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Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2009

Open to Public

A Far				ar ar tay waar baginning 0	1 01 2000 and anding 12 21 2000			Inspection
				r, or tax year beginning 0 C Name of organization	1-01-2009 and ending 12-31-2009	,	D Employer ide	entification number
Chec - Addre		pplicable Pleas lange use I		WATER MISSIONS INTERNA	TIONAL		57-111697	8
– Name		label	or	Doing Business As			E Telephone nu	
- Initial		type.	See				(843) 769-	7395
_		Instr	uc-	Number and street (or P O PO BOX 31258	box if mail is not delivered to street addres	s) Room/suite	G Gross receipts	
Term –			•					
Amer —				City or town, state or count CHARLESTON, SC 29417	ry, and ZIP + 4			
Applic	cation	pending		, == 1.2.				
				me and address of principa	al officer	H(a) Is th	- ıs a group returı	
				GE C GREENE III X 31258		affilia	ites?	⊤Yes 🔽 No
		CH	I A R L	ESTON,SC 29417		H(b) Are a	l affiliates includ	ed?
						If"N	o," attach a lıst	(see instructions)
: Tax-	exem	pt status	501(c)	(3) ◀ (insert no)	7(a)(1) or 527	H(c) Grou	ıp exemption nu	mber 🟲
Wel	bsit e	∷► WWW WA	TERI	MISSIONS ORG				
K Form	of org	ganization 🔽 Co	rporat	tion Trust Association	Other ▶	L Year of fo	rmation 2001	State of legal domicile SC
Part	_	Summary						-
		•		=	or most significant activities			
.		PROVIDE SU	STA	INABLE ACCESS TO SA	FE WATER & SANITATION IN DEV	/ELOPING C	OUNTRIES & D	DISASTER AREAS
aovemance		-						
5								
P	_						250/ 51 1	
Ę					ontinued its operations or disposed o			
			_		body (Part VI, line 1a)			
ğ l	4	Number of Ind	epen	ndent voting members of t	he governing body (Part VI, line 1b))	. 4	
WCIIIIIIA W	5	Total number	ofen	mployees (Part V , line 2a)			5	2
5	6	Total number	of vo	olunteers (estimate if nec	essary)		6	38
۲	7a	Total gross u	nrela	ted business revenue froi	n Part VIII, column (C), line 12 .	•	7a	ı
	b	Net unrelated	busı	iness taxable income from	n Form 990-T, line 34		71)
						Prio	or Year	Current Year
	8	Contribution	sano	d grants (Part VIII, line 1	h)		4,629,491	4,579,425
를	9	Program ser	vice	revenue (Part VIII, line 2	g)			C
ģ :	10	Investment	ıncor	me (Part VIII, column (A`	, lines 3, 4, and 7d)		-11,373	16,936
2:				Part VIII, column (A), line		102,186	28,855	
	 12				ıst equal Part VIII, column (A), lıne			
					<u> </u>		4,720,304	4,625,216
:	13	Grants and s	ımıla	ar amounts paid (Part IX,	column (A), lines 1-3)			43,350
:	14	Benefits paid	l to o	or for members (Part IX, c	olumn (A), line 4)			С
: ا ي	15		erco	ompensation, employee b	enefits (Part IX, column (A), lines 5	-	1 017 410	1 226 151
<u>할</u>		10)			(4)		1,017,418	1,226,151
Expenses	16a				ımn (A), line 11e)			0
퓹	Ь			penses (Part IX, column (D), line				
:	17	Other expen	ses ((Part IX, column (A), lines	s 11a-11d, 11f-24f)		3,024,644	3,177,109
:	18	Total expens	ses A	Add lines 13–17 (must e	qual Part IX, column (A), line 25)		4,042,062	4,446,610
	19	Revenue les	s exp	penses Subtract line 18 f	rom line 12		678,242	178,606
Not Assets or Fund Balances							g of Current	End of Year
9 42 8 43 8 44		-	/-			`	'ear	
8 B	20			rt X, line 16)			3,482,418	3,638,365
	21						64,116	83,982
	22				21 from line 20		3,418,302	3,554,383
Part	10	Signature						
					imined this return, including accompanying s tion of preparer (other than officer) is based			
			,		,			
Sign		*****				2010-	07-02	
lere		Signature of	office	er		Date		
		BRADLEY W	REED	CHAIRMAN & CEO				
_		Type or prin	t nam	ne and title				
_		Preparer's				heck if	Preparer's identif	
^D aid		signature	Todd E	Ensign		elf- mpolyed 🕨 🦵	(see instructions	
-aiu Prepar	er's	Firm's name (or	. VOUE	s L CAPIN CROUSE LLP	l e	inpolyeu F	-	
Jse Or		If self-employed),	P			EIN 🕨	
	7	address, and ZI	P + 4	972 EMERSON PARKWAY	STE A		Dia .	47) 005 2622
				GREENWOOD, IN 46143			Phone no 🕨 (3	17) 885-2620
1ay th	e IR	S discuss this	retu	irn with the preparer show	n above? (see instructions)			▼ Yes

Cat No 11282Y

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

PROVIDE SUSTAINABLE ACCESS TO SAFE WATER AND AN OPPORTUNITY TO HEAR THE "LIVING WATER" MESSAGE IN DEVELOPING COUNTRIES AND DISASTER AREAS

2	Did the organization undertake an the prior Form 990 or 990-EZ?	y sıgnıfıcant program	services during th	ne year which were not listed or	n
	If "Yes," describe these new servi	ces on Schedule O			
3	Did the organization cease conductservices?	cting, or make signific	ant changes in ho	w it conducts, any program	┌ Yes ┌ No
	If "Yes," describe these changes of	on Schedule O			
4	Describe the exempt purpose ach Section 501(c)(3) and 501(c)(4) allocations to others, the total exp	organizations and sec	tion 4947(a)(1) t	rusts are required to report the	
4a	(Code) (Expens	ses \$ 2,995,30	4 including grants o	of \$ 43,350) (Revenue	e \$)
	COMMUNITY DEVELOPMENTINSTALLED ASSESSMENT & PROJECT DESIGN, 2) IN MONITORING /EVALUATION, 6) MINISTR RESIDENTS OF COLON, HONDURAS BY SUSTAINABLE SAFE WATER TO MORE TH DIARRHEAL DISEASES IN THE 34 MONTH	ISTALLATION & EQUIPMENT RY PLAN ONE SIGNIFICANT THE END OF 2009, THIS PI HAN 250,000 PEOPLE A HE	TSTART-UP, 3) SUST PROJECT, PROJECT ROJECT HAD PROVIDI ALTH IMPACT STUDY	AINABILITY TRAINING, 4) HEALTH/HYO SAFEWATER-COLON IS A MULTI-YEAR D SANITARY PIT LATRINES TO MORE SHOWED "AN APPROXIMATE 52% REI	GIENE TRAINING 5) 12-MONTH 8, \$4 6 MILLION PROJECT SERVING THE THAN 7,500 FAMILIES AND
4b	(Code) (Expens	ses \$ 218,81	9 including grants o	of \$ 0)(Revenue	e \$ 27,362)
	DISASTER RESPONSEHELPED MEET TH LANKA IN SRI LANKA, EIGHT LIVING WA INTERNALLY DISPLACED PERSONS CAMP	ATER TREATMENT SYSTEMS			
	(Code) (Expens	ses \$ 312,08	6 including grants o	of \$) (Revenue	e \$)
	RESEARCH & DEVELOPMENTCOMPLETI THESE CHANGES FOCUSED ON USING M USE, AND REDUCING THE COST PER WA	IOLDED COMPONENTS, RE			
4d	Other program services (Descri	be ın Schedule O) Se	e also Additional	Data for Description	
	(Expenses \$ 60,9	81 including grants	of\$) (Revenue \$)
4e	Total program service expenses	- \$ 3,587,∶	190		
					Form 990 (2009)

Dart TV	Chackl	ict of D	equired	Schedules
	CHECKI	ISLUIK	eaurea	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	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>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νo
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A No			
13	Is the organization a school described in section $170(b)(1)(A)(II)^7$ If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νo
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νο
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28Ь	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

orm	990 (2009)			Page
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
-	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		163	
	Statements filed for the calendar year ending with or within the year covered by this			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
Ja	return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
ь	If "Yes," enter the name of the foreign country ▶CE, HO			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7e		N o
f	benefit contract?	76 7f		No
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the			

12b

CHARLESTON, SC 29407

(843) 769-7395

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

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 8			
ь	Enter the number of voting members that are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	_	V	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990	11	Yes	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	124	103	
	to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶SC			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
19	▼ Own website			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie oraa	nızatıor	n ▶ -
_ -	CINDY PENNINGTON 2049 SAVANNAH HWY	g u		-

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

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. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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, or 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 the organization did n	ot compens	ate any	curr	ent d	r fo	rmer o	ffice	r, director, trustee o	or key employee		
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)				I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
GEORGE C GREENE III PE CHAIRMAN & CEO	50 00	Х		х				0	0	0	
MOLLY F GREENE SECRETARY	50 00	Х		х				0	0	0	
CARL W EHMANN MD DIRECTOR	3 50	х						0	0	0	
ROBERT W GREENE DIRECTOR	3 50	х						0	0	0	
WILLIAM B HEWITT DIRECTOR	3 50	х						О	0	0	
KONRAD H MARCUS DIRECTOR	3 50	х						0	0	0	
PETER A MORTENSEN DIRECTOR	3 50	х						0	0	0	
JAMES LOSCHEIDER DIRECTOR	3 50	X						0	0	0	
BRADLEY W REED PRESIDENT & COO	50 00			х				99,005	0	6,300	
CYNTHIA PENNINGTON VP FINANCE	50 00			х				69,062	0	6,300	

1b	Total	0		12,600
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4		Νο
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο
<u>S</u>	ection 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			
	(A) (B) Name and business address Description of services		(C) Compen	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization > 0			
		F	orm 990	(2009)

Page **8**

Form 990 (2009)

Form 99								Page 9
Part V	/!!!	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
Contributions, gifts, grants and other similar amounts	1a	Federated cam	paıgns 1a					
ar our	ь	Membership du	es 1b					
S, Ç	c	Fundraising eve	ents 1c	51,217				
<u>∌</u> ,≅	d	Related organiz	zations 1d					
ĘĘ,	e	Government grant	s (contributions) 1e					
ntion er s	f	All other contribution	ons, gifts, grants, and 1f	4,528,208				
き	g	Noncash contri	butions included in					
ğ		· -	32,134	<u>.</u>	4 570 425			
ु ख	h	Total. Add lines	s 1a-1f		4,579,425			
venue	_			Business Code				
٧en	2a							
Program Serwce Revenue	Ь							
	c .							
	d							
all	e							
٥	f	All other progra	am service revenue					
	g	Total. Add lines	s 2a-2f					
	3		ome (including dividen	· · · · · · · · · · · · · · · · · · ·				
			ar amounts)	-	16,936			16,936
	4		stment of tax-exempt bond					
	5	Royalties	(1) Page	(u) Darsanal				
	6a	Gross Rents	(ı) Real	(II) Personal				
	Ь	Less rental						
		expenses Rental income						
	c	or (loss)		<u> </u>				
	d	Net rental inco	me or (loss)					
	7a	Gross amount from sales of	(ı) Securities	(II) O ther				
	ь	assets other than inventory Less cost or other basis and						
		sales expenses						
	c	Gain or (loss)	<u></u>					
	d 8a	Net gain or (los Gross income f	rom fundraising					
Other Revenue		events (not inc \$51	luding ,217					
ě		of contributions See Part IV, lin	reported on line 1c)					
ά			а	37,920				
the	ь	Less direct ex	penses b	68,907				
ō	С	Net income or ((loss) from fundraising	events 🟲	-30,987	-30,987		
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19 a					
	b c		penses b (loss) from gaming acti	vities				
		Gross sales of returns and allo	ınventory, less					
			а	77,395				
	Ь		oods sold b	50,033				
	С		(loss) from sales of inve		27,362	27,362		
	112	Miscellaneous		Business Code 900,099	32,480	32,480		
	11a b	MISCELLANEC	005	300,039	32,400	32,400		
	C	All ather record						
	d e	All other reven						
	12				32,480			
	12	iotai revenue.	See Instructions .	· · [4,625,216	28,855	0	16,936

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Α	Section $501(c)(3)$ and $501(c)(4)$ organizations must complete column (A) but are not required to	-		(D).	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	43,350	43,350		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	114,699	49,007	63,849	1,843
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	97,179	97,179		
7	Other salaries and wages	877,957	579,382	161,337	137,238
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	65,784	39,064	15,371	11,349
10	Payroll taxes	70,532	42,755	16,624	11,153
11	Fees for services (non-employees)				
а	Management				
b	Legal	6,597	6,545	52	
c	Accounting	38,820	2,115	36,705	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	415,030	331,172	14,539	69,319
12	Advertising and promotion				_
13	Office expenses				_
14	Information technology	7,591	2,606	846	4,139
15	Royalties				
16	Occupancy	88,044	84,560	3,234	250
17	Travel	507,483	459,662	13,149	34,672
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,543	4,145	3,249	2,149
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	121,513	92,417	29,096	
23	Insurance	22,347	11,659	10,370	318
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	PRODUCT & TRANSPORT	1,471,641	1,435,285		36,356
b	SUPPLIES	432,853	276,113		121,597
c	OTHER OPERATIONS	55,647	30,174	 	16,434
d		,	, , , ,	<u> </u>	
e					-
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	4,446,610	3,587,190	412,603	446,817
26	Joint costs. Check here ▶ ☐ If following SOP 98-2	.,,		1.22,000	,
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beginning of year End of year 1 1 Cash—non-interest-bearing 1,689,527 2 2.033.602 2 750,914 599.168 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net 7 617,560 537,743 Inventories for sale or use 102,071 9 152,685 Land, buildings, and equipment cost or other basis Complete 699.188 10a 10a Part VI of Schedule D 322,346 **10c** 10b 384.021 315,167 b Less accumulated depreciation 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 3,482,418 16 3,638,365 Total assets. Add lines 1 through 15 (must equal line 34) . . . 64.116 17 83.982 17 Accounts payable and accrued expenses 18 18 19 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities Complete Part X of Schedule D 25 26 **Total liabilities.** Add lines 17 through 25 64,116 26 83,982 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 1.952.726 2.021.341 27 Unrestricted net assets 27 28 1.465.576 28 1.533.042 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ Total net assets or fund balances 3,418,302 33 33 3,554,383 34 Total liabilities and net assets/fund balances 3.482.418 3,638,365 34

Part XI Financial Statements and Reporting

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

Form **990** (2009)

Employer identification number

......

SCHEDULE A (Form 990 or 990EZ)

Name of the organization

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. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

WATER MISSIONS INTERNATIONAL 57-1116978 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) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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 Seesection 509(a)(4). 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 that describes the type of supporting organization and complete lines 11e through 11h Type III - Other ∏ Туре I **b** Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) and (III) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN		(iv) Is the organization in col (i) listed in your governing document?		Did you no organiza col (i) o	(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?	
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

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

	(Complete only if yo	ou checked the	box on line 5, 7	7, or 8 of Part I	.)			
S	ection A. Public Support		_					
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,875,384	1,306,759	2,579,147	4,629,491	4	,579,425	16,970,206
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	3,875,384	1,306,759	2,579,147	4,629,491	4	,579,425	16,970,206
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column							1,805,969
6	(f) Public Support. Subtract line 5							15,164,237
	from line 4 ection B. Total Support							· · ·
	endar year (or fiscal year							
	beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09	(f) Total
7	A mounts from line 4	3,875,384	61,950	2,579,147	4,629,491	4,	579,425	16,970,206
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	34,753	61,950	87,036	21,199		16,936	221,874
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	943	8,958	7,453	9,452		32,480	59,286
11	Total support (Add lines 7 through 10)							17,251,366
12	Gross receipts from related activit	, ,	•			12		
13	First Five Years If the Form 990 is check this box and stop here			. thırd, fourth, or f	ıfth tax year as a	501(c)(3	i) organız	eation, ▶☐
	ection C. Computation of Pul							
14	Public Support Percentage for 200	•		II column (t))		14		87 900 %
15	Public Support Percentage for 200	•	,			15		84 480 %
	33 1/3% support test—2009. If the and stop here. The organization qual 33 1/3% support test—2008. If the box and stop here. The organizatio	alıfıes as a publıc e organızatıon dıd	ly supported orga not check the box	nization k on line 13 or 16				► ▼
17a	10%-facts-and-circumstances test is 10% or more, and if the organization Part IV how the organization me	—2009. If the org tion meets the "f	anızatıon dıd not c acts and cırcumst	theck a box on lin	ck this box and st	op here.	Explain	ed
ь	organization 10%-facts-and-circumstances test	—2008. If the ora	anızatıon dıd not d	:heck a box on lin	ie 13, 16a, 16b. o	r 17a an	d line	F1
	15 is 10% or more, and if the orga Explain in Part IV how the organiza supported organization	nization meets th ition meets the "f	e "facts and cırcu acts and cırcumst	mstances" test, o ances" test The	check this box and organization qual	d stop he ifies as a	r e. publicly	▶ ┌
18	Private Foundation If the organizations	ion did not check	a box on line 13,	16a, 16b, 17a oi	r 1/b, check this	box and :	see	▶ □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

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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, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Employer identification number Name of the organization WATER MISSIONS INTERNATIONAL 57-1116978 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during	
the taxable year 📭	
Number of states where property subject to conservation easement is located 🛌	
Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	┌ No
Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ►	
A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🟲 \$	
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(I) and 170(h)(4)(B)(II)?	┌ No
In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	
	Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2 (d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Tyes In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1

▶\$_____

(ii) Assets included in Form 990, Part X

- 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 relating to these items
- Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tr</u>	easu	res, or O	<u>the</u>	<u>r Similar</u>	<u>Asse</u>	ts (cc	ntınued)
3	Using the organization's accession and other items (check all that apply)	records, check an	y of th	ne foll	lowing t	that are	e a significa	nt u	se of its coll	ection	ı	
а	Public exhibition		d	Γ	Loan	orexch	ange progr	ams				
b	Scholarly research		e	Γ	Other	-						
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ıın hov	w the	y furthe	er the o	rganızatıon	's ex	empt purpos	se in		
5	During the year, did the organization solicit cassets to be sold to raise funds rather than t			,					ılar	Γ,	Yes	□ No
Par	Part IV, line 9, or reported an an	ements. Comple	ete ıf	the	organı	ızatıon			es" to Forn	n 990	,	,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	ediary	for c	ontribu	itions o	r other ass	ets r	not	Γ.	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ıng t	able		Г			A mou	nt	
c	Beginning balance							1c				
d	Additions during the year						-	1d				
e	Distributions during the year						-	1e				
f	Ending balance						<u> </u>	1f				
2a	Did the organization include an amount on Fo	orm 990 Part V lin	717 م				L				Yes	┌ No
			c Z I ,							'	. 63	, 140
Par	If "Yes," explain the arrangement in Part XIV t V Endowment Funds. Complete i		n ans		ed "Ve	s" to F	orm gan	Dar	t IV lina 1	n		
FGI	Endowment Funds. Complete F	(a)Current Year)Prior `			Years Back		Three Years Ba		Four Y	ears Back
1a	Beginning of year balance			-								
b	Contributions											
c	Investment earnings or 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 yea	r end balance held	as							-		
а	Board designated or quasi-endowment	%										
b	Permanent endowment											
С	Term endowment ► %											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that a	are held	d and a	dmınıstered	lfor	the			
	organization by	-							_		Yes	No
	(i) unrelated organizations							•	<u> </u>	3a(i)		
	(ii) related organizations								📙	Ba(ii)		<u> </u>
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of th	•						•	[3b		<u> </u>
	t VI Investments—Land, Buildings					QN Da	rt Y line	1 ()				
ГСП	investments—Land, buildings	, and Equipme	111. 3		a) Cost o	•	(b)Cost or o		(c) Accumul	atad		
	Description of investment				sis (inves		basis (othe		depreciati		(d) Bo	ook value
	and		•	\vdash								
	Buildings		•	<u> </u>								
c l	easehold improvements		•	<u> </u>			237	,938	17	6,558		61,380
	Equipment		•	<u> </u>				,701		.3,134		158,567
A (Other			- 1			1	E40	1 .	4 222		95,220
	.Add lines 1a-1e (Column (d) should equal Fo		-				189	,549	<u> </u>	4,329		315,167

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	15.) X, line 25. (b) A mount	

Schedule D (Form 990) 2009

Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	its	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,625,216
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,446,610
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	178,600
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	-42,52!
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-42,52
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	136,08
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retur	n
1	Total revenue, gains, and other support per audited financial statements	1	5,151,15
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b 577,562		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	525,93!
3	Subtract line 2e from line 1	3	4,625,216
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	(
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	4,625,216
1	Reconciliation of Expenses per Audited Financial Statements With Expenses Total expenses and losses per audited financial	per ket	<u>urn</u> 5,015,070
•	statements	1	5,015,070
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	670,120
3	Subtract line 2e from line 1	3	4,344,950
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	101,660
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	4,446,610

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	ON JANUARY 1, 2009, WMI ADOPTED THE NEW PROVISIONS OF THE INCOME TAX TOPIC OF THE ASC THESE PROVISIONS CLARIFY THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS AND PRESCRIBE GUIDANCE RELATED TO THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION IS ONLY RECOGNIZED IN THE STATEMENT OF FINANCIAL POSITION IF THE TAX POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED UPON AN EXAMINATION, BASED ON THE TECHNICAL MERITS OF THE POSITION INTEREST AND PENALTIES, IF ANY, ARE INCLUDED IN EXPENSES IN THE STATEMENT OF ACTIVITIES AS OF DECEMBER 31, 2009, WMI HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS
Part XII, Line 2d - Other Adjustments		COST OF GOODS SOLD REPORTED ON LINE 10B 50033 SPECIAL EVENT DIRECT COSTS NOT REPORTED ON PART VIII, LINE 8B -101660
Part XIII, Line 2d - Other Adjustments		COST OF GOODS SOLD REPORTED ON LINE 10B 50033
Part XIII, Line 4b - Other Adjustments		SPECIAL EVENT DIRECT COST NOT REPORTED ON PART VIII, LINE 8B 101660

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DLN: 93493183001040

OMB No 1545-0047

Open to Public

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Inspection

Name of the organization Employer identification number WATER MISSIONS INTERNATIONAL

57-1116978

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

2	For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the
	the grants or assistance?
	assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award
1	For grantmakers. Does the organization maintain records to substantiate the amount of the grants or

United States

3	Activites per Region	(Use Schedule F-1	(Form 990) r	fadditional space is needed	1)
---	----------------------	-------------------	--------------	-----------------------------	----

AND THE GOSPEL MESSAGE CENTRAL AMERICA 1 23 PROGRAM SERVICE PROVIDE SAFE WATER AND THE GOSPEL MESSAGE NORTH AMERICA 0 4 PROGRAM SERVICE PROVIDE SAFE WATER AND THE GOSPEL MESSAGE SOUTH AMERICA 0 0 PREOGRAM SERVICE PROVIDE SAFE WATER AND THE GOSPEL MESSAGE SOUTH ASIA 1 11 PROGRAM SERVICE PROVIDE SAFE WATER AND THE GOSPEL MESSAGE	
AND THE GOSPEL MESSAGE CENTRAL AMERICA 1 23 PROGRAM SERVICE PROVIDE SAFE WATER AND THE GOSPEL MESSAGE NORTH AMERICA 0 4 PROGRAM SERVICE PROVIDE SAFE WATER AND THE GOSPEL MESSAGE SOUTH AMERICA 0 0 PREOGRAM SERVICE PROVIDE SAFE WATER AND THE GOSPEL MESSAGE SOUTH ASIA 1 11 PROGRAM SERVICE PROVIDE SAFE WATER AND THE GOSPEL MESSAGE SOUTH ASIA 1 5 PROGRAM SERVICE PROVIDE SAFE WATER AND THE GOSPEL MESSAGE EAST ASIA 0 5 PROGRAM SERVICE PROVIDE SAFE WATER AND THE GOSPEL	
AND THE GOSPEL MESSAGE NORTH AMERICA O 4 PROGRAM SERVICE PROVIDE SAFE WATER AND THE GOSPEL MESSAGE SOUTH AMERICA O 0 PREOGRAM SERVICE PROVIDE SAFE WATER AND THE GOSPEL MESSAGE SOUTH ASIA 1 11 PROGRAM SERVICE PROVIDE SAFE WATER AND THE GOSPEL MESSAGE EAST ASIA O 5 PROGRAM SERVICE PROVIDE SAFE WATER AND THE GOSPEL MESSAGE PROVIDE SAFE WATER AND THE GOSPEL	251,415
AND THE GOSPEL MESSAGE SOUTH AMERICA O PREOGRAM SERVICE PROVIDE SAFE WATER AND THE GOSPEL MESSAGE SOUTH ASIA 1 11 PROGRAM SERVICE PROVIDE SAFE WATER AND THE GOSPEL MESSAGE EAST ASIA O 5 PROGRAM SERVICE PROVIDE SAFE WATER AND THE GOSPEL MESSAGE	391,665
AND THE GOSPEL MESSAGE SOUTH ASIA 1 11 PROGRAM SERVICE PROVIDE SAFE WATER AND THE GOSPEL MESSAGE EAST ASIA 0 5 PROGRAM SERVICE PROVIDE SAFE WATER AND THE GOSPEL	229,057
AND THE GOSPEL MESSAGE EAST ASIA 0 5 PROGRAM SERVICE PROVIDE SAFE WATER AND THE GOSPEL	38,358
AND THE GOSPEL	105,622
	206,831
Tabela 2 59 3.1	522,948
Totals ▶ 2 39 Schedule F (Form 990.	

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	m 990) if additiona	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
		SUB-SAHARAN AFRICA	PRO GRAM SERVICES	43,350	WIRE TRANSFER			
2 Enter total nu tax-exempt b	mber of recipi	ent organizations l for which the grant	isted above that are see or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . •	0
•	•	_	ntities					1

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Part IV Supplemental Info	Supplemental Information Complete this part to provide the information required in Part I, line 2, and any additional information.								
Identifier	ReturnReference	Explanation							
Procedure for Monitoring Grants Outside the U S	, contamination of the contami	Schedule F, Part I, Line 2 THE ORGANIZATION MONITORS PROGRAM SERVICE EXPENSES BY REVIEW OF MONTHLY REPORTS AND REGULAR VISITS BY THE ORGANIZATION'S EMPLOYEES TO ENSURE THE FUNDS ARE USED FOR THE INTENDED PURPOSE							

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DLN: 93493183001040

OMB No. 1545-0047

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

SCHEDULE G

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. See separate instructions.

Name of the organization Employer identification number WATER MISSIONS INTERNATIONAL 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Internet and e-mail solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations 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 activities? 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 Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundraise custoe contr contribu Yes	erhave dy or ol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
Total			.			

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

Pa	rt I	Fundraising Events. Commore than \$15,000 on Form				
		· · ·	(a) Event #1	(b) Event #2	(c) O ther Events	(d) Total Events (Add col (a) through
			(event type)	(event type)	(total number)	331 (3)
₹	1	Gross receipts	89,137	7		89,13
Revenue	2	Less Charitable contributions	51,21	7		51,21
	3	Gross income (line 1 minus line 2)	37,920			37,92
	4	Cash prizes				
မွာ	5	Non-cash prizes				
euse Surge	6	Rent/facility costs				
Expenses	7	Food and beverages				
Direct	8	Entertainment				
ā	9	Other direct expenses .	68,90	7		68,90
	10	Direct expense summary Add lir	nes 4 through 9 ın columr	(d)	🛌	68,90
	11	Net income summary Combine I	nes 3, column d, and line	10		-30,98
Par	t II	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))
~	1	Gross revenue				
<u> </u>	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	│ Yes% │ No	☐ Yes% ☐ No	Г Yes	
	7	Direct expense summary Add line	s 2 through 5 ın column ((d)		
	8	Net gaming income summary Con	nbine lines 1, column d. a	nd line 7		
9 a b	Is	ter the state(s) in which the organiz the organization licensed to operate 'No," Explain	ation operates gaming ac	tivities		Yes No
10a	 We	re any of the organization's gaming	licenses revoked, suspei	nded or terminated during	the tax year?	10a
b	If"	'Yes," Explain				
11	Do	es the organization operate gaming	activities with nonmembe	ers?		11
12		the organization a grantor, beneficia med to administer charitable gamin				. .
			- · · · · · · · ·			· 12

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
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?	,	
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		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

DLN: 93493183001040

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

	the organization SSIONS INTERNATIONAL					Employer identif	ication numbe	er
Part I	Excess Benefit Tran							
1	(a) Name of disqu		res on Form 990,		ription of tra			orrected?
							103	110
	er the amount of tax impose ion 4958	d on the organ	ızatıon managers o	r disqualified perso	ons during th	e year under		
3 Ente	r the amount of tax, if any,	on line 2, abov	e, reimbursed by t	he organization .		> \$		
Part II								
	Complete If the organiz		I "Yes" on Form 99	0, Part IV, line 26,	, or Form 99	0-EZ, Part V, line (f)	38a	
(a) Name	of interested person and purpose	(b) Loan to or from the organization?	(c)O riginal principal amount	(d)Balance due	(e) In default?	Approved by board or committee?	(g) Writt agreeme	
		To From			Yes No		Yes	No
Total . Part III					. line 27.	[
(a	Name of Interested person	(1	Relationship betw	•	son	A mount of grant o	r type of assis	stance
Part IV	Business Transact Complete if the orga				, line 28a,	28b, or 28c.		
(a)	Name of interested person	betw pe	Relationship reen interested rson and the irganization	(c) A mount of transaction	(d) De	scription of transa	organ	haring of nization's enues? No
GEO RGE (GREENE IV	CHAIR SECRE BOARI	WOFA	88,3	77 W-2 WA	GES		Νο

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

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

NonCash Contributions

Name of the organization WATER MISSIONS INTERNATIONAL

57-1116978

Employer identification number

Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d Method of d reven	etermı	nıng	
1	Art—Works of art	аррисавіс		<u> </u>				
	Art—Historical treasures .							
	Art—Fractional interests							
4	Books and publications							
-	Clothing and household							
•	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	1	9,960	STOCK MARKET V	ALUE		
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	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other►(<u>VARIOUS</u>)	Х	141	68,767	RETAIL VALUE			
26	Other \blacktriangleright (INVENTORY)	Х	61	·	RETAIL VALUE			
27	Other►(<u>SUPPLIES</u>)	Х	25	49,947	RETAIL VALUE			
28	O ther ► ()							
29	Number of Forms 8283 received		- -		29			0
	for which the organization comp	leted Form 8	3283, Part IV, Donee Ackr	iowledgement	29		l I	
30-	During the year, did the organiza	ation rocaly	a by contribution any propo	erty rapartad in Part I. lines	1 - 28 that it		Yes	No
SUA	. ,							
	must hold for at least three year			on, and which is not require	a to be used			NI-
_	for exempt purposes for the enti-					30a		No
b	If "Yes," describe the arrangem							
31	Does the organization have a gr					31		No
32a	Does the organization hire or us contributions?	e tnird part	es or related organizations	to solicit, process, or sell i	non-cash	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not repor describe in Part II	t revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			
- F	Privacy Act and Panerwork Reduction	. Act Natica	and the Tuetonetiens for Ferr	m 990 Cat No. 512271	Schedule	M (Fac	000	

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Ident if ier	Return Reference	Explanation
Method for Determining Number of	Part I, Column (b)	THE NUMBER OF TRANSACTIONS REPRESENT THE NUMBER
Contributors		OF CONTRIBUTORS

Schedule M (Form 990) 2009

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As Filed Data -

DLN: 93493183001040

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

2009

OMB No 1545-0047

Open to Public Inspection

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

> Attach to Form 990.

Name of the organization WATER MISSIONS INTERNATIONAL

Employer identification number

57-1116978

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		GEORGE GREENE III IS THE CHAIRMAN/CEO, MOLLY GREENE, HIS SPOUSE, IS THE SECRETARY/VICE CHAIR THEIR SON, GEORGE GREENE IV IS EMPLOYED BY WATER MISSIONS INTERNATIONAL ROBERT GREENE, DIRECTOR, IS UNCLE OF GEORGE GREENE IV AND BROTHER OF GEORGE GREENE III SEE SCHEDULE L
Form 990, Part VI, Section B, line 11		THE ORGANIZATION'S BOARD OF DIRECTORS RECEIVED A COPY OF FORM 990 PRIOR TO FILING
Form 990, Part VI, Section B, line 12c		CONFLICT OF INTEREST DISCLOSURE STATEMENT IS COMPLETED ANNUALLY IN DECEMBER BY WATER MISSIONS REPRESENTATIVES, WHICH ARE AS FOLLOWS OFFICERS, BOARD MEMBERS, STAFF, AND VOLUNTEERS WHO REPRESENT THE MINISTRY THE FINANCE AND AUDIT COMMITTEE REVIEW THE COMPLETED DISCLOSURE STATEMENTS AS PART OF THEIR SCHEDULED MONITORING PROCESS
Form 990, Part VI, Section B, line 15		THE CEO IS NOT COMPENSATED THE PROCESS FOR DETERMINING THE COMPENSATION LEVEL FOR WATER MISSIONS INTERNATIONAL COO INCLUDED REVIEWING BENCHMARK DATA FOR NONPROFIT ORGANIZATIONS UNDER 100 EMPLOYEES AND AN OPEN DIALOGUE WITH THE COO REGARDING FINANCIAL NEED WHEN HE WAS HIRED IN 2006 THIS INFORMATION WAS REVIEWED BY THE BOARD APPROVED SEARCH COMMITTEE, LEADING TO A DECISION ON THE LEVEL OF COMPENSATION OFFERED
Form 990, Part VI, Section C, line 19		THE ORGANIZATION PROVIDES GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS TO THE PUBLIC EITHER ON ITS WEBSITE OR UPON REQUEST
FORM 990, PAGE 12, PART XI, LINE 2C	EXPLANATION OF RESPONSIBILITY	THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR

Additional Data

Software ID: Software Version:

EIN: 57-1116978

Name: WATER MISSIONS INTERNATIONAL

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program	services			
(Code) (Expenses \$	60,981 including grants of \$) (Revenue \$)