue \$)	
	SAFE WATER FOR REFUGEES: THERE ARE CURRENTLY MORE THAN 84 MILLION	
	FORCIBLY DISPLACED PEOPLE WORLDWIDE. WATER MISSION SERVES MEN, WOMEN,	
	AND CHILDREN WHO HAVE BEEN FORCED TO LEAVE THEIR HOMES DUE TO VIOLENCE	,
	PERSECUTION, POLITICAL INSTABILITY, FOOD INSECURITY, OR NATURAL	
	DISASTERS. WITHIN REFUGEE SETTINGS, SOUND ENGINEERING STANDARDS AND	
	SPEED ARE CRUCIAL. ENSURING PROJECTS ARE IMPLEMENTED RIGHT THE FIRST	
	TIME IS A LIFESAVING IMPERATIVE, AND OUR TECHNICAL EXPERTISE DRIVES	<u></u>
	OPERATIONAL EXCELLENCE. BECAUSE OF THIS COMMITMENT TO EXCELLENCE, UNHC AND UNICEF CONTINUE TO SEEK LONG-TERMPARTNERSHIPS WITH WATER MISSION TO	
		0
	DEVELOP AND INSTALL SAFE WATER SOLUTIONS IN REFUGEE CONTEXTS. WATER MISSION'S SOLUTIONS HELP REFUGEES EXPERIENCE HEALTHIER AND MORE	
	DIGNIFIED LIVING CONDITIONS, IMPLEMENTING TECHNOLOGIES PREVIOUSLY	
	1 001 000 000 000 000	
	(Code:) (Expenses \$1, 291, 607. including grants of \$334, 490. ) (Revenue \$ DISASTER RESPONSE: FOLLOWING A DISASTER, ACCESS TO SAFE WATER IS	
	ESSENTIAL TO PREVENT THE SPREAD OF WATERBORNE ILLNESSES AND PROVIDE	
	OTHER CRITICALLY NEEDED SERVICES LIKE FOOD, SHELTER, AND MEDICAL	
	ATTENTION. WATER MISSION SPECIALIZES IN SAFE WATER AND SANITATION	
	SOLUTIONS FOR COMMUNITIES IMPACTED BY DISASTERS. OUR TEAM WORKS IN	
	PARTNERSHIP WITH LOCAL GOVERNMENTS AND FELLOW RESPONSE ORGANIZATIONS TO	0
	PROVIDE IMMEDIATE AID AND IMPLEMENT LONG-TERM SOLUTIONS THAT HELP	<u> </u>
	COMMUNITIES BETTER PREPARE FOR FUTURE DISASTERS. WHEREVER WE WORK, WE	
	SHOW THE HOPE OF GOD'S LOVE TO THOSE EXPERIENCING TREMENDOUS LOSS.	
	Show the north of GOD & Hove to those satisfiend international states and sold sold.	
	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
	Total program service expenses ► 31,126,799.	
ງຂ	Form <b>990</b> SEE SCHEDULE O FOR CONTINUATION(S)	(2021
4	21 758275 3217.000 2021.05070 WATER MISSIONS INTERNATIO 32	17
1		

Form 990 (				INTERNATIONAL
Part IV	Checklist of			

			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? See instructions	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		_X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<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
10	If "Yes," complete Schedule D, Part IV	9		
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			<u></u>
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.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
d		11a	х	
h	Part VI			
D.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
<u>د</u>	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
v	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			
ŭ	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		X
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	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	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	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X 000	
132003	12-09-21	Form	220	(2021)

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Form	990	(2021)
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 Form 990 (2021)
 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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
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 the Schedule L, Part IV,	21		
20				
-	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			v
	"Yes," complete Schedule L, Part IV	28a	v	X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If		77	
	"Yes," complete Schedule L, Part IV	28c	<u>X</u>	
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
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	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 29			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c		
13200	(ganoing) withings to prize withers:		990	(2021)
102004		1 0111		(2021)

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Form	990 (2021) WATER MISSIONS INTERNATIONAL	57-1116	978	Р	age <b>5</b>			
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
		1		Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	, , , , ,	2a 143		х				
b	<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.							
			3a		X X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		<u> </u>			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au			77				
	financial account in a foreign country (such as a bank account, securities account, or other financial acc	count)?	4a	X				
b	If "Yes," enter the name of the foreign country SEE SCHEDULE O							
<b>F</b> -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc		<b>F</b> -		x			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transacti If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50 5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		50		<u> </u>			
Ua			6a		x			
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributior		00					
	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).		0.0					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service	es provided to the pavor?	7a		x			
			7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	to file Form 8282?		7c		x			
d	d If "Yes," indicate the number of Forms 8282 filed during the year							
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?							
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8								
	sponsoring organization have excess business holdings at any time during the year?		8					
9								
а								
b			9b					
10	Section 501(c)(7) organizations. Enter:							
a		10a	-					
b		10b						
11	Section 501(c)(12) organizations. Enter:	u.						
		l1a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	I1b						
122	amounts due or received from them.)		12a					
		12b	120					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?		13a					
u	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		Teu					
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
		I3b						
с		13c						
14a			14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration							
	excess parachute payment(s) during the year?		15		x			
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	ncome?	16		X			
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in an	у			1			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17					
	If "Yes," complete Form 6069.			0.0.0				
100005	12 00 21		Eorm	49N	(2021)			

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Form 990 (2021)
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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.

	Check if Schedule O contains a response or note to any line in this Part VI					X			
Sect	ion A. Governing Body and Management								
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	1					
	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	with	any other						
	officer, director, trustee, or key employee?			2	Х				
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision						
	of officers, directors, trustees, or key employees to a management company or other person?								
4									
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X			
6	Did the organization have members or stockholders?			6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap								
	more members of the governing body?			7a		x			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st								
	persons other than the governing body?			7b		x			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea								
	The governing body?	-	-	8a	Х				
b	Each committee with authority to act on behalf of the governing body?			8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read								
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x			
Sec	ion B. Policies (This Section B requests information about policies not required by the Internal Re								
		venue	<u>code.</u> /		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		X			
	If "Yes," did the organization have written policies and procedures governing the activities of such ch		affiliates	100					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	aptore	, annatoo,	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befoi	e filing the form?	11a	х				
	<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
-	<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?								
U		,		12c	х				
13	on Schedule O how this was done Did the organization have a written whistleblower policy?								
14				13	X X				
15									
10		i by in	dependent						
а	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official								
	Other officers or key employees of the organization			<u>15a</u> 15b	X X	<u> </u>			
U	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			150					
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a						
104				16a		x			
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			104					
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-						
				16b					
Sec	exempt status with respect to such arrangements?								
17	List the states with which a copy of this Form 990 is required to be filed ▶AL , AR , CA , FL , G	A.H	T.TL.KS.K	Z.MD	MA	мт			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar								
	for public inspection. Indicate how you made these available. Check all that apply.		. (0001011001(0)(0	.,e orny)	arundi				
	X       Own website       Another's website       X       Upon request       Other (explain	on S	shedule ()						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			nd finan	cial				
	statements available to the public during the tax year.	. mot (	a interest policy, a						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ke an	d records						
20	STEVEN KERR, CFO - (843) 769-7395	no an							
	1150 MOLLY GREENE WAY, BLDG 1605, N CHARLESTON, SC	20	405						
132000	12-09-21     SEE SCHEDULE O FOR FULL LIST OF STATES			Forn	990	(2021)			
102000	6			1011		(2021)			
	<b>~</b>								

2021.05070 WATER MISSIONS INTERNATIO 3217.001

Form 990 (	2021	)			WA	١T	ΕI	R	N
D \//II						~			

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

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

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

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

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

• List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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)	(B) (C)					(D)	(E)	(F)
Name and title Average	Po		Position of check more than one		one	Reportable	Reportable	Estimated
hours per the	box, unless person is both an officer and a director/trustee)			n is bot	h an	compensation	compensation	amount of
week _		r and a	airec	(cion in usiee)		from	from related	other
(list any	recto					the	organizations	compensation
hours for related	or di	ee		sated		organization	(W-2/1099-MISC/	from the
organizations	rustee	trus	ee,	npen		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
below	dual ti	liona	Volan	vee v	-	1000 NEO		organizations
line)	Individual trustee or director	In stitutional trustee Officer	Kev emplovee	Highest compensated employee	Former			o ga instanto no
(1) GEORGE C GREENE IV 45.00								
CHIEF EXECUTIVE OFFICER & PRESIDENT 5.00	x	X	:			184,974.	0.	33,907.
(2) SETH WOMBLE 45.00								
EVP OPERATIONS				X		159,997.	0.	32,885.
(3) RODNEY FREEMAN 45.00								
COO & INTERIM CFO		X	:			161,115.	0.	28,354.
(4) MICHAEL POUW 45.00								
CHIEF INFORMATION OFFICER				X		131,476.	0.	27,164.
(5) JENNIFER MCHUGH 45.00								
EVP PARTNERSHIPS & COMMUNICATIONS				X		140,848.	0.	15,263.
(6) JEFFREY WINKLER 0.00								
DIR BUS DEVL & LEGAL AFFAIRS 45.00				X		127,012.	0.	18,084.
(7) DAWN WARD 45.00								
SR DIR, INVESTOR PARTNERSHIPS				X		115,439.	0.	15,407.
(8) STEVEN KERR 45.00							•	
CHIEF FINANCIAL OFFICER		<u> </u>		_		91,893.	0.	3,227.
(9) GEORGE C GREENE III 17.50							•	•
	x	<u> </u>		_		0.	0.	0.
(10) DANIEL R GROVER 3.50							•	•
	x	<u> </u>		_		0.	0.	0.
(11) BRADFORD S MARSHALL 3.50							•	•
	x	<u> </u>		+		0.	0.	0.
(12) W. RUSSELL SMITH 3.50							•	•
	x	<u> </u>		_		0.	0.	0.
(13) CHARLES B. YOUNG 3.50							•	•
	x	_	_	+		0.	0.	0.
(14) STEVEN COX 3.50							0	0
	x	_	_	_	-	0.	0.	0.
(15) ROBERT L. MEDLIN 3.50							0	0
	x	_	_	_		0.	0.	0.
(16) ANDRE T. KENNEBREW 3.50	.,						•	<u>^</u>
	x	+	_	_	-	0.	0.	0.
(17) ROBERT W GREENE 3.50	<del>.</del>						•	<u>^</u>
DIRECTOR 23007 12-09-21	X					0.	0.	0 • Form <b>990</b> (2021)

132007 12-09-21

Form 990 (2021)

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Form 990 (2021) WATER MIS	SSIONS I	NT	'ER	NA	TI	ON	AI	J	57-11	L16	978	Pa	.ge <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
<b>(A)</b> Name and title	<b>(B)</b> Average hours per week	box offic	not c , unle:	Posi heck r ss per id a di	nore son is	than c s both	an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatio from related	n	Est am	(F) imated ount c other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)		fro orga and	oensat om the inizatio relate nizatio	e on ed
(18) BRETT HILDEBRAND	3.50												
DIRECTOR	8.00	X						0.		0.			0.
		•											
1b Subtotal								1,112,754.		0.	174	.,29	
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A			· · · · · · · · · · · · · · · · · · ·				0. 1,112,754.		0.	174	,29	$\frac{0.}{01.}$
2 Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	;			7
												Yes	No
3 Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s	-			•			Ŭ	• •			3		x
4 For any individual listed on line 1a, is the su												v	
<ul><li>and related organizations greater than \$150</li><li>5 Did any person listed on line 1a receive or a</li></ul>	,		•								4	X	
rendered to the organization? If "Yes," corr					-			-			5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co the organization. Report compensation for										ensat	tion from	m	
(A) Name and business			<u>, run</u>	ig w		<u>, , , , , , , , , , , , , , , , , , , </u>		(B) Description of s		c	(C) ompen		1
ANDRE MERGENTHALER								COUNTRY PROG					
ENZIANWEG 9, ELCHINGEN, G	ERMANY	89	27	5			_	SUPPORT			123	3,16	55.
CRAIG WILLIAMS			T7	<u></u>	<u>- ^</u>			DISASTER RES	PONSE		107		
SKINDERSKOVVEJ 10 , HERLE	IV, DENM	AR	<u>к</u>	<u> </u>	30			SUPPORT			103	3,28	<u>.</u>
2 Total number of independent contractors (i	•	ot lin	nited	d to t	-		ted	above) who received me	ore than				
\$100,000 of compensation from the organi	zation 🕨				2	2					Form <b>S</b>	<b>90</b> (2	021)

132008 12-09-21

Contributions, Gifts, Grants and Other Similar Amounts t	VI	II Statement of Revenue Check if Schedule O contains a response	e or note to any line				
is, Gran Amoun		Check if Schedule O contains a response	e or note to any line		(5)		
is, Gran Amoun				(A)			
is, Gran Amoun				(A)	(B)	(C)	(D) Revenue excluded
is, Gran Amoun				Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under
is, Gran Amoun					lanetion revenue		sections 512 - 51
is, Gran Amoun	1 a	Federated campaigns 1a					
ons, Gifts, Gr Similar Amo	b						
ons, Gifts, Similar Ar		Fundraising events	506,200.				
ons, Gil Similar		<b>o</b>					
ons, Sim		<b>31</b>					
<u></u>	е	3 (					
Ξb	f	All other contributions, gifts, grants, and					
<u>n</u>		similar amounts not included above 1f	35,042,484.				
d	g		4,530,752.				
a C	h	Total. Add lines 1a-1f	<b>&gt;</b>	35,548,684.			
			Business Code				
e	2 a	·					
N S	b						
Program Service Revenue	c						
am Ser evenue	d						
gra Re							
õ	e						
-		All other program service revenue					
$\rightarrow$	g						
	3	Investment income (including dividends, inte					
		other similar amounts)	🕨	154,465.			154,465
	4	Income from investment of tax-exempt bond	proceeds 🕨 🕨				
	5	Royalties	🕨				
		(i) Real	(ii) Personal				
	6 a	Gross rents					
	b	Less: rental expenses 6b 0					
	с	E 1 001					
	d	Net rental income or (loss)		51,991.			51,991
		Gross amount from sales of (i) Securities					,
	<i>i</i> u	assets other than inventory <b>7a</b> 5,476,435					
	h	Less: cost or other basis					
Ð	U		. 0.				
evenue		and sales expenses					
eve	С	Gain or (loss) 7c 9 , 059	. 18,365.				07.404
ř		I Net gain or (loss)	▶	27,424.			27,424
Other R	8 a	Gross income from fundraising events (not					
ð		including \$ 506,200. of					
		contributions reported on line 1c). See					
		Part IV, line 188	a <sup>0</sup> .				
	b		<b>b</b> 250,266.				
	с		<b>&gt;</b>	-250,266.			-250,266
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9	a				
	h	Less: direct expenses 9					
		<ul> <li>Net income or (loss) from gaming activities</li> </ul>					
4							
'	υd	Gross sales of inventory, less returns					
		and allowances 10					
		Less: cost of goods sold					
+	С	Net income or (loss) from sales of inventory					
<u>n</u>			Business Code				-
<u>ຄູ່</u> 1	1 a	MISCELLANEOUS	812900	-34,029.			-34,029
, nu	b						
EV6	с	;					
Miscellarieous Revenue L	d	All other revenue					
2		Total. Add lines 11a-11d		-34,029.			
	2	Total revenue. See instructions		35,498,269.	0.	0.	-50,415
1				, , .			Form <b>990</b> (202

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#### Form 990 (2021)

WATER MISSIONS INTERNATIONAL Part IX Statement of Functional Expenses

57-1116978 Page 10

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

Do	Check if Schedule O contains a respon 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	104 040	104 040		
_	and domestic governments. See Part IV, line 21	184,849.	184,849.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	1,192,827.	1,192,827.		
	individuals. See Part IV, lines 15 and 16	1,192,027.	1,192,027.		
4 5	Benefits paid to or for members Compensation of current officers, directors,				
5	trustees, and key employees	598,211.	325,338.	172,873.	100,000
6	Compensation not included above to disqualified	550,211.	525,550.	112,013.	100,000
0	persons (as defined under section 4958(f)(1)) and				
	1000(a)(0)(D)				
7	Other salaries and wages	10,387,630.	8,669,624.	688,181.	1,029,825
8	Pension plan accruals and contributions (include	,,	.,,	,	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
-	section 401(k) and 403(b) employer contributions)	235,587.	185,051.	18,852.	31,684
9	Other employee benefits	1,038,343.	909,800.	40,934.	87,609
10	Payroll taxes	819,257.	668,013.	58,853.	92,391
11	Fees for services (nonemployees):	•			•
а	Management				
	Legal	95,978.	81,430.	14,548.	
	Accounting	133,375.	121,353.	12,022.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	173,802.			173,802
f	Investment management fees	2,750.	2,247.	503.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	1,352,899.	1,171,978.	143,058.	37,863
12	Advertising and promotion				
13	Office expenses	899,416.	800,533.	79,822.	19,061
14	Information technology	942,901.	774,152.	168,549.	200
15	Royalties				
16	Occupancy	455,017.	454,445.	572.	<u> </u>
17	Travel	2,504,981.	2,378,842.	47,948.	78,191
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	125 010	105 642	2 (42	F 00C
19	Conferences, conventions, and meetings	135,212.	125,643.	3,643.	5,926
20	Interest				
21	Payments to affiliates	479,945.	430,225.	30 /17	10 202
22	Depreciation, depletion, and amortization	203,711.	184,942.	<u>30,417.</u> 16,397.	<u>19,303</u> 2,372
23 24	Insurance	203,711.	104,342.	10,397.	4,514
24	above. (List miscellaneous 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.)				
а	PRODUCT & TRANSPORT	12,438,589.	12,427,361.	11,228.	
b		,	, , ,	, ==	
c					
d					
	All other expenses	62,936.	38,146.	17,680.	7,110
25	Total functional expenses. Add lines 1 through 24e	34,338,216.	31,126,799.	1,526,080.	1,685,337
26	Joint costs. Complete this line only if the organization	- <b>-</b>			- •
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Filling SOP 98-2 (ASC 958-720)				

132010 12-09-21

10 2021.05070 WATER MISSIONS INTERNATIO 3217.001

08170421 758275 3217.000

WATER MISSIONS INTERNATIONAL

Check if Schedule O contains a response or note to any line in this Part X **(A)** Beginning of year **(B)** End of year 5,992,050. 3,815,763 1 101

	2	Savings and temporary cash investments			2,825,181.	2	3,707,394.
	3	Pledges and grants receivable, net			861,131.	3	2,663,000.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualif	ied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	ion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			3,146,663.	8	2,292,712.
Ä	9	Prepaid expenses and deferred charges			686,576.	9	983,223.
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	6,214,412.			
	b	basis. Complete Part VI of Schedule D	10b	2,938,800.	3,590,537.	10c	3,275,612.
	11	Investments - publicly traded securities			4,497,346.	11	6,349,172.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			01 500 404	15	
	16	Total assets. Add lines 1 through 15 (must equa			21,599,484.	16	23,086,876.
	17	Accounts payable and accrued expenses			1,484,115.	17	1,692,131.
	18	Grants payable				18	
	19	Deferred revenue			538,065.	19	1,056,500.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F		21			
es	22	Loans and other payables to any current or form					
oilit		trustee, key employee, creator or founder, substa					
Liabilities	00	controlled entity or family member of any of thes	-	F		22	
_	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines of Schedule D				25	
	26			Г	2,022,180.	25	2,748,631.
		Organizations that follow FASB ASC 958, chee		• <b>b</b> X	_, = _ , = = , = = = = = = = = = = = = =	20	_,0,0010
es		and complete lines 27, 28, 32, and 33.					
alances	27	Net assets without donor restrictions			10,928,780.	27	10,945,555.
Bala	28	Net assets with donor restrictions			8,648,524.	28	9,392,690.
lpu		Organizations that do not follow FASB ASC 9			· · ·		· · ·
Ъ		and complete lines 29 through 33.		· —			
Net Assets or Fund B	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated inc				31	
Net	32	Total net assets or fund balances			19,577,304.	32	20,338,245.
	33	Total liabilities and net assets/fund balances			21,599,484.	33	23,086,876.

Form 990 (2021)

Form 990 (2021) Part X Balance Sheet

1

Cash - non-interest-bearing

Form	1 990 (2021) WATER MISSIONS INTERNATIONAL	57-1	116978	Pag	<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				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	35,498		
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,338		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,160		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19,577		
5	Net unrealized gains (losses) on investments	5	-194	l,2:	<u>37.</u>
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	-204	1,8'	<u>75.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	20,338	3,24	<u>45.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a			2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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?		2c	X	
	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 Sir	igle Audit			
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

# **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
2021
Open to Public Inspection

Name	of	the	organization
------	----	-----	--------------

Nam	ame of the organization Employer identification number										
				INTERNATION				5	7-1116978		
Par	tl	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.			
The c	rgani	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)					
1 [		A church, convention of chu	urches, or associatio	n of churches described	l in <b>sectio</b>	n 170(b)(1	)(A)(i).				
2 [		A school described in section	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990).)						
3 [		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).				
4 [		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,		
		city, and state:									
5 [		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6 [		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7 [	Х	An organization that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental u	unit or from th	ne general p	oublic described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
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	nction with a	land-grant	college		
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or		
		university:									
10 [		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	is, membersh	ip fees, and	d gross receipts from		
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support fr	rom gross investment		
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acquir	red by the org	anization a	fter June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III.)								
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	9(a)(4).				
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functior	ns of, or to ca	rry out the	purposes of one or		
		more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on									
	lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.										
а	<b>Type I.</b> A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving										
		the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting									
		organization. You must c	complete Part IV, Se	ections A and B.							
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	d organizatio	n(s), by hav	ing		
		control or management o	f the supporting orga	anization vested in the s	ame perso	ns that cor	ntrol or manag	ge the supp	oorted		
		organization(s). You mus	-								
С		<b>Type III functionally inte</b>						ly integrate	d with,		
		its supported organization		-							
d		Type III non-functionally						-			
		that is not functionally int	0	<b>o</b> ,	•			an attentiv	reness		
		requirement (see instructi									
е		Check this box if the orga					Type I, Type	II, Type III			
_		functionally integrated, or		hally integrated supportion	ng organiz	ation.					
		er the number of supported o	•								
g		vide the following information Name of supported	i about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetarv	(vi) Amount of other		
		organization	(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see ir		support (see instructions)		
				above (see instructions))	103						
Total											

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	26745414.	20091493.	31381493.	32723197.	35548684.	146490281
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	26745414.	20091493.	31381493.	32723197.	35548684.	146490281
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)						13153891.
	Public support. Subtract line 5 from line 4.						133336390
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	26745414.	20091493.	31381493.	32723197.	35548684.	146490281
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	9,821.	300,624.	254,536.	146,561.	206,456.	917,998.
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.)	-75,871.	92,516.	44,114.	28,068.	-34,029.	
11	Total support. Add lines 7 through 10						147463077
12	Gross receipts from related activities,	, etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and sto						
Sec	tion C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2021 (	line 6, column (f), d	livided by line 11, o	column (f))		14	90.42 %
	Public support percentage from 2020					15	87.14 %
16a	33 1/3% support test - 2021. If the	organization did no	ot check the box o	n line 13, and line <sup>-</sup>	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>X</b>
b	33 1/3% support test - 2020. If the	organization did no	ot 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						
17a	10% -facts-and-circumstances test	t - 2021. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	ts-and-circumstanc	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	on qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	t - 2020. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circun	nstances test, che	ck this box and <b>s</b> t	<b>top here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s <b>&gt;</b>
						Schedule A	(Form 990) 2021

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	(Form 990)		INTERNATIONAL bed in Section 509(a)	5

(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.)

Se	ction A. Public Support					-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on 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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3) organ	ization,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	<b>)21</b> (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
<b>19</b> a	a 33 1/3% support tests - 2021. If the	organization did n	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and li	ne 17 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly	supported organiza	tion	►
k	<b>33 1/3% support tests - 2020.</b> If the	organization did n	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3	3%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	tructions	<b>)</b>
1320	23 01-04-22					Sched	lule A (Form 990) 2021
			15	)			

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Yes No

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on 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 line 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.)

16

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2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2021

#### WATER MISSIONS INTERNATIONAL Schedule A (Form 990) 2021

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No

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion l	B. Type I Supporting Organizations			
				Yes	No
1	more direct	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization 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,

organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the

supervised	l. or controlled the supporting organization.	
Section C. Ty	ype II Supporting Organizations	

Yes Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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 1 the supported organization(s)

Section D. All Type III Supporting Organizations
--

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method t	hat the organization used to satisf	v the Integral Part Test durin	a the year (see instructions).
•		nal line organization used to satisi	, וווכ ווווכקומו ז מונ ז ככו טעוווי	

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
•	 me erganzater eapperted a gevenmental entity.	Describe in the throw you supported a governmental entity (see instructions).	_

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described on line 2a, above, 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.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

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. 132025 01-04-22

Yes No 2a 2b 3a 3b

Schedule A (Form 990) 2021

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1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on I	Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st 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 Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	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 0.85 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 argenization's first as a pap function	ally intograte		pization (and

] 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) 2021

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Schedule A (Form 990) 2021

 Schedule A (Form 990) 2021
 WATER MISSIONS
 INTERNATIONAL

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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#### 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2021 from Section C, line 6 10 **10** Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2021 Amount for 2021 1 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016 **b** From 2017 c From 2018 d From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017

WATER MISSIONS INTERNATIONAL Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Other distributions (describe in Part VI). See instructions.

Amounts paid to acquire exempt-use assets

Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

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1

2

3

4

5

6

**Current Year** 

Schedule A (Form 990) 2021

b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

Schedule A (Form 990) 2021

Section D - Distributions

2

3

4

6

7

8

9

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 INCOME
2017 AMOUNT: \$ 28,812.
2018 AMOUNT: \$ 61,213.
2019 AMOUNT: \$ 30,010.
2020 AMOUNT: \$ 28,068.
2021 AMOUNT: \$ -34,029.
GAIN (LOSS) ON FOREIGN CURRENCY TRANSLATION
2017 AMOUNT: \$ -131,398.
2018 AMOUNT: \$ 7,983.
2019 AMOUNT: \$ 14,104.

### FUNDRAISING EVENT GROSS REVENUE

2017 AMOUNT: \$ 26,715.

2018 AMOUNT: \$ 23,320.

132028 01-04-22

Department of the Treasury

Internal Revenue Service

Part I

# **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.

OMB No. 1545-0047 l **Open to Public** Inspection

Employer identification number 57-1116978

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

Name of the organization

### WATER MISSIONS INTERNATIONAL Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" on Form 990, Part IV, line 6.			
		(a) Donor ad	vised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing	g that the assets	s held in donor advised fu	nds
	are the organization's property, subject to the organization's exclusion	sive legal contro	ol?	
6	Did the organization inform all grantees, donors, and donor advisor			
	for charitable purposes and not for the benefit of the donor or dono			
	impermissible private benefit?			
Par	Tt II Conservation Easements. Complete if the organization	ation answered	"Yes" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization (ch	eck all that app	ly).	
	Preservation of land for public use (for example, recreation o	r education)	Preservation of a his	storically important land area
	Protection of natural habitat		Preservation of a ce	rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified co	onservation con	tribution in the form of a c	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic structure	e included in (a)		2c
d	Number of conservation easements included in (c) acquired after 7	/25/06, and not	on a historic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, released	I, extinguished,	or terminated by the orga	nization during the tax
	year 🕨			
4	Number of states where property subject to conservation easement			
5	Does the organization have a written policy regarding the periodic	- · ·	pection, handling of	
	violations, and enforcement of the conservation easements it holds			
6	Staff and volunteer hours devoted to monitoring, inspecting, handl	ing of violations	s, and enforcing conservat	ion easements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, handling o	f violations, and	d enforcing conservation e	asements during the year
-	▶\$			-> //>
8	Does each conservation easement reported on line 2(d) above satis			
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation eas		-	
	balance sheet, and include, if applicable, the text of the footnote to	o the organizatio	on s financial statements t	hat describes the
Par	organization's accounting for conservation easements. <b>TIII</b> Organizations Maintaining Collections of Art,	Historical 1	reasures, or Other	Similar Assets
	Complete if the organization answered "Yes" on Form 990,		,	
12	If the organization elected, as permitted under FASB ASC 958, not		revenue statement and ba	alance sheet works
Ĩ	of art, historical treasures, or other similar assets held for public ex	•		
	service, provide in Part XIII the text of the footnote to its financial s			
b	If the organization elected, as permitted under FASB ASC 958, to r			ce sheet works of
-	art, historical treasures, or other similar assets held for public exhibit	-		
	provide the following amounts relating to these items:		, er recea er in antieren an	
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
2	If the organization received or held works of art, historical treasures			
	the following amounts required to be reported under FASB ASC 95			
а	Revenue included on Form 990, Part VIII, line 1	-		► \$
b	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions for F			Schedule D (Form 990) 2021
	10-28-21			
		26		

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	~	-	~	-	~	_	 _	_

Sche		ISSIONS IN						57-11			<sub>age</sub> 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Othe	r Simila	r Assets	contil	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the t	following that	make s	ignificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	I 🗌 L	oan or exc	hange progra	am					
b	Scholarly research	e	. 🗌 🔾	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how the	ey further th	ne organizatio	on's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, his	torical treas	sures, or othe	er similar	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered '	'Yes" on	Form 990	), Part IV, I	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	ıble:					•		
									Amoun	τ	
с	Beginning balance										
a	Additions during the year										
e	Distributions during the year										
20	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						• • • • • • • •	····· L			
Par											
	Comport	(a) Current year		rior year	(c) Two year			/ears back	(e) Fou	r years	back
1a	Beginning of year balance			,			.,				
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g,	, column (a	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	<u>%</u>									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	are held ar	nd administer	ed for th	ie organiza	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	t VI Land, Buildings, and Equipm		wment fu	inds.							
Fai	Complete if the organization answere		) Dort IV	lino 110 S	oo Earm 000	Dart V	lino 10				
	· •								(.1) D	1	
	Description of property	(a) Cost or o basis (investr		• •	t or other (other)	• •	ccumulate preciation	ea	( <b>d)</b> Boo	k valu	е
4.	Land	``	nong		8,411.	ue	PICCIALION		2,10	8 1	11
	Land				3,176.		304,7			<u>8,4</u>	
	Buildings Leasehold improvements				6,215.		364,8			1,3	
	Equipment				6,609.		269,2			$\frac{1}{7}, 3$	
	Other			_,	5,005.		/ _ /			.,	
	. Add lines 1a through 1e. (Column (d) must e		X colum	n (R) lina 1	0c)				3,27	5.6	11.
1010		iqual FUITI 990, Part		<u>а (р). Ште Т</u>				Cabadula			

Schedule D (Form 990) 2021

Schedule D	) (Form 990) 2021		IONS	INTERNATI	ONAL	57-1116978 Page
Part VII	Investments -	Other Securities.				
	Complete if the org	anization answered "Ye	s" on Fo	rm 990, Part IV, line	11b. See Form 990, Part 3	X, line 12.
(a) Descrip	ption of security or categ	JOTY (including name of security	/)	(b) Book value	(c) Method of valuat	ion: Cost or end-of-year market value
(1) Financi	al derivatives					
(2) Closely	held equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Col. (	(b) must equal Form 990	), Part X, col. (B) line 12.)				
Part VII		Program Related.				
					11c. See Form 990, Part >	
	(a) Description of	investment		(b) Book value	(c) Method of valuat	ion: Cost or end-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
		), Part X, col. (B) line 13.)				
Part IX	J					
	Complete if the org				11d. See Form 990, Part 3	
			a) Desci	ription		(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	umn (b) must equal Fo	orm 990, Part X, col. (B)	line 15.)			
Part X	Other Liabilitie				11	
			S" ON FO	orm 990, Part IV, line	11e or 11f. See Form 990	
<u>1.</u>	( )	escription of liability				(b) Book value
	deral income taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
						ial statements that reports the
organiz	ation's liability for und	certain tax positions und	der FASE	3 ASC 740. Check he	ere if the text of the footno	ote has been provided in Part XIII $\dots$ $X$

Schedule D (Form 990) 2021

132053 10-28-21

Sche	edule D (Form 990) 2021 WATER MISSIONS INTERNATION	AL		57-	1116978 Page 4
Pa	rt 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	36,463,005.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-194,237.		
b	Donated services and use of facilities	2b	1,161,723.		
с					
d					
е	Add lines <b>2a</b> through <b>2d</b>			2e	967,486.
3	Subtract line 2e from line 1			3	35,495,519.
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	2,750.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	2,750.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	35,498,269.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents Wi	th Expenses per l	Retur	'n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			-	
1	Total expenses and losses per audited financial statements			1	35,497,189.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	1,161,723.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines <b>2a</b> through <b>2d</b>			2e	1,161,723.
3	Subtract line 2e from line 1			3	34,335,466.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	2,750.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	2,750.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	34,338,216.
Pa	rt XIII Supplemental Information.				

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

### PART X, LINE 2:

THE CONSOLIDATED FINANCIAL STATEMENT EFFECTS OF A TAX POSITION TAKEN OR
EXPECTED TO BE TAKEN ARE RECOGNIZED IN THE CONSOLIDATED FINANCIAL
STATEMENTS WHEN IT IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS,
THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION. INTEREST AND
PENALTIES, IF ANY, ARE INCLUDED IN EXPENSES IN THE CONSOLIDATED STATEMENT
OF ACTIVITIES. AS OF SEPTEMBER 30, 2022, 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 2019.
132054 10-28-21 Schedule D (Form 990) 2021 2 9

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- E				•		

Part XIII Supplemer	ntal Information (co	ontinued)			
				Schedule D	(Form 990) 2021

		ctivities Out	side the United States. Compl	ete if the organization answered "	es" on
Form 990, Part IV					
-	-		ds to substantiate the amount of its gra		<u>м</u> П.
the grantees' eligibility fo	or the grants or a	assistance, and t	he selection criteria used to award the	grants or assistance?	Yes No
2 For grantmakers. Desc	ribo in Part V the	organization's	procedures for monitoring the use of its	arante and other assistance outs	ida tha
United States.		e organization s j	biocedures for monitoring the use of its	s grants and other assistance outs	
	he following Part	I line 3 table ca	an be duplicated if additional space is r	peeded )	
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures
	in the region	independent	gram services, investments, grants to		for and investments
		contractors in the region	recipients located in the region)	of service(s) in the region	in the region
				WAGES, TRAVEL COSTS,	
				PRODUCTION, OTHER COSTS.	
				IMPLEMENTATION OF	
SUB-SAHARAN AFRICA	4	193	PROGRAM SERVICES	COMPREHENSIVE SAFE WATER	10,068,443.
				WAGES, TRAVEL COSTS,	
				PRODUCTION, OTHER COSTS.	
CENTRAL AMERICA AND				IMPLEMENTATION OF	
THE CARIBBEAN	2	72	PROGRAM SERVICES	COMPREHENSIVE SAFE WATER	2,575,222.
				WAGES, TRAVEL COSTS,	
				PRODUCTION, OTHER COSTS,	
				IMPLEMENTATION OF	
NORTH AMERICA	1	14	PROGRAM SERVICES	COMPREHENSIVE SAFE WATER	425,728.
EAST ASIA AND THE			GRANTS TO RECIPIENTS IN THE		
PACIFIC	0	0	REGION		942,185.
			GRANTS TO RECIPIENT IN		
EUROPE	0	0	REGION		250,642.
				WAGES, TRAVEL COSTS,	
				PRODUCTION, OTHER COSTS,	
				IMPLEMENTATION OF	
SOUTH AMERICA	1	13	PROGRAM SERVICES	COMPREHENSIVE SAFE WATER	697,408.
• • • • • • •					14 050 600
3 a Subtotal	8	292			14,959,628.
<b>b</b> Total from continuation	_				
sheets to Part I	0	0			0.
c Totals (add lines 3a	8	292			14 959 639
and 3b)					14,959,628.
LHA For Paperwork Reduct	ION ACT NOTICE,	see the instruct	uons for Form 990.	Schedule F	Form 990) 2021

SEE PART V FOR COLUMN (E) DESCRIPTIONS

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.

Name of the organization

SCHEDULE F (Form 990)

OMB No. 1545-0047
2021
Open to Public Inspection

Employer identification number

57-1116978

132071 12-20-21

Department of the Treasury Internal Revenue Service

WATER	MISSIONS	INTERNATIONAL

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) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) 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)
		EAST ASIA AND THE	SUPPORTING WATER					
		PACIFIC	PROJECTS	509,897.	WIRE TRANSFER	432,288.	NET ASSETS	воок
			SUPPORTING WATER					
		EUROPE	PROJECTS	66,000.	WIRE TRANSFER	0.		
		EUROPE	SUPPORTING WATER PROJECTS	32 000	WIRE TRANSFER	0.		
				52,000.		••		
			SUPPORTING WATER					
		EUROPE	PROJECTS	30,000.	WIRE TRANSFER	0.		
			SUPPORTING WATER					
		EUROPE	PROJECTS	27,208.	WIRE TRANSFER	0.		
			SUPPORTING WATER					
		EUROPE	PROJECTS	20,000.	WIRE TRANSFER	0.		
			SUPPORTING WATER					
		EUROPE	PROJECTS	16,000.	WIRE TRANSFER	٥.		
		EUROPE	SUPPORTING WATER PROJECTS	13 219	WIRE TRANSFER	0.		
2 Enter total number of			recognized as charities by the				1	
			or counsel has provided a sec					11
3 Enter total number of			·	·····	·····			0

Schedule F (Form 990) 2021

Schedule F (Form 990)	WATER	MISSIONS IN	TERNATIONAL		57-11	16978		Page <b>2</b>
	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9		)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	SUPPORTING WATER PROJECTS	12,700.	WIRE TRANSFER	0.		
		EUROPE	SUPPORTING WATER PROJECTS	11,500.	WIRE TRANSFER	0.		
		EUROPE	SUPPORTING WATER PROJECTS	7,275.	WIRE TRANSFER	0.		

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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
SUPPORTING WATER PROJECTS	EUROPE	1	6,815.	WIRE TRANSFER	0.		
							<u> </u>

Schedule F (Form 990) 2021

Part IV Fo	preign Form	S		
Schedule F (For	m 990) 2021	WATER	MISSIONS	INTERNATIONAL

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	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," <i>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)</i>	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</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

132074 12-20-21

#### WATER MISSIONS INTERNATIONAL Schedule F (Form 990) 2021 Part V | Supplemental Information

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

PART I, LINE 2:

THE ORGANIZATION TRACKED EXPENDITURES IN ACCORDANCE WITH ACCRUAL BASIS OF

ACCOUNTING USING PROJECT REPORTS.

PART I, LINE 3, COLUMN (E):

**REGION: SUB-SAHARAN AFRICA** 

(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: CENTRAL AMERICA AND THE CARIBBEAN

(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** 

(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: SOUTH AMERICA** 

(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 Schedule F (Form 990) 2021 132075 12-20-21

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Schedule F (Form 990) 2021 WAT	ER MISSIONS	INTERNATIONAL
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 Part V
 Supplemental Information

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

### ACCORDANCE WITH THE MISSION.

Schedule F (Form 990) 2021

132075 12-20-21

SCHEDULE G	SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities						ties	S OMB No. 1545-0047	
(Form 990)		e organization answered "Yes" on organization entered more than \$1				or 19, c	or if the	2021	
Department of the Treasury		Attach to Form 990	or Fo	r <b>m 99</b>	0-EZ.			Open to Public	
Internal Revenue Service	► G	o to www.irs.gov/Form990 for instr	uction	s and	the latest informati			Inspection	
Name of the organization	า						Employer ide	ntification number	
WATER MISSIONS INTERNATIONAL 57-11								978	
	complete this par	<ul> <li>Complete if the organization answert.</li> </ul>	ered "Y	es" or	n Form 990, Part IV, I	line 17	. Form 990-EZ	filers are not	
· · ·		sed funds through any of the followir	na activ	vities. (	Check all that apply.				
a X Mail solicitat	-		-		overnment grants				
<b>b</b> X Internet and				•	nment grants				
c Phone solici		g X Special		-	-				
d X In-person so		g [11] Opecial	Turiure	lising	events				
			(:		George diverteurs two				
•		or oral agreement with any individual	•	•		stees, c			
• • •		Part VII) or entity in connection with p			-		X Yes		
•	<b>e</b> .	viduals or entities (fundraisers) pursu	ant to	agree	ments under which th	he fund	draiser is to be	e	
compensated at le	ast \$5,000 by the	e organization.							
			(iii)	Did		(v) A	mount paid		
(i) Name and addres	s of individual	(ii) Activity	(iii) fundr have c	aiser	(iv) Gross receipts	to (or	retained by)	(vi) Amount paid to (or retained by)	
or entity (fund	draiser)	(II) ACTIVITY		ntrol of	from activity		undraiser	organization	
			contrib	utions?		liste	ed in col. (i)		
MASTERWORKS - 1946	2 POWDER	CONSULTING, PLANNING, AND	Yes	No					
HILL PL NE, POULSBO	D, WA	EXECUTING DIRECT MAIL		x	609,839.		142,787.	467,052.	
STRAW GROUP - 2161	SANDY	CONSULTING ON NURTURE							
POINT LN, MT. PLEAS	SANT, SC	EMAIL CAMPAIGN		x	529.		11,000.	-10,471.	
PARTNERSHIPS WITH	PURPOSE -	CONSULTING ON							
18 SOUTH POTOMAC ST	FREET,	INSTITUTIONAL FUNDING		x	0.		9,900.	-9,900.	
MONEY FOR MINISTRI		PLANNED GIFT MINISTRY					,	,	
E. PARIS AVE SE, G	RAND	SERVICES		x	0.		10,115.	-10,115.	
							_ ,		
Total	<u></u>		<u></u> .		610,368.		173,802.	436,566.	
3 List all states in wh	ich the organizatio	on is registered or licensed to solicit (	contrib	utions	or has been notified	l it is e	kempt from re	gistration	
or licensing.									
		<b>AN 11T TT 12A 1232 TN 1</b>		(T )			NO ND	ATT OD DA	

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, DE, ID, IN, IA, ME, MA, MO, MT, NE, NV, TX, VT, VA, WA, WV, WI, WY, ND, SD

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2021

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990.FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. Lis	st events with gross receip	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			WALK FOR		NONE	. ,
			WATER			(add col. (a) through
			(event type)	(event type)	(total number)	- col. <b>(c)</b> )
IUe						
Revenue		Overe vereinte	506,200.			506,200.
Re	'	Gross receipts	500,200.			500,200.
	~		506,200.			506,200.
	2	Less: Contributions	500,200.			500,200.
	_					
	3	Gross income (line 1 minus line 2)				
	_					
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses						
nec	6	Rent/facility costs				
ËX						
sct	7	Food and beverages				
Dir						
	8	Entertainment				
	9	Other direct expenses	250,266.			250,266.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	250,266.
	11	Net income summary. Subtract line 10 from li	ine 3, column (d)		►	-250,266.
Pa	rt I	<b>II</b> Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, o	or reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
				(b) Pull tabs/instant	(a) Other coming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bing	0 (c) Other gaming	col. (a) through col. (c))
eve						
æ	1	Gross revenue				
	2	Cash prizes				
Expenses						
Den	3	Noncash prizes				
ĔX	-					
Direct	4	Rent/facility costs				
Dir	-					
	5	Other direct expenses				
	5				% Yes %	
	~		Yes%			
	6	Volunteer labor	No	No	No	
	-				L	
	1	Direct expense summary. Add lines 2 through	1 5 IN COIUMN (d)		▶	
	_					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		····· •	
		ter the state(s) in which the organization condu	· · -			
		the 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 ta	ix year?	Yes No
b	lf "	Yes," explain:				
	0 10	)-21-21			Sche	dule G (Form 990) 2021

Sch	edule G (Form 990) 2021	WATER MISSIONS J	INTERNATIONAL	57-1	116978	Page 3
11	Does the organization conduct g	aming activities with nonmembers			Yes	No
12	Is the organization a grantor, be	neficiary or trustee of a trust, or a n	nember of a partnership or other	entity formed		
		•			Yes	No
	Indicate the percentage of gami			1		
					13a	%
					13b	%
14	Enter the name and address of t	he person who prepares the organ	ization's gaming/special events b	ooks and records:		
	Name 🕨					
	Address 🕨					
15a	Does the organization have a co	ntract with a third party from whon	n the organization receives gamir	ıg revenue?	Yes	No No
b	If "Yes," enter the amount of ga	ning revenue received by the orga	nization 🕨 \$	and the amount		
		ne third party ►\$		_		
с	If "Yes," enter name and addres	s of the third party:				
	Name ►					
	Address 🕨					
16	Gaming manager information:					
	Name ►					
	Gaming manager compensation	▶ \$				
	Description of services provided					
			1			
	Director/officer	Employee	Independent contractor			
17	Mandatory distributions:					
	•	er state law to make charitable dist	ributions from the gaming procee	eds to		
	retain the state gaming license?				Yes	No
b		s required under state law to be dis				
	organization's own exempt activ					
Pa		rmation. Provide the explanatio is applicable. Also provide any add			: III, lines 9, 9	9b, 10b,
	100, 100, 10, and 170, a					
SC	HEDULE G, PART I,	LINE 2B, LIST OF	TEN HIGHEST PAIL	) FUNDRAISERS	:	
	· · · · · · · · · · · · · · · · · · ·					
(1	) NAME OF FUNDRAI	SER: MASTERWORKS				
<u>(I</u>	) ADDRESS OF FUNI	RAISER: 19462 POW	DER HILL PL NE, 1	POULSBO, WA	98370	
(I		ULTING, PLANNING,	AND EXECUTING D	IRECT MATL AC	ͲτντͲϒ	
<u>\                                    </u>	<u>, nerryrr, com</u>					
	<b>)</b>					
<u>(I</u>	) NAME OF FUNDRAI	SER: STRAW GROUP				
<u>(I</u>	) ADDRESS OF FUNI	RAISER: 2161 SAND	Y POINT LN, MT.	PLEASANT, SC	29466	
13208	33 10-21-21		40	Schedu	lle G (Form	990) 2021

08170421 758275 3217.000

2021.05070 WATER MISSIONS INTERNATIO 3217.001

Schedule G (Form 990) WATER MISSIONS INTERNATIONAL Part IV Supplemental Information (continued)	57-1116978 Page 4
Part IV Supplemental Information (continued)	
(I) NAME OF FUNDRAISER: PARTNERSHIPS WITH PURPOSE	
(I) ADDRESS OF FUNDRAISER: 18 SOUTH POTOMAC STREET, BALTIMO	ORE, MD 21224
(I) NAME OF FUNDRAISER: MONEY FOR MINISTRIES	
(I) ADDRESS OF FUNDRAISER: 3901 E. PARIS AVE SE, GRAND RAP:	IDS, MI 49512
	Schedule G (Form 990)
	. ,

132084 11-18-21

SCHEDULE I (Form 990)		arants and Oth vernments, ar					OMB No. 1545-0047
		ete if the organizatio					ZUZ I
Department of the Treasury			Attach to Formation	m 990.			Open to Public
Internal Revenue Service		Go to www.in	rs.gov/Form990 fo	r the latest inform	nation.		Inspection
Name of the organization WATER MIS	SIONS INT	ERNATIONAL					Employer identification number 57-1116978
Part I General Information on Grants a	nd Assistance						
<ol> <li>Does the organization maintain records to criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro-</li> </ol>	stance?						
Part II         Grants and Other Assistance to recipient that received more than S	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
GLOBAL WATER CENTER 1150 MOLLY GREENE WAY, BLDG 1605 NORTH CHARLESTON, SC 29405	84-5144926	501(C)(3)	101,000.	0.			SUPPORT TOWARDS WATER PROJECT OPERATIONS
ONEHOPE, INC. 600 SW 3RD STREET POMPANO BEACH, FL 33060	65-0246247	501(C)(3)	50,000.	0.			SUPPORT TOWARDS UKRAINE WATER PROJECT
BETHEL CHURCH 933 COLLEGE VIEW DRIVE REDDING, CA 96003	94-1514037	501(C)(3)	10,000.	0.			SUPPORT TOWARDS UKRAINE WATER PROJECT
SAVE UKRAINE NOW, INC. 30 NORTH GOULD SREET, SUITE 25200 SHERIDAN, WY 82801	88-0979400	501(C)(3)	23,848.	0.			SUPPORT TOWARDS UKRAINE WATER PROJECT
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organizations</li> </ul>		, 	e line 1 table				↓ <u>4.</u> 

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

Schedule I (Form 990) 2021

Part IV

Schedule I (Form 990) 2021

Part III can be duplicated if additional space is needed.

Part III

### WATER MISSIONS INTERNATIONAL

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

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

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57-1116978

SC	HEDULE J   Compensation Information	I	OMB No. 1	545-004	47
	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		00		
<b>(</b>	Compensated Employees		20	21	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Open to	Publ	ic
	tment of the Treasury Al Revenue Service ■ Go to www.irs.gov/Form990 for instructions and the latest information.	_	Inspe		
		mployer ic	lentificatio	on nur	nber
	WATER MISSIONS INTERNATIONAL	57-1	11697	8	
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 99	90,			
	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	al use			
	X Travel for companions Payments for business use of personal resid	dence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account Personal services (such as maid, chauffeur,	chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b		X
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	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's				
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization	to			
	establish compensation of the CEO/Executive Director, but explain in Part III.				
	X Compensation committee Written employment contract				
	Independent compensation consultant I Compensation survey or study				
	Form 990 of other organizations X Approval by the board or compensation com	nmittee			
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:				
	Receive a severance payment or change-of-control payment?		<b>4</b> a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?				X
С	Participate in or receive payment from an equity-based compensation arrangement?		<b>4c</b>		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the revenues of:		-		v
	The organization?				X X
a	Any related organization?		. <u>5b</u>		
~	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:		0-		y
	The organization?				X X
a	Any related organization?		. <u>6b</u>		
-	If "Yes" on line 6a or 6b, describe in Part III.				
1	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		-		x
0	not described on lines 5 and 6? If "Yes," describe in Part III		7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract expertion departies departies acction 52 4058 4(a)(2)2 If "Yee " departies in Part III.				x
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		. 9		
	Regulations section 53.4958-6(c)? For Paperwork Reduction Act Notice, see the Instructions for Form 990.		9 Jej J (Forn	. 000	2024
LLIN		Schedi	are o (rorn	1 990)	2021

132111 11-02-21

### 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-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) GEORGE C GREENE IV	(i)	169,567.	0.	15,407.	6,180.	27,727.	218,881.	0.
CHIEF EXECUTIVE OFFICER & PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SETH WOMBLE	(i)	129,369.	0.	30,628.	5,271.	27,614.	192,882.	0.
EVP OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RODNEY FREEMAN	(i)	149,894.	0.	11,221.	5,172.	23,182.	189,469.	0.
COO & INTERIM CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MICHAEL POUW	(i)	116,626.	0.	14,850.	4,428.	22,736.	158,640.	0.
CHIEF INFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JENNIFER MCHUGH	(i)	120,703.	0.	20,145.	4,355.	10,908.	156,111.	0.
EVP PARTNERSHIPS & COMMUNICATIONS	(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)							

Schedule J (Form 990) 2021

#### 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.

### PART I, LINE 1A:

TRAVEL FOR SPOUSES OR OTHER FAMILY MEMBERS:

THE BOARD OF DIRECTORS RECOGNIZES THAT SPOUSES AND OTHER FAMILY MEMBERS ARE

OFTEN PASSIONATE AMBASSADORS AND MINISTRY PARTNERS WHOSE FAMILIARITY,

SUPPORT, AND DIRECT INVOLVEMENT CAN EXPAND THE IMPACT OF THE MISSION OF

HONORING GOD BY BUILDING SAFE WATER, SANITATION, AND HYGIENE SOLUTIONS IN

DEVELOPING COUNTRIES AND DISASTER AREAS. MANAGEMENT HAS IMPLEMENTED THE

BOARD'S RECOMMENDATION TO ACTIVELY CULTIVATE THE INVOLVEMENT AND EDUCATION

OF SPOUSES AND OTHER FAMILY MEMBERS OF BOARD MEMBERS AND STAFF IN MINISTRY

ACTIVITY THROUGH VOLUNTEER SERVICES, TRAINING, DISCIPLESHIP, PRAYER, AND

SHARING ABOUT THE GLOBAL WATER CRISIS AND GOD'S WORK THROUGH WATER MISSION.

LISTED PERSONS WITH TRAVEL BY A SPOUSE AND/OR OTHER FAMILY MEMBER(S) WERE

AS FOLLOWS:

EIGHT BOARD MEMBERS, INCLUDING ONE OFFICER AND HIGHLY COMPENSATED EMPLOYEE,

WERE ACCOMPANIED BY A SPOUSE AND/OR OTHER FAMILY MEMBER(S) ON MINISTRY

ACTIVITIES. AMOUNTS PAID WERE NOT TREATED AS TAXABLE TO THE PARTICIPANTS

BECAUSE THE ACTIVITIES WERE CONSISTENT WITH THE BONA FIDE MINISTRY PURPOSES

OF WATER MISSION.

NO BOARD MEMBERS, OFFICERS, OR HIGHLY COMPENSATED EMPLOYEES WERE

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.

### ACCOMPANIED BY A FAMILY MEMBER NOT ON MINISTRY ACTIVITY.

NO WRITTEN POLICY WAS IN PLACE AT THE TIME, BUT THE EXECUTIVE CHAIRMAN

DETERMINED THAT PAYMENT OF THESE COSTS WAS BOTH MINIMAL AND WOULD FOSTER

SPOUSE PARTICIPATION AND EDUCATION ABOUT THE GLOBAL WATER CRISIS AND WATER

MISSION'S WORK. THE MINISTRY IS FORMALIZING A WRITTEN POLICY REGARDING THE

COST OF TRAVEL BY FAMILY MEMBERS OF BOARD MEMBERS AND STAFF.

Schedule J (Form 990) 2021

SCHEDULE L		Transactio	ns V	Vith	Interest	ed F	Persons			O	MB No. '	1545-00	47
(Form 990)	Complete if	the organization an 28b, or 28c,			" on Form 990, -EZ, Part V, line			6, 27,	28a,		2	02	1
Department of the Treasury	•				990 or Form 99						pen T		lic
Internal Revenue Service Name of the organization		io to www.irs.gov/F	orm99	0 for ii	istructions and	I the la	test information.	Emr		ident	spect		mbor
Name of the organization		AISSIONS IN	JTER	лат.	IONAL.				-	169		on nu	mbei
Part I Excess I		actions (section 5				d secti	on 501(c)(29) orgar				/0		
		answered "Yes" on											
1 (a) Name of disqual	ified person	(b) Relationship bet			ified	(c)	Description of trans	actio	n		(d)	cted?	
		person and c	organiza	ation		(0)		Bactio			<u> </u>	es	No
											+		
											-		
											-		
2 Enter the amount o		0	Ũ		· ·				•				
section 4958 3 Enter the amount o		a 2 abovo roimbur							> \$ •				
	i tax, ii aiiy, oli iii		seu by	uie oių					φ				
Part II Loans to	and/or From	n Interested Per	sons.										
Complete i	f the organization	answered "Yes" on	Form 9	990-EZ	, Part V, line 38a	a or Fo	rm 990, Part IV, line	e 26; c	or if th	e orga	nizatio	n	
		n 990, Part X, line 5,								(h) /n	nrovad		
(a) Name of interested person	(b) Relation with organiz		fror	oan to or m the	(e) Original principal amou		(f) Balance due	(g) defa		( <b>h)</b> Ap by bo	ard or		/ritten ement?
	with organi			ization? From			-	Yes	No	comm Yes		Yes	1
				FIOIII				165	NU	165		163	
													<u> </u>
Total			<u></u>			▶ \$							
		Benefiting Inter											
		answered "Yes" on				t of				10			4
(a) Name of intere	sted person	(b) Relationship interested per the organiz	son an		<b>(c)</b> Amoun <sup>:</sup> assistanc		(d) Type assistanc				) Purp assista		1
		+							-+				

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

Schedule L (Form 990) 2021

132131 11-02-21

Schedule L (Form 990) 2021 WATER	MISSIONS INTERNATIONAL 57-	1116978 Page 2
Part IV Business Transactions Involvi	ng Interested Persons.	
Complete if the organization answered	Yes" on Form 990, Part IV, line 28a, 28b, or 28c.	
(a) Name of interested person	(b) Relationship between interested person and the organization(c) Amount of transaction(d) Descrip transact	I organization s
		Yes No
GEORGE C. GREENE IV , CEO	SON OF GEORGE C. GR 218,881.COMPENS	ATIO X
Part V Supplemental Information.		

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: GEORGE C. GREENE IV , CEO & PRESIDENT

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SON OF GEORGE C. GREENE III, EXECUTIVE CHAIRMAN

(D) DESCRIPTION OF TRANSACTION: COMPENSATION AND BENEFITS

Schedule L (Form 990) 2021

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### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

2021

**Open to Public** 

Inspection

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.

Attach to Form 990.

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

# Name of the organization

Employer identification number 57-1116978

WATER	MISSIONS	INTERNATIONAL

Par	t I Types of Property							
		<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 dete noncash contributio			3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		15,786.	RETAIL VALUE			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	29	2,415,324.	STOCK MARKET	VA	LUE	3
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19 00	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts Other  (MANUFACTURING)	x	308	2 107 778	RETAIL VALUE			
25 26	Other $\blacktriangleright$ ( <u>MANUFACTURING</u> ) Other $\blacktriangleright$ ()		500	2,107,770.	KEINID VADOE			
27	Other ( )							
28	Other ( )							
29	Number of Forms 8283 received by the organiz	I zation during	I the tax year for o					
25	for which the organization completed Form 828							
	for which the organization completed rorm oz	00, i ait v, E					Yes	No
30a	During the year, did the organization receive by	v contributio	n any property rep	orted in Part L lines 1 throug	h 28 that it			110
000	must hold for at least three years from the date		• • • • •					
	exempt purposes for the entire holding period?					30a		х
h	If "Yes," describe the arrangement in Part II.					504		
31	Does the organization have a gift acceptance p	oolicy that re	auires the review (	of any nonstandard contribut	ions?	31	x	
	Does the organization have a girl acceptance p Does the organization hire or use third parties	•	-	•		-		
02a	contributions?		•	· • ·		32a		х
b	If "Yes," describe in Part II.				F	-		
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	/ for which column (a) is cheo	cked,			
	describe in Part II.		,, , , , , , , ,					
I HA		the Instruct	tions for Form 990	1	Schedule M (	Form	990)	2021

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization
	<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.
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_	
132142 11-17-	Schedule M (Form 990) 202 <sup>-</sup>
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Schedule M (Form 990) 2021 WATER MISSIONS INTERNATIONAL

SCHEDULE O (Form 990)

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 Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



57-1116978

WATER MISSIONS INTERNATIONAL

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

LONG-TERM SUCCESS REQUIRES COMMUNITY INVOLVEMENT, SO WE EDUCATE AND

EQUIP RESIDENTS TO OPERATE SYSTEMS AND MANAGE PROJECTS IN A FINANCIALLY

SUSTAINABLE MANNER.

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

UNUSED IN REFUGEE SETTINGS, SUCH AS SOLAR-POWERED PUMPING AND WATER

TREATMENT .

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

UGANDA, MALAWI, KENYA, HONDURAS,

HAITI, PERU, MEXICO, TANZANIA

FORM 990, PART VI, SECTION A, LINE 1A:

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 C. GREENE III, EXECUTIVE CHAIRMAN, AND GEORGE C. GREENE IV, CEO AND

 PRESIDENT
 FAMILY RELATIONSHIP. GEORGE C. GREENE III, EXECUTIVE CHAIRMAN,

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

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 11-11-21

08170421 758275 3217.000

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

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

BY THE TOP FINANCIAL OFFICIALS AND TOP MANAGEMENT OFFICIALS OF THE

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

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

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

CONFLICT OF INTEREST DISCLOSURE STATEMENTS ARE COMPLETED ANNUALLY IN SEPTEMBER BY WATER MISSION'S REPRESENTATIVES, INCLUDING BUT NOT RESTRICTED TO, OFFICERS AND BOARD MEMBERS WHO REPRESENT THE MINISTRY. THE TREASURER IS RESPONSIBLE FOR ENSURING THAT ALL FORMS ARE COMPLETED, AND THE FINANCE AND AUDIT COMMITTEE REVIEW THE COMPLETED DISCLOSURE STATEMENTS AS PART OF THEIR SCHEDULED MONITORING PROCESS. IF A MATTER RELATED TO A POTENTIAL CONFLICT WERE TO ARISE AT A BOARD MEETING, THE INTERESTED PERSON WOULD ABSTAIN FROM VOTING ON MATTERS RELATED TO THE NOTED CONFLICT.

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

THE COMPENSATION FOR THE 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.

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Name of the organization WATER MISSIONS INTERNATIONAL	Employer identification number 57-1116978
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, C	R, PA, RI, SC, TN, UT
VA,WV,WI,VA,AZ	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION PROVIDES GOVERNING DOCUMENTS, CONFLICT OF	INTEREST POLICY,
AND FINANCIAL STATEMENTS TO THE PUBLIC EITHER ON ITS WEBSI	TE OR UPON
REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
FOREIGN CURRENCY TRANSLATION ADJUSTMENT	-204,875.

Page 2

Schedule O (Form 990) 2021

# SCHEDULE R

## (Form 990)

# **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

OMB No. 1545-0047

2021 Open to Public Inspection

Employer identification number

57-1116978

Department of the Treasury Internal Revenue Service

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

Name of the organization

### 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)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) trolled tity?
		<b>G</b> <i>3,</i>		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) 2021

Part II Continuation of Identification of Related Tax-Exempt Organizations

<b>(a)</b> Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled zation?
		<b>c</b> <i>n</i>		501(c)(3))		Yes	No
MISSION D'EAU HAITI	IMPLEMENTATION OF PROJECTS						
CARREFOUR MARIN 21 3 RUE MILFORT	IN ACCORDANCE WITH THE				WATER MISSIONS		
BON REPOS, HAITI	MISSION	HAITI			INTERNATIONAL		х
MISIONES DEL AGUA INTERNACIONAL	IMPLEMENTATION OF PROJECTS						
BO SAN ISIDRO CASTADO SUR DEL EST	IN ACCORDANCE WITH THE				WATER MISSIONS		
TOCOA, HONDURAS	MISSION	HONDURAS			INTERNATIONAL		х
MISIONES DEL AGUA MEXICO	IMPLEMENTATION OF PROJECTS						
CALLE PRIV LA AURORA NO 14	IN ACCORDANCE WITH THE				WATER MISSIONS		
SAN CRISTOBAL DE LAS CASAS, MEXICO	MISSION	MEXICO			INTERNATIONAL		х
WATER MISSIONS INTERNATIONAL - TANZANIA	IMPLEMENTATION OF PROJECTS			1			
PO BOX 60036 KAWE PLOT 577	IN ACCORDANCE WITH THE				WATER MISSIONS		
DAR ES SALAAM, TANZANIA	MISSION	TANZANIA			INTERNATIONAL		х
GLOBAL WATER CENTER - 84-5144926							
1150 MOLLY GREENE WAY BLDG 1605	SERVICES TO ERADICATE THE						
NORTH CHARLESTON, SC 29405	GLOBAL WATER CRISIS	SOUTH CAROLINA	501(C)(3)	LINE 7			х
							Ļ
	_						
							<u> </u>
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### Schedule R (Form 990) 2021 WATER MISSIONS INTERNATIONAL

57-1116978 Page 2

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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)				
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Predominant income (related, unrelated, excluded from tax under	Share of total income		Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership			
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10				
	1														
	1														
	-														
	-														
	-														
	-														
	]														
	]														
	1														
	1	1	1			1	L	L	1	<u> </u>					

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	512(b contr	(i) ction b)(13) rolled tity?
		country)				400010		Yes	No
	1								

## Schedule R (Form 990) 2021 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.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b	X	
	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11	X	
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		X
<u>s</u>	Other transfer of cash or property from related organization(s)	1s		X
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.			

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) GLOBAL WATER CENTER	В	101,000.	FMV
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

### Schedule R (Form 990) 2021 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 partner 501(c org: <b>Yes</b>	all rs sec. c)(3) s.?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(ř Dispr tior alloca <b>Yes</b>	n) opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn	) ging ter?	<b>(k)</b> Percentage ownership
			30010113 0 12 0 14)	Yes	NO			Yes	NO		Yes	NO	

Schedule R (Form 990) 2021

### Part VII Supplemental Information

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

Schedule R (Form 990) 2021

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