

# COPY OF FORM 990

(TO BE USED, OR COPIED, FOR)

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## **\*\*PUBLIC INSPECTION ONLY\*\***

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### NOTE

Under Internal Revenue Regulations, tax-exempt charitable organizations generally must provide requesters with COPIES of:

- Its approved exemption applications, all required attachments and any related correspondence with the IRS, and
- Its three most recent annual information returns (Form 990), including all schedules and attachments (but not the names and addresses of contributors).

**In-person requests:** A member of the public may request to inspect the documents at any principal office of the organization. The entity must provide the information requested that same day. However, if the request places an “unreasonable burden” on the organization, the staff must provide copies of the requested information no later than the next business day after the unusual circumstances cease to exist (limited to a maximum of five business days after the request).

**Written requests:** Written requests made by fax, mail, email, or overnight service, which include the requester’s address, must be honored within 30 days of receipt.

**Website alternative:** Instead of providing copies, an organization may make the documents available on either its own or another organization's website. If it uses this option, it has to: (1) provide an exact replica of the document as was filed with the IRS; (2) advise requesters how to access the forms on the web; (3) the site should charge no access fee and require no special software or hardware to download. Organizations that post this information on the Internet still must honor in-person requests to view the applicable documents.

**Permissible charges:** Tax-exempt organizations may charge a reasonable copying fee, up to \$1 for the first page and 15 cents for each additional page, plus actual postage costs.

**Penalties:** An organization that fails to comply with the new disclosure requirements may be subject to the following penalties:

- Annual Information Return – Form 990 - \$20 per day for as long as the failure continues, up to a maximum of \$10,000 for each failure to provide an annual return.
- Exemption Application - \$20 per day with no maximum.
- An organization that willfully fails to comply with these public inspection rules can be subject to an additional \$5,000 penalty.

**Private foundation exempt:** The new disclosure rules don't yet apply to private foundations. They must still make a copy of their annual return available for public inspection at their principal office for a period of 180 days after publishing a notice of availability.

**Donor Information:** Please note that donor information is not open to public inspection and has been excluded from this copy.

Form **990**

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

# 2014

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the **2014** calendar year, or tax year beginning **OCT 1, 2014** and ending **SEP 30, 2015**

|  |  |   |   |
|--|--|---|---|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>Water Missions International                                    |   | <b>D</b> Employer identification number<br>57-1116978 |
|  | Doing business as Water Mission  |   | <b>E</b> Telephone number<br>843-769-7395             |
|  | Number and street (or P.O. box if mail is not delivered to street address)                       | Room/suite  |   |
|  | P.O. Box 31258   |   | <b>G</b> Gross receipts \$ 10,413,040.                |
|  | City or town, state or province, country, and ZIP or foreign postal code<br>Charleston, SC 29417 |   |   |
| <b>F</b> Name and address of principal officer: George C. Greene III<br>same as C above  |  | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c)</b> Group exemption number |   |

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: [www.watermission.org](http://www.watermission.org)

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 2001 **M** State of legal domicile: SC

## Part I Summary

|   |  |                           |              |
|---|--|---------------------------|--------------|
| <b>Activities &amp; Governance</b>                                      | <b>1</b> Briefly describe the organization's mission or most significant activities: Provide sustainable access to safe water & sanitation in developing countries & disaster areas. |                           |              |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                     |                           |              |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>                  | 13           |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>                  | 11           |
|   | <b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)  | <b>5</b>                  | 45           |
|   | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>                  | 500          |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                 | 0.           |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 | <b>7b</b>  | 0.                        |              |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)   | Prior Year                | Current Year |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)  | 9,208,167.                | 10,181,843.  |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 0.                        | 0.           |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 12,576.                   | 7,065.       |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | <83,972.>                 | <245,394.>   |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 9,136,771.                | 9,943,514.   |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | 4,319,801.                | 5,367,138.   |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  | 0.                        | 0.           |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 2,249,097.                | 2,759,763.   |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   | 0.                        | 5,750.       |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25)   | 979,988.                  |              |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | 3,208,173.                | 2,459,103.   |
|   | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | 9,777,071.                | 10,591,754.  |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12          | <640,300.>   | <648,240.>                |              |
| <b>Net Assets or Fund Balances</b>                                      | <b>20</b> Total assets (Part X, line 16)   | Beginning of Current Year | End of Year  |
|   | <b>21</b> Total liabilities (Part X, line 26)  | 7,256,942.                | 6,652,367.   |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20   | 305,094.                  | 348,759.     |
| <b>22</b> Net assets or fund balances. Subtract line 21 from line 20    | 6,951,848.   | 6,303,608.                |              |

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|  |   |  |                        |   |                   |
|--|---|--|------------------------|---|-------------------|
| <b>Sign Here</b>   | Signature of officer  | Date   |                        |   |                   |
|  | George C. Greene III, CEO & Founder<br>Type or print name and title |  |                        |   |                   |
| <b>Paid Preparer Use Only</b>  | Print/Type preparer's name<br>David C. Moja                         | Preparer's signature<br><i>David C. Moja</i> | Date<br>1/29/16        | Check if self-employed <input type="checkbox"/> | PTIN<br>P00747006 |
|  | Firm's name<br>Capin Crouse LLP                                     | Firm's EIN<br>36-3990892                     | Phone no. 317-885-2620 |   |                   |
| Firm's address<br>1255 Lakes Parkway, Suite 130<br>Lawrenceville, GA 30043 |   |  |                        |   |                   |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: To be a best in class Christian engineering ministry that transforms lives through sustainable safe water solutions.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 7,447,321. including grants of \$ 5,367,138. ) (Revenue \$ 7,434. ) Community Development: Water Mission takes a comprehensive approach to combating the global water crisis by providing safe water, sanitation and hygiene (WASH) solutions for entire communities in need.

4b (Code: ) (Expenses \$ 1,131,991. including grants of \$ 0. ) (Revenue \$ 0. ) Disaster Response: The Living Water Treatment System (LWTS) originally designed in 1998 by Water Mission's co-founder and CEO, Dr. George Greene III, PhD, PE, is a miniature water treatment plant that utilizes rapid sand filtration and chemical disinfection for the production of safe drinking water at a rate greater than 10 gallons per minute.

4c (Code: ) (Expenses \$ 357,524. including grants of \$ 0. ) (Revenue \$ 0. ) Engineering Innovation: Water Mission designs and utilizes the latest innovative technologies in the implementation of safe water and sanitation projects. Water Mission engineers design customized solutions to fit the unique circumstances of each community served.

4d Other program services (Describe in Schedule O.) (Expenses \$ 32,210. including grants of \$ 0. ) (Revenue \$ 0. )

4e Total program service expenses 8,969,046.

**Part IV Checklist of Required Schedules**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i> .....  | X   |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....  | X   |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....  |     | X  |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....   |     | X  |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....   |     | X  |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....  |     | X  |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....  |     | X  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....   |     | X  |
| <b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....            |     | X  |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....   |     | X  |
| <b>11</b> 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.   |     |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....   | X   |    |
| <b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....   |     | X  |
| <b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....   |     | X  |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....  |     | X  |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....   |     | X  |
| <b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....  | X   |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....  |     | X  |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....  | X   |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....  |     | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....  | X   |    |
| <b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> ..... | X   |    |
| <b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....   | X   |    |
| <b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....   |     | X  |
| <b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> .....   |     | X  |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....   | X   |    |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....   |     | X  |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....   |     | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....   |     | X  |

**Part IV Checklist of Required Schedules** (continued)

|  | Yes | No |
|--|-----|----|
| <b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....   |     | X  |
| <b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....   |     | X  |
| <b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....  |     | X  |
| <b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....                           |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....   |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....  |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....   |     |    |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....   |     | X  |
| <b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....                                 |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> ..... |     | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....   | X   |    |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....  | X   |    |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....  |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....  |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....  |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....  |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....  | X   |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....   |     | X  |
| <b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....  |     |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....  |     | X  |
| <b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....   |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....   | X   |    |

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Contains questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 720.

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

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

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. |     |    |
|           | <b>1a</b> 13   |     |    |
| <b>b</b>  | Enter the number of voting members included in line 1a, above, who are independent   |     |    |
|           | <b>1b</b> 11   |     |    |
| <b>2</b>  | 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?  | X   |    |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?   |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   |     | X  |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   |     | X  |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>a</b>  | The governing body?  | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?  | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O   |     | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   |     | X  |
| <b>b</b>   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   |     |    |
| <b>10b</b> |  |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | X   |    |
| <b>b</b>   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | X   |    |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>c</b>   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | X   |    |
| <b>12c</b> |  | X   |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | X   |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | X   |    |
| <b>15</b>  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |     |    |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>b</b>   | Other officers or key employees of the organization  | X   |    |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| <b>b</b>   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? |     |    |
| <b>16b</b> |  |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **Bernard Drackwicz - 843-769-7395**  
**1150 Kinzer St, Bldg 1605, N. Charleston, SC 29405-1814**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)<br>Name and Title                                     | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) George C. Greene, III<br>CEO & Founder                | 10.00<br>40.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (2) Molly F. Greene<br>Board Chair & Founder              | 40.00<br>10.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (3) W Russell Smith<br>Secretary                          | 3.50  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (4) Carl W. Ehmann<br>Treasurer                           | 3.50  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (5) Steve Cox<br>Director                                 | 3.50  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) Andrew W. Fairey<br>Director                          | 3.50  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) Robert W. Greene<br>Director                          | 3.50  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) Daniel R. Grover<br>Director                          | 3.50  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) James J. Loscheider<br>Director                       | 3.50  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) Bradford S. Marshall<br>Director                     | 3.50  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) Robert L. Medlin<br>Director                         | 3.50  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (12) Larry Mulder<br>Director                             | 3.50  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (13) Bruce Okkema<br>Director                             | 3.50  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (14) George C. Greene, IV<br>President & COO              | 10.00<br>40.00  |   |                       | X       |              |                              |        | 113,618.   | 0.  | 33,805.   |
| (15) Bernard Drackwicz<br>EVP/Controller                  | 50.00   |   |                       | X       |              |                              |        | 15,625.  | 0.  | 470.  |
| (16) Seth Womble<br>EVP Operations                        | 50.00   |   |                       |         |              | X                            |        | 102,058.   | 0.  | 11,404.   |
| (17) Charles Hook<br>EVP Volunteer & Investor Partnership | 50.00   |   |                       |         |              | X                            |        | 101,447.   | 0.  | 9,501.  |



Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes sub-totals for lines 1b, 1c, and 1d.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a 'NONE' entry in column A.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

**Part VIII Statement of Revenue**

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

|   |   |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue excluded<br>from tax under<br>sections<br>512 - 514 |  |
|---|---|--|----------------------|---|---|--|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>             | <b>1 a</b> Federated campaigns .....  | <b>1a</b>  |                      |   |   |  |  |
|   | <b>b</b> Membership dues .....  | <b>1b</b>  |                      |   |   |  |  |
|   | <b>c</b> Fundraising events .....   | <b>1c</b>  | 737,245.             |   |   |  |  |
|   | <b>d</b> Related organizations .....  | <b>1d</b>  |                      |   |   |  |  |
|   | <b>e</b> Government grants (contributions) .....  | <b>1e</b>  |                      |   |   |  |  |
|   | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above .....  | <b>1f</b>  | 9,444,598.           |   |   |  |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$ .....  |  | 917,712.             |   |   |  |  |
|   | <b>h Total.</b> Add lines 1a-1f .....   |  | 10,181,843.          |   |   |  |  |
| <b>Program Service<br/>Revenue</b>  | <b>2 a</b> _____  | <b>Business Code</b>   |                      |   |   |  |  |
|   | <b>b</b> _____  |  |                      |   |   |  |  |
|   | <b>c</b> _____  |  |                      |   |   |  |  |
|   | <b>d</b> _____  |  |                      |   |   |  |  |
|   | <b>e</b> _____  |  |                      |   |   |  |  |
|   | <b>f</b> All other program service revenue .....  |  |                      |   |   |  |  |
|   | <b>g Total.</b> Add lines 2a-2f .....   |  |                      |   |   |  |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) .....  |  | 12,065.              |   |   | 12,065.  |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds .....   |  |                      |   |   |  |  |
|   | <b>5</b> Royalties .....  |  |                      |   |   |  |  |
|   | <b>6 a</b> Gross rents .....  | (i) Real   | 8,250.               |   |   |  |  |
|   |   | (ii) Personal  |                      |   |   |  |  |
|   |   | <b>b</b> Less: rental expenses .....                           |                      | 0.  |   |  |  |
|   | <b>c</b> Rental income or (loss) .....  |  | 8,250.               |   |   |  |  |
|   | <b>d</b> Net rental income or (loss) .....  |  | 8,250.               |   |   | 8,250.   |  |
|   | <b>7 a</b> Gross amount from sales of<br>assets other than inventory .....  | (i) Securities   | 35,800.              |   |   |  |  |
|   |   | (ii) Other   |                      |   |   |  |  |
|   |   | <b>b</b> Less: cost or other basis<br>and sales expenses ..... |                      | 35,800.   | 5,000.                                  |  |  |
|   |   | <b>c</b> Gain or (loss) .....                                  |                      | 0.  | <5,000.>                                |  |  |
|   | <b>d</b> Net gain or (loss) .....   |  | <5,000.>             |   |   | <5,000.>   |  |
|   | <b>8 a</b> Gross income from fundraising events (not<br>including \$ 737,245. of<br>contributions reported on line 1c). See<br>Part IV, line 18 ..... | <b>a</b>   | 0.                   |   |   |  |  |
|   |   | <b>b</b> Less: direct expenses .....                           |                      | 267,924.  |   |  |  |
| <b>c</b> Net income or (loss) from fundraising events .....                   |   |  | <267,924.>           |   |   | <267,924.>   |  |
| <b>9 a</b> Gross income from gaming activities. See<br>Part IV, line 19 ..... | <b>a</b>  |  |                      |   |   |  |  |
|   | <b>b</b> Less: direct expenses .....  |  |                      |   |   |  |  |
|   | <b>c</b> Net income or (loss) from gaming activities .....  |  |                      |   |   |  |  |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances .....    | <b>a</b>  | 168,236.   |                      |   |   |  |  |
|   | <b>b</b> Less: cost of goods sold .....   |  | 160,802.             |   |   |  |  |
|   | <b>c</b> Net income or (loss) from sales of inventory .....   |  | 7,434.               | 7,434.  |   |  |  |
| <b>Miscellaneous Revenue</b>  |   | <b>Business Code</b>   |                      |   |   |  |  |
| <b>11 a</b> Miscellaneous .....   |   | 900099   | 6,846.               |   |   | 6,846.   |  |
| <b>b</b> _____  |   |  |                      |   |   |  |  |
| <b>c</b> _____  |   |  |                      |   |   |  |  |
| <b>d</b> All other revenue .....  |   |  |                      |   |   |  |  |
| <b>e Total.</b> Add lines 11a-11d .....                                       |   |  | 6,846.               |   |   |  |  |
| <b>12 Total revenue.</b> See instructions. ....                               |   |  | 9,943,514.           | 7,434.  | 0.                                      | <245,763.>   |  |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  |                       |                                 |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22   |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  | 5,367,138.            | 5,367,138.                      |  |                             |
| <b>4</b> Benefits paid to or for members   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  | 218,613.              | 126,970.                        | 91,643.                                |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages  | 2,135,763.            | 1,461,057.                      | 212,787.                               | 461,919.                    |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 61,010.               | 32,301.                         | 9,294.                                 | 19,415.                     |
| <b>9</b> Other employee benefits   | 169,334.              | 115,348.                        | 15,193.                                | 38,793.                     |
| <b>10</b> Payroll taxes  | 175,043.              | 106,406.                        | 23,472.                                | 45,165.                     |
| <b>11</b> Fees for services (non-employees):   |                       |                                 |  |                             |
| <b>a</b> Management  |                       |                                 |  |                             |
| <b>b</b> Legal   | 13,896.               | 7,024.                          | 5,372.                                 | 1,500.                      |
| <b>c</b> Accounting  | 56,470.               |                                 | 56,470.                                |                             |
| <b>d</b> Lobbying  |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17   | 5,750.                |                                 |  | 5,750.                      |
| <b>f</b> Investment management fees  |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)   | 545,424.              | 320,815.                        | 49,604.                                | 175,005.                    |
| <b>12</b> Advertising and promotion  |                       |                                 |  |                             |
| <b>13</b> Office expenses  | 196,916.              | 151,588.                        | 24,368.                                | 20,960.                     |
| <b>14</b> Information technology   | 3,912.                | 632.                            | 3,230.                                 | 50.                         |
| <b>15</b> Royalties  |                       |                                 |  |                             |
| <b>16</b> Occupancy  | 155,525.              | 143,895.                        | 7,833.                                 | 3,797.                      |
| <b>17</b> Travel   | 318,061.              | 246,987.                        | 27,158.                                | 43,916.                     |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings   | 32,348.               | 29,071.                         | 268.                                   | 3,009.                      |
| <b>20</b> Interest   |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization  | 156,824.              | 98,535.                         | 36,339.                                | 21,950.                     |
| <b>23</b> Insurance  | 65,640.               | 10,811.                         | 52,048.                                | 2,781.                      |
| <b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| <b>a</b> Product & transport   | 725,014.              | 722,595.                        |  | 2,419.                      |
| <b>b</b> Miscellaneous   | 189,073.              | 27,873.                         | 27,641.                                | 133,559.                    |
| <b>c</b>   |                       |                                 |  |                             |
| <b>d</b>   |                       |                                 |  |                             |
| <b>e</b> All other expenses  |                       |                                 |  |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 10,591,754.           | 8,969,046.                      | 642,720.                               | 979,988.                    |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                                     |                       |                                 |  |                             |

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

|   |  | (A)                   |           | (B)                 |
|---|--|-----------------------|-----------|---------------------|
|   |  | Beginning of year     |           | End of year         |
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 1,517,772.            | <b>1</b>  | 936,024.            |
|   | <b>2</b> Savings and temporary cash investments .....  | 3,049,696.            | <b>2</b>  | 2,811,093.          |
|   | <b>3</b> Pledges and grants receivable, net .....  | 407,640.              | <b>3</b>  | 195,710.            |
|   | <b>4</b> Accounts receivable, net .....  |                       | <b>4</b>  |                     |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                       | <b>5</b>  |                     |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... |                       | <b>6</b>  |                     |
|   | <b>7</b> Notes and loans receivable, net .....   |                       | <b>7</b>  |                     |
|   | <b>8</b> Inventories for sale or use .....   | 1,285,581.            | <b>8</b>  | 1,757,271.          |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 470,073.              | <b>9</b>  | 458,248.            |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 1,274,847. |           |                     |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 780,826.   | 526,180.  | <b>10c</b> 494,021. |
|   | <b>11</b> Investments - publicly traded securities .....   |                       | <b>11</b> |                     |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                       | <b>12</b> |                     |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                       | <b>13</b> |                     |
|   | <b>14</b> Intangible assets .....  |                       | <b>14</b> |                     |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   |                       | <b>15</b> |                     |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... |  | 7,256,942.            | <b>16</b> | 6,652,367.          |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 305,094.              | <b>17</b> | 348,759.            |
|   | <b>18</b> Grants payable .....   |                       | <b>18</b> |                     |
|   | <b>19</b> Deferred revenue .....   |                       | <b>19</b> |                     |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                       | <b>20</b> |                     |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                       | <b>21</b> |                     |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....   |                       | <b>22</b> |                     |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                       | <b>23</b> |                     |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                       | <b>24</b> |                     |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  |                       | <b>25</b> |                     |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   |                       | 305,094.  | <b>26</b>           |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>  |                       |           |                     |
|   | <b>27</b> Unrestricted net assets .....  | 3,448,188.            | <b>27</b> | 1,840,763.          |
|   | <b>28</b> Temporarily restricted net assets .....  | 3,503,660.            | <b>28</b> | 4,462,845.          |
|   | <b>29</b> Permanently restricted net assets .....  |                       | <b>29</b> |                     |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                       |           |                     |
|   | <b>30</b> Capital stock or trust principal, or current funds .....   |                       | <b>30</b> |                     |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                       | <b>31</b> |                     |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....   |                       | <b>32</b> |                     |
| <b>33</b> Total net assets or fund balances .....                         |  | 6,951,848.            | <b>33</b> | 6,303,608.          |
| <b>34</b> Total liabilities and net assets/fund balances .....            |  | 7,256,942.            | <b>34</b> | 6,652,367.          |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 9,943,514.  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 10,591,754. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | <648,240.>  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 6,951,848.  |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |             |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |             |
| <b>7</b>  | Investment expenses  | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 0.          |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 6,303,608.  |

**Part XII Financial Statements and Reporting**

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

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant? _____<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant? _____<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | X   |    |
| <b>c</b>  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   | X   |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____  |     | X  |
| <b>b</b>  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____  |     |    |

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

|   |   |
|---|---|
| <b>Name of the organization</b><br>Water Missions International | <b>Employer identification number</b><br>57-1116978 |
|---|---|

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see Instructions) | (vi) Amount of other support (see Instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2010   | (b) 2011   | (c) 2012   | (d) 2013   | (e) 2014    | (f) Total   |
|--|------------|------------|------------|------------|-------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 5,188,587. | 7,572,169. | 8,433,524. | 9,208,167. | 10,181,843. | 40,584,290. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |            |            |            |            |             |             |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...   |            |            |            |            |             |             |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 5,188,587. | 7,572,169. | 8,433,524. | 9,208,167. | 10,181,843. | 40,584,290. |
| <b>5</b> 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) ..... |            |            |            |            |             | 3,872,442.  |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |            |            |            |            |             | 36,711,848. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2010   | (b) 2011   | (c) 2012   | (d) 2013   | (e) 2014    | (f) Total                |
|--|------------|------------|------------|------------|-------------|--------------------------|
| <b>7</b> Amounts from line 4 .....   | 5,188,587. | 7,572,169. | 8,433,524. | 9,208,167. | 10,181,843. | 40,584,290.              |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...  | 15,626.    | 18,793.    | 16,950.    | 21,449.    | 20,315.     | 93,133.                  |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...  |            |            |            |            |             |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....  | 315.       | 4,568.     | 15,458.    | 4,906.     | 6,846.      | 32,093.                  |
| <b>11 Total support.</b> Add lines 7 through 10  |            |            |            |            |             | 40,709,516.              |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |            |            |            |            | 12          | 1,735,840.               |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |            |            |            |            |             | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b> | 90.18 %                             |
| <b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....  | <b>15</b> | 90.95 %                             |
| <b>16a 33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |           | <input type="checkbox"/>            |
| <b>b 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           | <input type="checkbox"/>            |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17 .....                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>   |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     |    |
| <b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>   |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>   |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>  |     |    |
| <b>c</b> 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)? <i>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.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>   |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |

**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described in (a) above?   |     |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .                                       |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |     |    |
| <b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |

**Section D. Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

|   |     |    |
|---|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):  |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).  |     |    |
| <b>2</b> Activities Test. Answer (a) and (b) below.   |     |    |
| <b>a</b> 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 <b>Part VI</b> 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. | Yes | No |
| <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  |     |    |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.   |     |    |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .   |     |    |
| <b>b</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 <b>Part VI</b> the role played by the organization in this regard.   |     |    |

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

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

| <b>Section A - Adjusted Net Income</b> |  | (A) Prior Year | (B) Current Year<br>(optional) |
|--|--|----------------|--------------------------------|
| 1                                      | Net short-term capital gain  | 1              |                                |
| 2                                      | Recoveries of prior-year distributions   | 2              |                                |
| 3                                      | Other gross income (see instructions)  | 3              |                                |
| 4                                      | Add lines 1 through 3  | 4              |                                |
| 5                                      | Depreciation and depletion   | 5              |                                |
| 6                                      | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                                |
| 7                                      | Other expenses (see instructions)  | 7              |                                |
| 8                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | 8              |                                |

| <b>Section B - Minimum Asset Amount</b> |   | (A) Prior Year | (B) Current Year<br>(optional) |
|---|---|----------------|--------------------------------|
| 1                                       | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                                |
| a                                       | Average monthly value of securities   | 1a             |                                |
| b                                       | Average monthly cash balances   | 1b             |                                |
| c                                       | Fair market value of other non-exempt-use assets  | 1c             |                                |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                                |
| e                                       | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                                |
| 2                                       | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                                |
| 3                                       | Subtract line 2 from line 1d  | 3              |                                |
| 4                                       | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).                                 | 4              |                                |
| 5                                       | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                                |
| 6                                       | Multiply line 5 by .035   | 6              |                                |
| 7                                       | Recoveries of prior-year distributions  | 7              |                                |
| 8                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                                |

| <b>Section C - Distributable Amount</b> |   |   | Current Year |
|---|---|---|--------------|
| 1                                       | Adjusted net income for prior year (from Section A, line 8, Column A)   | 1 |              |
| 2                                       | Enter 85% of line 1   | 2 |              |
| 3                                       | Minimum asset amount for prior year (from Section B, line 8, Column A)  | 3 |              |
| 4                                       | Enter greater of line 2 or line 3   | 4 |              |
| 5                                       | Income tax imposed in prior year  | 5 |              |
| 6                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  | 6 |              |
| 7                                       | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions). |   |              |

Schedule A (Form 990 or 990-EZ) 2014

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

| Section D - Distributions   | Current Year |
|---|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| <b>4</b> Amounts paid to acquire exempt-use assets  |              |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |              |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.   |              |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.   |              |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |              |
| <b>9</b> Distributable amount for 2014 from Section C, line 6   |              |
| <b>10</b> Line 8 amount divided by Line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2014 | (iii)<br>Distributable<br>Amount for 2014 |
|--|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2014 from Section C, line 6  |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)  |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2014:  |                             |  |   |
| <b>a</b>   |                             |  |   |
| <b>b</b>   |                             |  |   |
| <b>c</b>   |                             |  |   |
| <b>d</b>   |                             |  |   |
| <b>e</b> From 2013   |                             |  |   |
| <b>f Total</b> of lines 3a through e   |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>h</b> Applied to 2014 distributable amount  |                             |  |   |
| <b>i</b> Carryover from 2009 not applied (see instructions)  |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| <b>4</b> Distributions for 2014 from Section D, line 7: \$   |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>b</b> Applied to 2014 distributable amount  |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). |                             |  |   |
| <b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).                        |                             |  |   |
| <b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c.  |                             |  |   |
| <b>8</b> Breakdown of line 7:  |                             |  |   |
| <b>a</b>   |                             |  |   |
| <b>b</b>   |                             |  |   |
| <b>c</b>   |                             |  |   |
| <b>d</b> Excess from 2013  |                             |  |   |
| <b>e</b> Excess from 2014  |                             |  |   |

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Schedule A, Part II, Line 10, Explanation for Other Income:

Miscellaneous income

2010 Amount: \$ 315.

2011 Amount: \$ 4,568.

2012 Amount: \$ 15,458.

2013 Amount: \$ 4,906.

2014 Amount: \$ 6,846.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Name of the organization

Water Missions International

Employer identification number

57-1116978

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

|   |   |
|---|---|
| <b>Name of organization</b><br><br>Water Missions International | <b>Employer identification number</b><br><br>57-1116978 |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          | _____<br>_____<br>_____           | \$ _____ 883,757.          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | _____<br>_____<br>_____           | \$ _____ 461,526.          | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | _____<br>_____<br>_____           | \$ _____ 415,316.          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | _____<br>_____<br>_____           | \$ _____ 400,000.          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | _____<br>_____<br>_____           | \$ _____ 400,000.          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | _____<br>_____<br>_____           | \$ _____ 396,931.          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |  |
|--|--|
| Name of organization<br><br>Water Missions International | Employer identification number<br><br>57-1116978 |
|--|--|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 7          | <hr/><br><hr/><br><hr/>           | \$ 375,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | <hr/><br><hr/><br><hr/>           | \$ 298,994.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | <hr/><br><hr/><br><hr/>           | \$ 250,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         | <hr/><br><hr/><br><hr/>           | \$ 244,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11         | <hr/><br><hr/><br><hr/>           | \$ 240,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            | <hr/><br><hr/><br><hr/>           | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |



|  |  |
|--|--|
| Name of organization<br><br>Water Missions International | Employer identification number<br><br>57-1116978 |
|--|--|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|------------------------------|--|--|----------------------|
| 2                            | Water pumps<br>_____<br>_____<br>_____       | \$ 461,526.                                    | 09/30/15             |
| _____                        | _____<br>_____<br>_____                      | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____                      | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____                      | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____                      | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____                      | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____                      | \$ _____                                       | _____                |

|  |  |
|--|--|
| Name of organization<br><br>Water Missions International | Employer identification number<br><br>57-1116978 |
|--|--|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" to 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

2014

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization: Water Missions International; Employer identification number: 57-1116978

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution...
3 Number of conservation easements modified, transferred, released, extinguished, or terminated...
4 Number of states where property subject to conservation easement is located...
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations...
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements...
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements...
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet...

Table with 2 columns: Question, Held at the End of the Tax Year. Rows 2a, 2b, 2c, 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenue included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenue included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

|                                 | Amount    |
|---------------------------------|-----------|
| c Beginning balance             | <b>1c</b> |
| d Additions during the year     | <b>1d</b> |
| e Distributions during the year | <b>1e</b> |
| f Ending balance                | <b>1f</b> |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      | 352,281.                        | 157,678.                     | 194,603.       |
| d Equipment  |                                      | 387,039.                        | 346,422.                     | 40,617.        |
| e Other  |                                      | 535,527.                        | 276,726.                     | 258,801.       |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 494,021.       |

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)      | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives .....   |                |   |
| (2) Closely-held equity interests .....                                   |                |   |
| (3) Other .....   |                |   |
| (A)   |                |   |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ |                |   |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |   |

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ |                |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ |                |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

|          |  |           |           |
|----------|--|-----------|-----------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements .....                       |           | <b>1</b>  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                  |           |           |
| <b>a</b> | Net unrealized gains (losses) on investments .....   | <b>2a</b> |           |
| <b>b</b> | Donated services and use of facilities .....   | <b>2b</b> |           |
| <b>c</b> | Recoveries of prior year grants .....  | <b>2c</b> |           |
| <b>d</b> | Other (Describe in Part XIII.) .....   | <b>2d</b> |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> .....  |           | <b>2e</b> |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> .....   |           | <b>3</b>  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                 |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b .....                               | <b>4a</b> |           |
| <b>b</b> | Other (Describe in Part XIII.) .....   | <b>4b</b> |           |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> .....  |           | <b>4c</b> |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) ..... |           | <b>5</b>  |

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

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

|          |   |           |           |
|----------|---|-----------|-----------|
| <b>1</b> | Total expenses and losses per audited financial statements .....                                      |           | <b>1</b>  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                                     |           |           |
| <b>a</b> | Donated services and use of facilities .....  | <b>2a</b> |           |
| <b>b</b> | Prior year adjustments .....  | <b>2b</b> |           |
| <b>c</b> | Other losses .....  | <b>2c</b> |           |
| <b>d</b> | Other (Describe in Part XIII.) .....  | <b>2d</b> |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> .....   |           | <b>2e</b> |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> .....  |           | <b>3</b>  |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                                    |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b .....                                | <b>4a</b> |           |
| <b>b</b> | Other (Describe in Part XIII.) .....  | <b>4b</b> |           |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> .....   |           | <b>4c</b> |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) ..... |           | <b>5</b>  |

**Part XIII Supplemental Information.**

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

Part X, Line 2:

The 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 statements of activities. As of

September 30, 2015, 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



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public Inspection

|  |  |
|--|--|
| Name of the organization<br><br>Water Missions International | Employer identification number<br><br>57-1116978 |
|--|--|

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| Sub-Saharan Africa                                      | 0                                   | 0  | Grants to recipients located in region  |  | 2,703,139.   |
| Central America and the Caribbean                       | 0                                   | 0  | Grants to recipients located in region  |  | 1,652,651.   |
| South America   | 0                                   | 0  | Grants to recipients located in region  |  | 461,492.   |
| East Asia and the Pacific                               | 0                                   | 0  | Grants to recipients located in region  |  | 411,551.   |
| North America   | 0                                   | 0  | Grants to recipients located in region  |  | 138,305.   |
| Sub-Saharan Africa                                      | 0                                   | 3  | Program Services  | Travel costs and salaries  | 177,368.   |
| South Asia  | 0                                   | 0  | Program Services  | Travel costs   | 71,250.  |
| Central America and the Caribbean                       | 0                                   | 1  | Program Services  | Travel costs and salary  | 60,849.  |
| <b>3 a</b> Sub-total .....                              | 0                                   | 4  |   |  | 5,676,605.   |
| <b>b</b> Total from continuation sheets to Part I ..... | 0                                   | 0  |   |  | 13,860.  |
| <b>c</b> <b>Totals</b> (add lines 3a and 3b) .....      | 0                                   | 4  |   |  | 5,690,465.   |

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

Schedule F (Form 990) 2014



**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

| (a) Region          | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------------|-------------------------------------|---|--|--|-----------------------------------|
| South America       | 0                                   | 0   | Program Services   | Travel costs   | 10,543.                           |
| North America       | 0                                   | 0   | Program Services   | Travel costs   | 2,009.                            |
| Europe              | 0                                   | 0   | Program Services   | Travel costs   | 1,308.                            |
|                     |                                     |   |  |  |                                   |
|                     |                                     |   |  |  |                                   |
|                     |                                     |   |  |  |                                   |
|                     |                                     |   |  |  |                                   |
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|                     |                                     |   |  |  |                                   |
|                     |                                     |   |  |  |                                   |
|                     |                                     |   |  |  |                                   |
| <b>Totals</b> ..... |                                     |   |  |  | 13,860.                           |

**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<br>(a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region                      | (d) Purpose of grant   | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|---------------------------------|--|--------------------------|---------------------------------|-----------------------------------|--|---|
|                               |  | Sub-Saharan Africa              | Implementation of comprehensive safe water and sanitation projects and, when | 722,747.                 | Wire transfer                   | 63,301.                           | Inventory equipment                    | Cost  |
|                               |  | Sub-Saharan Africa              | Implementation of comprehensive safe water and sanitation projects and, when | 622,077.                 | Wire transfer                   | 60,345.                           | Inventory equipment                    | Cost  |
|                               |  | Sub-Saharan Africa              | Implementation of comprehensive safe water and sanitation projects and, when | 545,803.                 | Wire transfer                   | 171,398.                          | Inventory equipment                    | Cost  |
|                               |  | Sub-Saharan Africa              | Implementation of comprehensive safe water and sanitation projects and, when | 320,927.                 | Wire transfer                   | 196,541.                          | Inventory equipment                    | Cost  |
|                               |  | Central America & the Caribbean | Implementation of comprehensive safe water and sanitation projects and, when | 1,123,575.               | Wire transfer                   | 217,523.                          | Inventory equipment                    | Cost  |
|                               |  | Central America & the Caribbean | Implementation of comprehensive safe water and sanitation projects and, when | 205,606.                 | Wire transfer                   | 105,947.                          | Inventory equipment                    | Cost  |
|                               |  | East Asia and the Pacific       | Implementation of comprehensive safe water and sanitation projects and, when | 400,490.                 | Wire transfer                   | 11,061.                           | Inventory equipment                    | Cost  |
|                               |  | South America                   | Implementation of comprehensive safe water and sanitation projects and, when | 460,481.                 | Wire transfer                   | 1,011.                            | Inventory equipment                    | Cost  |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **9**

3 Enter total number of other organizations or entities ..... **0**

See Part V for Column (d) descriptions

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) |  |               |  |                          |                                 |                                   |  |   |
|--|--|---------------|--|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1<br>(a) Name of organization  | (b) IRS code section and EIN (if applicable) | (c) Region    | (d) Purpose of grant   | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|  |  | North America | Engineering design and support of safe water and sanitation projects and, when | 136,924.                 | Wire transfer                   | 1,381.                            | Inventory equipment                    | Cost  |
|  |  |               |  |                          |                                 |                                   |  |   |
|  |  |               |  |                          |                                 |                                   |  |   |
|  |  |               |  |                          |                                 |                                   |  |   |
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|  |  |               |  |                          |                                 |                                   |  |   |
|  |  |               |  |                          |                                 |                                   |  |   |

**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 non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
|                                 |            |                          |                          |                                 |                                   |  |   |
|                                 |            |                          |                          |                                 |                                   |  |   |
|                                 |            |                          |                          |                                 |                                   |  |   |
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|                                 |            |                          |                          |                                 |                                   |  |   |
|                                 |            |                          |                          |                                 |                                   |  |   |
|                                 |            |                          |                          |                                 |                                   |  |   |
|                                 |            |                          |                          |                                 |                                   |  |   |

**Part IV Foreign Forms**

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

**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.

Part I, Line 2:

WM grants money to the various field offices for completion of specific, approved projects and monitors each project as it's completed. Each recipient provides monthly project reporting, and WM is able to review each recipients financial performance through a review of the recipients' financial statements.

Part I, line 3:

The organization tracked expenditures in accordance with accrual basis of accounting using project reports.

Part II, Column (d):

Region: Sub-Saharan Africa

(d) Purpose of Grant: Implementation of comprehensive safe water and sanitation projects and, when necessary, disaster response projects in accordance with the mission.

Region: Sub-Saharan Africa

(d) Purpose of Grant: Implementation of comprehensive safe water and sanitation projects and, when necessary, disaster response projects in accordance with the mission.

Region: Sub-Saharan Africa

(d) Purpose of Grant: Implementation of comprehensive safe water and sanitation projects and, when necessary, disaster response projects in accordance with the mission.

**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.

Region: Sub-Saharan Africa

(d) Purpose of Grant: Implementation of comprehensive safe water and sanitation projects and, when necessary, disaster response projects in accordance with the mission.

Region: Central America & the Caribbean

(d) Purpose of Grant: Implementation of comprehensive safe water and sanitation projects and, when necessary, disaster response projects in accordance with the mission.

Region: Central America & the Caribbean

(d) Purpose of Grant: Implementation of comprehensive safe water and sanitation projects and, when necessary, disaster response projects in accordance with the mission.

Region: East Asia and the Pacific

(d) Purpose of Grant: Implementation of comprehensive safe water and sanitation projects and, when necessary, disaster response projects in accordance with the mission.

Region: South America

(d) Purpose of Grant: Implementation of comprehensive safe water and sanitation projects and, when necessary, disaster response projects in accordance with the mission.

Region: North America

(d) Purpose of Grant: Engineering design and support of safe water and

**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.

sanitation projects and, when necessary, disaster response projects in

accordance with the mission.



**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
**▶ Attach to Form 990 or Form 990-EZ.**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Water Missions International

Employer identification number

57-1116978

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
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|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
| <b>Total</b> .....  |               |  |    | ▶                                 |   |   |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

|                 |  | (a) Event #1                                 | (b) Event #2                                      | (c) Other events       | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|-----------------|--|--|---|------------------------|--|
|                 |  | Charleston Walk<br>for Water<br>(event type) | Walk for Water in<br>other cities<br>(event type) | None<br>(total number) |  |
| Revenue         | <b>1</b> Gross receipts .....  | 606,157.                                     | 131,088.  |                        | 737,245.   |
|                 | <b>2</b> Less: Contributions .....   | 606,157.                                     | 131,088.  |                        | 737,245.   |
|                 | <b>3</b> Gross income (line 1 minus line 2) .....                            |  |   |                        |  |
| Direct Expenses | <b>4</b> Cash prizes .....   |  |   |                        |  |
|                 | <b>5</b> Noncash prizes .....  |  |   |                        |  |
|                 | <b>6</b> Rent/facility costs .....   |  |   |                        |  |
|                 | <b>7</b> Food and beverages .....  |  |   |                        |  |
|                 | <b>8</b> Entertainment .....   |  |   |                        |  |
|                 | <b>9</b> Other direct expenses .....   | 218,225.                                     | 49,699.   |                        | 267,924.   |
|                 | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....  |  |   |                        | 267,924.   |
|                 | <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) ..... |  |   |                        | <267,924.>   |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo   | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (c)) |
|-----------------|---|---|---|---|---|
|                 |   |   |   |   |   |
| Revenue         | <b>1</b> Gross revenue .....  |   |   |   |   |
| Direct Expenses | <b>2</b> Cash prizes .....  |   |   |   |   |
|                 | <b>3</b> Noncash prizes .....   |   |   |   |   |
|                 | <b>4</b> Rent/facility costs .....  |   |   |   |   |
|                 | <b>5</b> Other direct expenses .....  |   |   |   |   |
|                 | <b>6</b> Volunteer labor .....  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |   |
|                 | <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....        |   |   |   |   |
|                 | <b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) ..... |   |   |   |   |

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

|                               |            |   |
|-------------------------------|------------|---|
| a The organization's facility | <b>13a</b> | % |
| b An outside facility         | <b>13b</b> | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_  
 Gaming manager compensation ▶ \$ \_\_\_\_\_  
 Description of services provided ▶ \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

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**Part IV** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2014**

Department of the Treasury  
Internal Revenue Service

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

**▶ Attach to Form 990 or Form 990-EZ.**

**▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open To Public Inspection**

Name of the organization **Water Missions International** Employer identification number **57-1116978**

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

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

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? |    |
|---|---------------------------------|---|--------------------------------|----------------|----|
|   |                                 |   |                                | Yes            | No |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                               |                                    |                     | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |

Total ..... ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

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

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

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10-06-14

**Part IV Business Transactions Involving 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) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
|                               |   |                           |                                | Yes                                     | No |
| George Greene IV              | See Part V  | 150,934.                  | Compensatio                    |   | 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 Greene IV

(b) Relationship Between Interested Person and Organization:

See Part V

(c) Amount of Transaction \$ 150,934.

(d) Description of Transaction: Compensation and benefits

(e) Sharing of Organization Revenues? = No

Form 990, Schedule L, Part IV (b)

George Greene IV is a family member of George Greene III, CEO, and

Molly Greene, Board Chair,

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

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.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization: **Water Missions International** Employer identification number: **57-1116978**

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art   |                            |   |  |   |
| 2 Art - Historical treasures                                 |                            |   |  |   |
| 3 Art - Fractional interests                                 |                            |   |  |   |
| 4 Books and publications                                     |                            |   |  |   |
| 5 Clothing and household goods                               |                            |   |  |   |
| 6 Cars and other vehicles                                    |                            |   |  |   |
| 7 Boats and planes   |                            |   |  |   |
| 8 Intellectual property                                      |                            |   |  |   |
| 9 Securities - Publicly traded                               | X                          | 15  | 35,800.  | Stock market value  |
| 10 Securities - Closely held stock                           |                            |   |  |   |
| 11 Securities - Partnership, LLC, or trust interests         |                            |   |  |   |
| 12 Securities - Miscellaneous                                |                            |   |  |   |
| 13 Qualified conservation contribution - Historic structures |                            |   |  |   |
| 14 Qualified conservation contribution - Other               |                            |   |  |   |
| 15 Real estate - Residential                                 |                            |   |  |   |
| 16 Real estate - Commercial                                  |                            |   |  |   |
| 17 Real estate - Other                                       |                            |   |  |   |
| 18 Collectibles  |                            |   |  |   |
| 19 Food inventory  |                            |   |  |   |
| 20 Drugs and medical supplies                                |                            |   |  |   |
| 21 Taxidermy   |                            |   |  |   |
| 22 Historical artifacts                                      |                            |   |  |   |
| 23 Scientific specimens                                      |                            |   |  |   |
| 24 Archeological artifacts                                   |                            |   |  |   |
| 25 Other ( MFG inventory )                                   | X                          | 248   | 832,534.   | Retail value  |
| 26 Other ( Other )   | X                          | 26  | 46,388.  | Retail value  |
| 27 Other ( Software )  | X                          | 2   | 2,990.   | Retail value  |
| 28 Other ( )   |                            |   |  |   |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? **30a**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? **31**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a**
- b If "Yes," describe in Part II.
- 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

|     | Yes | No |
|-----|-----|----|
| 30a |     | X  |
| 31  | X   |    |
| 32a |     | X  |
| 33  |     |    |

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

Schedule M (Form 990) (2014)

**Part II** **Supplemental Information.** 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.

Schedule M, Part I, Column (b):

The number of contributions represent the number of contributions

received, not the number of items donated.



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

Water Missions International

Employer identification number

57-1116978

Form 990, Part III, Line 4a, Program Service Accomplishments:

Community Development, continued: Water Mission has more than 160

indigenous water, sanitation and hygiene professionals who live and

work in communities we serve to implement solutions that last. To date,

the organization has implemented over 1,700 safe water projects and

installed over 18,500 Healthy Latrines (pour flush toilets).

Form 990, Part III, Line 4b, Program Service Accomplishments:

Disaster Response, continued: Water Mission has provided relief

following some of the world's most devastating disasters including

Ebola relief in Liberia in 2014, Typhoon Haiyan in the Philippines in

2013, the 2010 Haiti earthquake, the 2008 Sichuan China earthquake,

Hurricane Katrina in 2005, and the 2004 Tsunami in South East Asia, as

well as many smaller disasters. In 2015, Water Mission responded to

the need for safe water following record high historic flooding in

central and southern Malawi, the April earthquake in Nepal, the

Burundian refugee crisis in Tanzania and the emergency flooding

situation in our own backyard of Columbia, South Carolina.

Form 990, Part III, Line 4c, Program Service Accomplishments:

Engineering Innovation, continued: To date, Water Mission has installed

over 800 solar-powered pumping solutions in communities around the

world and utilized over 800,000 watts of solar power. Water Mission

currently has over 20 engineers working both at the international

headquarters and abroad. These engineers are continually performing

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

Schedule O (Form 990 or 990-EZ) (2014)

|  |  |
|--|--|
| Name of the organization<br>Water Missions International | Employer identification number<br>57-1116978 |
|--|--|

research and conducting product and process testing to refine how projects are implemented in the field. This research has resulted in four patents granted to Water Mission on various equipment used to provide sustainable safe water and sanitation solutions.

Form 990, Part III, Line 4d, Other Program Services:

Impact Research: Water Mission takes an innovative approach to conducting research on the effectiveness of safe water, sanitation and hygiene (WASH) interventions. This research includes routine monitoring of field activities, remote monitoring of water supply systems, evaluation of project performance data through an online management platform, and focused impact studies.

Water Mission researchers carefully analyze how implemented WASH solutions are alleviating poverty and contributing to the overall well-being of the communities where Water Mission works. This allows the organization to adapt the approach taken based on discovered successes and failures.

Advocacy: One of the primary goals of Water Mission is to educate the public about the global water crisis. This is accomplished by organizing events and creating educational programs that provide a call to action for sustainable solutions. One such event is the annual Walk for Water. In 2015, 25 walks were held around the world to raise awareness about the global water crisis.

Expenses \$ 32,210. including grants of \$ 0. Revenue \$ 0.

Form 990, Part V, Line 4b, List of Foreign Countries:

|  |  |
|--|--|
| Name of the organization<br>Water Missions International | Employer identification number<br>57-1116978 |
|--|--|

Uganda, Malawi, Kenya, Honduras,

Haiti, Indonesia, Peru, Mexico,

Denmark, Tanzania

Form 990, Part VI, Section A, line 1:

The bylaws of the organization include a provision for the Board of Directors to designate from among its members an Executive Committee consisting of three or more directors, which number shall always include the Founding Directors and the Chairman. The Committee was comprised of Molly Greene, George Greene III, Carl Ehmann and Bradford Marshall. The Committee has the authority to act on behalf of the Board in the normal course of business between regular meetings of the Board and as authority with respect to extraordinary transactions as the Board delegates.

Form 990, Part VI, Section A, line 2:

George Greene III, CEO; Molly Greene, Board Chair; and Robert Greene, Director - Family Relationship

George Greene III, CEO; Molly Greene, Board Chair; and George Greene IV, President & COO - Family Relationship

Form 990, Part VI, Section B, line 11:

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:

|  |  |
|--|--|
| Name of the organization<br>Water Missions International | Employer identification number<br>57-1116978 |
|--|--|

Conflict of interest disclosure statements are completed annually in September by Water Mission's representatives, including but not restricted to, officers and board members who represent the ministry. The Treasurer is responsible for ensuring that all forms are completed, and the finance and audit committee review the completed disclosure statements as part of their scheduled monitoring process. If a matter related to a potential conflict were to arise at a board meeting, the interested person would abstain from voting on matters related to the noted conflict.

Form 990, Part VI, Section B, Line 15:

The compensation for the President is set by a committee that excludes all people with whom the President has family or business relationships. The committee uses benchmark data from other non-profits and local for-profit companies. The approved compensation package is documented via personnel records and the annual budgeting process.

The President sets officer compensation by using comparative data from other not-for-profit organizations. This is documented via personnel records and the annual budgeting process.

Form 990, Part VI, Line 17, List of States receiving copy of Form 990:

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

Form 990, Part VI, Section C, Line 19:

The organization provides governing documents, conflict of interest policy, and financial statements to the public either on its website or upon request.

|  |  |
|--|--|
| Name of the organization<br>Water Missions International | Employer identification number<br>57-1116978 |
|--|--|

Form 990, Part XII, Line 2c:

The organization has a committee that assumes responsibility for oversight of the audit of its financial statements and selection of an independent accountant. This process has not changed since the prior year.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.**

▶ **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization Water Missions International Employer identification number 57-1116978

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

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

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

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity  | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|---|--|---|-------------------------------|---|-------------------------------------|--|----|
|   |  |   |                               |   |                                     | Yes  | No |
| Water Missions Belize<br>27 Mt. Mossy Street, Belmopan<br>Cayo District, BELIZE                     | Implementation of projects<br>in accordance with the<br>mission. | Belize  |                               |   | Water Missions<br>International     |  | X  |
| Water Missions Peru<br>Av. Aberlando Quinones N 840, San Juan Bauti<br>Loreta, PERU                 | Implementation of projects<br>in accordance with the<br>mission. | Peru  |                               |   | Water Missions<br>International     |  | X  |
| Water Missions International-Kenya<br>Water Works Road, Section Six Estate, BOX (3<br>Kitale, KENYA | Implementation of projects<br>in accordance with the<br>mission. | Kenya   |                               |   | Water Missions<br>International     |  | X  |
| Water Missions International-Malawi<br>P.O. Box 31871<br>Lilongwe 3, MALAWI                         | Implementation of projects<br>in accordance with the<br>mission. | Malawi  |                               |   | Water Missions<br>International     |  | X  |

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

Schedule R (Form 990) 2014

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity  | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|--|--|---|-------------------------------|---|-------------------------------------|--|----|
|  |  |   |                               |   |                                     | Yes  | No |
| Water Missions Uganda<br>Plot 49, Wilson Road, P.O. Box 15<br>Jinja, UGANDA  | Implementation of projects<br>in accordance with the<br>mission. | Uganda  |                               |   | Water Missions<br>International     |  | X  |
| Mission d'Eau Haiti<br>Carrefour Marin 21, #3 Rue Milfort<br>Bon Repos, HAITI  | Implementation of projects<br>in accordance with the<br>mission. | Haiti   |                               |   | Water Missions<br>International     |  | X  |
| Waha Mitra Indonesia<br>JI. Kelapa Sawit no: 32<br>Tangerang Pekanbaru-RIAU, INDONESIA                                 | Implementation of projects<br>in accordance with the<br>mission. | Indonesia   |                               |   | Water Missions<br>International     |  | X  |
| Misiones del Agua Internacional<br>Bo. San Isidro, Castado Sur del Estadio<br>Tocoa, Colon, HONDURAS                   | Implementation of projects<br>in accordance with the<br>mission. | Honduras  |                               |   | Water Missions<br>International     |  | X  |
| Misiones del Agua Mexico<br>Calle priv, La Aurora No. 14, Barrio Maria A<br>San Cristobal de las Casa, Chiapas, MEXICO | Implementation of projects<br>in accordance with the<br>mission. | Mexico  |                               |   | Water Missions<br>International     |  | X  |
| Water Missions International-Tanzania<br>P.O. Box 60036 Kawe, Plot 577 Kawe Beach<br>Dar es Salaam, TANZANIA           | Implementation of projects<br>in accordance with the<br>mission. | Tanzania  |                               |   | Water Missions<br>International     |  | X  |
|  |  |   |                               |   |                                     |  |    |
|  |  |   |                               |   |                                     |  |    |
|  |  |   |                               |   |                                     |  |    |
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|  |  |   |                               |   |                                     |  |    |
|  |  |   |                               |   |                                     |  |    |

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

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

**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)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
|  |                         |   |                                     |  |                                 |  |                                | Yes   | No |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
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|  |                         |   |                                     |  |                                 |  |                                |   |    |



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

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

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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? |     |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....   |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....   | X   |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....   |     | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....  |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) .....   |     | X  |
| <b>f</b> Dividends from related organization(s) .....  |     | X  |
| <b>g</b> Sale of assets to related organization(s) .....   |     | X  |
| <b>h</b> Purchase of assets from related organization(s) .....   |     | X  |
| <b>i</b> Exchange of assets with related organization(s) .....   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....  |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....  |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....  |     | X  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....   |     | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....   |     | X  |
| <b>o</b> Sharing of paid employees with related organization(s) .....  |     | X  |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....  |     | X  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....  |     | X  |
| <b>r</b> Other transfer of cash or property to related organization(s) .....   |     | X  |
| <b>s</b> Other transfer of cash or property from related organization(s) .....   |     | 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.

| (a)<br>Name of related organization     | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) Water Missions Belize               | B                             | 0.                     |  |
| (2) Water Missions Peru                 | B                             | 0.                     |  |
| (3) Water Missions International-Kenya  | B                             | 0.                     |  |
| (4) Water Missions International-Malawi | B                             | 0.                     |  |
| (5) Water Missions Uganda               | B                             | 0.                     |  |
| (6) Mission d'Eau Haiti                 | B                             | 0.                     |  |

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

| (a)<br>Name of other organization         | (b)<br>Transaction type (a-r) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (7)Waha Mitra Indonesia                   | B                             | 0.                     |  |
| (8)Misiones del Agua Internacional        | B                             | 0.                     |  |
| (9)Misiones del Agua Mexico               | B                             | 0.                     |  |
| (10)Water Missions International-Tanzania | B                             | 0.                     |  |
| (11)                                      |                               |                        |  |
| (12)                                      |                               |                        |  |
| (13)                                      |                               |                        |  |
| (14)                                      |                               |                        |  |
| (15)                                      |                               |                        |  |
| (16)                                      |                               |                        |  |
| (17)                                      |                               |                        |  |
| (18)                                      |                               |                        |  |
| (19)                                      |                               |                        |  |
| (20)                                      |                               |                        |  |
| (21)                                      |                               |                        |  |
| (22)                                      |                               |                        |  |
| (23)                                      |                               |                        |  |
| (24)                                      |                               |                        |  |



