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Form

Bepartment of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ 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.

2014 Open to Public Inspection

OMB No 1545-0047

A 8	For the 2014 c	alendar year, or tax year beginning , and ending			
		C Name of organization	 	D Employer ide	entification number
	Check if applicable				
	Address change	WATER4, INC.		26 226	COE 01
<i>!</i>	Name change	Doing business as Number and street (or P O box if mail is not delivered to street address)	Room/suite	26-326 E Telephone nu	
	nitial return	2405 NW 10th Street			51-8214
<u> </u>	Final return/	City or town, state or province, country, and ZIP or foreign postal code			
	erminated	Oklahoma City OK 73107		G Gross receipts	\$ 4,572,855
	Amended return	F Name and address of principal officer			
	Application pending		H(a) Is this a gro	oup return for subor	dinates? Yes X No
			H(b) Are all sub	oordinates included	d? Yes No
			1 ''	" attach a list (see	— —
		X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527	\dashv	•	,
	Tax-exempt status				
		ww.water4.org		emption number	· OF
	Form of organization		Year of formation 2	1008 м	State of legal domicile OF
<u> </u>		ımmary			
		escribe the organization's mission or most significant activities			
9	See	Schedule O			
ä					
Activities & Governance					
Š	2 Check th	of voting members of the governing body (Part VI, line 1a)	5% of its net as	sets	
ڻ مع	3 Number	of voting members of the governing body (Part VI, line 1a) of independent voting members of the governing body (Part VI, line 1b) mber of individuals employed in calendar year 2014 (Part V, line 2a)	IVED	3 6	6
Š	4 Number	of independent voting members of the governing body (Part VI, line 1b)	······································		б
ite	5 Total pur	mber of individuals employed in calendar year 2014 (Part V, line 2a)	0 2015	3 5	15
츷	5 Total nui	where of individuals employed in calendar year 2014 (Fart V, line 2a)	8 2015	6	25
ĕ		mber of volunteers (estimate if necessary)	<u>ŏ</u>		
		related business revenue from Part VIII, column (C), line 12 lated business taxable income from Form 990-T, line 34		/a	(
	b Net unre	lated business taxable income from Form 990-T, line 34		7b	Command Vasa
			Prior Ye		Current Year 2,508,623
ē		tions and grants (Part VIII, line 1h)		9,877	
eu		service revenue (Part VIII, line 2g)	1,59	6,142	1,787,056
Revenue		ent income (Part VIII, column (A), lines 3, 4, and 7d)		-110	171
œ	11 Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,615	3,836
	12 Total rev	renue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,82	0,524	4,299,686
	13 Grants a	ind similar amounts paid (Part IX, column (A), lines 1–3)			C
	l	paid to or for members (Part IX, column (A), line 4)			C
		, other compensation, employee benefits (Part IX, column (A), lines 5–10)	90	8,153	1,340,978
xpenses		onal fundraising fees (Part IX, column (A), line 11e)		7,744	257,347
ĕ		ndraising expenses (Part IX, column (D), line 25) 1,129,978	<u></u>		
EX	[i		3 00	9,275	3,564,432
_		spenses (Part IX, column (A), lines 11a–11d, 11f–24e)		5,172	5,162,757
	1	penses Add lines 13–17 (must equal Part IX, column (A), line 25)	_		
. "		e less expenses Subtract line 18 from line 12	Beginning of Cu	4,648	- 863,071 End of Year
SOF		(B. (V. L.: 40)	_ •		3,415,792
Assets Raland	20 Total as	sets (Part X, line 16)		6,792	
Ž,E	ZI TOTALIIA	bilities (Part X, line 26)		8,347	980,418
Ž	•	ets or fund balances Subtract line 21 from line 20	3,29	8,445	2,435,374
_		ignature Block	·		
U	nder penalties of	perjury, I declare that I have examined this return, including accompanying schedules and statem	ents, and to the b	est of my know	ledge and belief, it is
tr	ue, correct, and	complete Declaration of preparer (other than officer) is based on all information of which preparer	has any knowled		
tr		Kay Candys		9-	1-15
Sig	an 🔽	Signature of officer		Date	
He —		Ray SANDERS, CEO			
		Type or print name and title			
		pe preparer's name Preparer's signature	Date	Check	ıf PTIN
Pai					→ "
	0. 111	chael Bell J. Michael Bell		15 self-employ	
	parer Firm's n			Firm's EIN	73-1275305
US	e Only	2575 Kelley Pt Pkwy Suite 140			105 045 005
_	Firm's a			Phone no 4	<u> 105-341-286</u>
Ma	y the IRS discu	ss this return with the preparer shown above? (see inst uetions)			X Yes No
		function Act Notice, see the senarate instructions	-		Form 990 (2014

Form 990 (2014)	WATER4, INC.		26-3260581	Page 2
		Service Accomplishments		1 agc
		tains a response or note to any lin	ne in this Part III	
To equi govern	mental orgaizat	n cal nationals as well ions to locate and dr alth, economies, and	rill water wells	to improve the
prior Form	anization undertake any signi 990 or 990-EZ? escribe these new services on	ficant program services during the year wh	nich were not listed on the	Yes X No
3 Did the org	anization cease conducting, o	r make significant changes in how it cond	ucts, any program	Yes X No
4 Describe the expenses	Section 501(c)(3) and 501(c)(edule O vice accomplishments for each of its three 4) organizations are required to report the for each program service reported		
Angola already and sup related equipp:	ng projects at and Ghana. Par working in the pplies, shippind planning and ing of other no	3,358,162 including grants of \$ sites, with concentrathering with non-propese areas. Expenses g, travel and lodging labor. Expenses also n-profits and non-good lassembly knowledged	ations in Zambia, fits and non-gove include drill kit g, and compensati include the trai vernmental organi	rnmental entities s, pumps, parts on for directly ning and zations to
variety	y of application	424,326 including grants of \$ tent for drilling met ons depending on the ocally and the hydro	hods, drill kits availability of n	eeded materials
4c (Code) (Expenses \$	including grants of \$) (Rev	enue \$)
	gram services (Describe in Sc) (Revenue \$	1
(Expenses	ram service expenses ▶	including grants of \$ 3,782,488) liveseude a	
DAA				Form 990 (2014)

Form 990 (2014) WATER4, INC. Part N Checklist of Required Schedules

			Yes	No
1`	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
,	complete Schedule A	1	X	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	,		v
4	candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		X
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
Ū	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
-	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
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? If "Yes," complete Schedule D, Part VII	11b		X
С	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	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 169 If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	· · · · · · · · · · · · · · · · · · ·			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	- - -	X
14a		14a	X	
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	446	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	-:-		-11
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	x	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u> </u>		
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			900	10044

⊢orm	990 (2014) WATER4, INC. 26-3200361		P	age 4
Pa	rt IV Checklist of Required Schedules (continued)		T	
٠.,	District the second sec	[Yes	No
21`	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			 -
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23_	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		İ	
	through 24d and complete Schedule K If "No," go to line 25a	24a	ļ	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ	<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		ļ	
	If "Yes," complete Schedule L, Part I	25b	ļ — —	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	1	1	
	current or former officers, directors, trustees, key employees, highest compensated employees, or			v
	disqualified persons? if "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			ŀ
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27	1	x
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		1	
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
D	Schedule L, Part IV	28ь		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		<u> </u>	
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	[
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	1	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	ľ		l
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	-	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34	<u> </u>	X
35a	· · · · · · · · · · · · · · · · · · ·	35a	├	Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	 	+
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	1	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		х
	Pan w	1 31	1	

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

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

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DAA

	Check if Schedule O contains a response or note to any line in this Part	V				
•	Check it Schedule O contains a response of flote to any line in this rait	<u> </u>			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	17			-110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and		· · · · · · · · · · · · · · · · · · ·			
	reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax ret	urns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructio	ns)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			_3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	r authori	ıty			
	over, a financial account in a foreign country (such as a bank account, securities account, or other f	inancial		ŀ		l
	account)?			4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia (FBAR)	l Accour	nts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the		ŀ		
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions or				
	gifts were not tax deductible?			6b		<u> </u>
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 fo	r goods		_	v	
	and services provided to the payor?			7a	X	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was		70		x
	required to file Form 8282?	7d	1	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		+2	7e		х
e	Did the organization receive any funds, directly of indirectly, to pay premiums on a personal benefit condition of the organization, during the year, pay premiums, directly or indirectly, on a personal benefit condition.			7f		X
f	If the organization received a contribution of qualified intellectual property, did the organization file I		99 as required?	7g		X
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain					
Ü	sponsoring organization have excess business holdings at any time during the year?			8		Î
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter					
а	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	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources	1				
	against amounts due or received from them)	11b	 			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo			12a		ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O					
þ	Enter the amount of reserves the organization is required to maintain by the states in which	،مد ا	1			
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c		14a	 	x
14a	Did the organization receive any payments for indoor tanning services during the tax year?	م ماری		14a	 	
DAA	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sched	uie U			m 90	0 (2014)

Form 990 (2014) WATER4, INC. Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 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 6 Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 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? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a a The governing body? X 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Х the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No X 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 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? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a X with a taxable entity during the year? 16a 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? Section C. Disclosure OK List the states with which a copy of this Form 990 is required to be filed ▶ 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 X Own website X Another's website X Upon request Other (explain in Schedule O) 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 State the name, address, and telephone number of the person who possesses the organization's books and records

2405 NW 10th

Form 990 (2014)

OK 73107

Margaret Strealy

Oklahoma City

_	~~~	(0044)	MADED A	TNO
Form	990	(2014)	WATER4	INC

26-3260581

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per week (list any	bo.	(C) Position (do not check more than one pox, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation			
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Richard Greenly										· · ·
	10.00									
Chairman	0.00	X						0	0	0
(2) The Honorable Je	rome Ho	1me	s							
	1.00					ll				
Vice -Chairman	0.00	<u> </u>						0	0	0
(3) Carl Hamilton										
	1.00									
Member	0.00	X						0	0	0
(4) Scott Busby			1							
	1.00	1				1				
Member	0.00	X	<u> </u>		<u> </u>	<u> </u>		0	0	0
(5) Marty Grubbs										
	1.00	ì			ŀ			_	_	_
Member	0.00	X	<u> </u>			\sqcup		0	0	0
(6) David Woods						1 1				
	1.00	1			1	1				•
Member	0.00	X	<u> </u>		_	\vdash		0	0	0
(7)Ray Sanders	40.00									
	40.00							202 005		10 001
President/CEO	0.00	-	-	X	├	\vdash		202,885	0	18,091
(8) Jerry Regier	40.00	1								
D	40.00		Ì	-	ŀ			104 164	0	4 610
Development Officer	0.00	-	-	X	-	+-+		184,164	0	4,612
(9) Jim W. Stewart	1 40 00									
Dantage David amount	40.00			x				122,118	0	13,872
Partner Development	0.00	-		^	\vdash	+		122,110		13,672
(10) Jonathan Naugle	40.00									
Director Global Dev.	0.00			x				101,834	0	392
(11) Zackary McCulloc		+	+	<u> </u>	\vdash	+		101,004		352
(II) Lackary McCullot	40.00					1				
Secretary	0.00			x				o	0	0
DAA	3.00		1			4		<u> </u>		Form 990 (2014)

•	• (A) Name and title	(B) Average hours per week (list any	bo	x, unle	ess pe	ition more rson i	than o s both r/truste	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimat amount other compensa	of ation	
	·	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(1. 2.100 11100)		organiza and rela organizat	tion ted	
(12) A	amy Booth	40.00											•	
CFO		0.00			x		ļ		0	0				0
(13)			!			į								
(14)											_			
(15)													· - ·	
(16)														
(17)												<u></u>		
(18)														
(19)				-										
1b	Sub-total		J	l	1	<u> </u>	l	<u> </u>	611,001		ļ		36,9	67
С	Total from continuation she Total (add lines 1b and 1c)	eets to Part VII,	Sect	ion .	A			>	611,001				36,9	
2	Total number of individuals (in reportable compensation from				thos	se lis	ted a	abov		\$100,000 of	•			
3	Did the organization list any f								loyee, or highest compensa	ated			Yes	No X
4	employee on line 1a? If "Yes, For any individual listed on lir organization and related orga	ne 1a, is the sum	of re	eport	able	con	npen	satio				3	х	
5	Individual Did any person listed on line for services rendered to the control of	organization? If "								r ındıvıdual		5		х
Secti 1	on B. Independent Contract Complete this table for your f	ive highest comp	ens	ated	ınde	pend	dent	cont	tractors that received more	than \$100,000 of				
	compensation from the organ	(A) d business address	omp	ensa	ation	for t	he c	alen	dar year ending with or with	nin the organization's tax y (B) olion of services	ear	Cos	(C) mpensati	on
					_									
											. <u>-</u>			
								-						_
								L						
2	Total number of independent received more than \$100,000	contractors (inc) of compensation	udın n fro	g bu m th	t not e org	limi ganiz	ted to	tho n ▶	ose listed above) who	0		<u> </u>	¬ 990	

		Check if Schedule	O contai	ns a response or				
- ,					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	1a			TOTOLIG		3.23.
교		Membership dues	1b					
O E		Fundraising events	1c	493,311				
ar A		Related organizations	1d					
S,E		Government grants (contributions)	1e					
<u>o</u> s		All other contributions, gifts, grants,						
E E		and similar amounts not included above	1f	2,015,312				
퉏잌	g	Noncash contributions included in lines 1a	-1f \$	8,636				
Program Service Revenue Contributions, Gifts, Grants	h	Total. Add lines 1a-1f		<u> </u>	2,508,623			
an I				Busn Code				
, ken	2a	Water Supply			1,787,056	1,787,056		
8	b							
Š	С							
Ser	d							
E	е							
ō g		All other program service reve	enue					
-		Total. Add lines 2a-2f		•	1,787,056	· · · · · · · · · · · · · · · · · · ·		<u></u>
	3	Investment income (including	dividends	, interest,	171			171
		and other similar amounts)			171			1/1
	4	Income from investment of ta	x-exempt	pona proceeas				
	5	Royalties		(ii) Personal				
1	6-	(i) Real		(ii) Fersonal				
	6a	Gross rents						
l	b	Less rental exps						
	۲ C	Rental inc or (loss) Net rental income or (loss)		•	į			
İ	d 7a	Gross amount from (i) Securitie	s	(II) Other				
l		sales of assets	<u> </u>	(4,7 = 4,12				
	h	other than inventory Less cost or other		·····				
		basis & sales exps						
	С	Gain or (loss)						
ļ		Net gain or (loss)		•		ĺ		
		Gross income from fundraising even	ents					
Other Revenue		(not including \$ 493,	311					
- Se		of contributions reported on line 10	c)					
π.		See Part IV, line 18	a	268,639				
홓ㅣ	b	Less direct expenses	ь	273,169				
٥	С	Net income or (loss) from fun	draisin <u>g</u> e	vents 🕨	-4,530			
	9a	Gross income from gaming activiti	ies					
		See Part IV, line 19	a					
		Less direct expenses	b					
		Net income or (loss) from gar		ities 🕨				
1	10a	Gross sales of inventory, less	1					
		returns and allowances	a					
		Less cost of goods sold	b L					
}	С	Net income or (loss) from sal						
	4.4	Miscellaneous Revenue	<u> </u>	Busn Code	8,366	8,366		
	11a	Other Income		· · · · · · · · · · · · · · · · · · ·	0,300	0,300		
	b				 			
j	c C	All other revenue		<u> </u>				1
İ	d e	Total Add lines 11a–11d		—	8,366			
	12	Total revenue. See instruction	ons	•	4,299,686	1,795,422		0 171

Form 990 (2014)

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 (A) (B) Do not include amounts reported on lines 6b, Management and Total expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 70,877 279,227 611,001 260,897 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 590,316 252,239 68,320 269,757 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 66,990 28,605 7,771 30,614 Other employee benefits 72,671 31,031 8,430 33,210 Payroll taxes Fees for services (non-employees) Management b Legal Accounting С Lobbying 257,347 257,347 Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 92,531 92,531 12 Advertising and promotion 129,745 35,327 47,790 46,628 Office expenses Information technology 14 Royalties 15 16 Occupancy 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 26,828 6,708 33,536 22 Depreciation, depletion, and amortization 7,985 6,388 1,597 23 Other expenses Itemize expenses not covered 24 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) 1,600,000 1,600,000 Payments to World Vision 858,292 858,292 Water Well Supplies h Research and Development 424,326 424,326 c 186,169 152,246 6,788 27,135 Travel d 44,473 92,367 231,848 95,008 All other expenses 250,291 1,129,978 5,162,757 3,782,488 25 Total functional expenses Add lines 1 through 24e 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 1,376,714 1,213,942 Cash-non-interest bearing 1 2 Savings and temporary cash investments 2 1,383,549 734,444 3 Pledges and grants receivable, net 485,705 623,924 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 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 instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 214,882 167,347 Inventories for sale or use 10,793 425 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 723,642 other basis Complete Part VI of Schedule D 10a 10b 80,325 611,783 10c 643,317 b Less accumulated depreciation 11 Investments—publicly traded securities 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 14 Intangible assets 3,366 32,393 15 15 Other assets See Part IV, line 11 3,415,792 4,086,792 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 788,347 980,418 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 788,347 980,418 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 1,071,010 1,935,374 27 27 Unrestricted net assets 2,227,435 500,000 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 3,298,445 2,435,374 Total net assets or fund balances 33 4,086,792 3,415,792 Total liabilities and net assets/fund balances

Form	990 (2014) WATER4, INC.	26-3260581			Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any I	ine in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		1	4,2	99,	686
2	Total expenses (must equal Part IX, column (A), line 25)		2	5,1	62,	757
3	Revenue less expenses Subtract line 2 from line 1		3	- 8	63,	071
4	Net assets or fund balances at beginning of year (must equal Part X, line 3	3, column (A))	4	3,2	98,	445
5	Net unrealized gains (losses) on investments		5			
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain in Schedule O)		9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (mu	ist equal Part X, line				
	33, column (B))		10	2,4	35,	374
Pa	rt XII Financial Statements and Reporting			•		
	Check if Schedule O contains a response or note to any l	ine in this Part XII				
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X A	ccrual Other				
	If the organization changed its method of accounting from a prior year or c	hecked "Other," explain in				
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an ir	ndependent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for	the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated	l and separate basis				
b	Were the organization's financial statements audited by an independent ad	countant?		2b	X	ĺ
	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					
	X Separate basis Consolidated basis Both consolidated	I and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assu	mes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection	n of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection proces	s during the tax year, explain in				
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo ar	audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?			3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the or	ganization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps	s taken to undergo such audits		3b		

SCHEDULE A (Form 990 or 990-EZ)

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.

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public

OMB No 1545-0047

			WATER4,	INC.				26-326	0581					
P	art I	Reaso	on for Public (Charity :	Status (All organizations	must co	mplete	this part) See instruction	ns					
he	orgai	nization is not	a private foundation	on because	e it is (For lines 1 through 11, c	heck only	one box)	·					
1		A church, cor	nvention of church	es, or asso	ociation of churches described i	n section	170(b)(1)(A)(i).						
2		A school desc	cribed in section	170(b)(1)(<i>A</i>	A)(ii). (Attach Schedule E)									
3		A hospital or	a cooperative hos	pıtal servic	e organization described in sec	tion 170(b)(1)(A)(iii).						
4		A medical res	search organizatio	n operated	I in conjunction with a hospital d	lescribed	ın sectio	n 170(b)(1)(A)(ıii). Enter the h	iospital's name,					
		city, and state	9											
5		An organizati	on operated for the	e benefit o	f a college or university owned	or operate	ed by a go	overnmental unit described in						
		section 170(b)(1)(A)(ıv). (Complete Part II)												
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7	X													
		described in section 170(b)(1)(A)(vi). (Complete Part II)												
8		A community	trust described in	section 1	70(b)(1)(A)(vi). (Complete Part	H)								
9		An organizati	on that normally re	eceives (1) more than 33 1/3% of its supp	ort from o	contribution	ons, membership fees, and gr	oss					
		receipts from	activities related t	to its exem	pt functions—subject to certain	exception	ns, and (2	2) no more than 33 1/3% of its						
		support from	gross investment	income an	d unrelated business taxable in	come (les	s section	511 tax) from businesses						
		acquired by the	he organization af	ter June 30	0, 1975 See section 509(a)(2)	(Complet	te Part III)						
10		An organizati	on organized and	operated e	exclusively to test for public safe	ety See s	ection 50	09(a)(4).						
11		An organizati	on organized and	operated e	exclusively for the benefit of, to p	perform th	ne functio	ns of, or to carry out the purpo	oses of					
		one or more	publicly supported	organizati	ons described in section 509(a)(1) or se	ction 509	9(a)(2). See section 509(a)(3)	. Check					
			•		cribes the type of supporting org			•						
а		,	. 3 3	•	ed, supervised, or controlled by		•	(//).						
		the supported	d organization(s) tl	he power to	o regularly appoint or elect a ma	ajority of t	he directo	ors or trustees of the supporting	ng					
		•	•		/, Sections A and B.									
b				•	ised or controlled in connection									
			•		organization vested in the same	epersons	that conf	rol or manage the supported						
		•	•	-	t IV, Sections A and C.	_								
С		• -			orting organization operated in o									
		• •	•		ions) You must complete Par									
d		-			supporting organization operate									
			• •	_	anization generally must satisfy									
_		•	` '		t complete Part IV, Sections A	-								
е	Ш		•		d a written determination from t			ype i, type ii, type iii						
	En	•	r of supported orga		nctionally integrated supporting	organizati	OII							
'			•		ipported organization(s)									
9		e of supported	, 		(III) Type of organization	(IV) Is the c	rganization	(v) Amount of monetary	(vi) Amount of					
		ganization	(,		(described on lines 1–9		ır governing	support (see	other support (see					
					above or IRC section	docu	ment?	instructions)	instructions)					
					(see instructions))	Yes	No							
(A)														
(,														
(B)														
(C)														
						ļ								
(D)														
						<u> </u>								
(E)														
						-	<u> </u>							
							1							
Tot	al		F		l	1	ŧ	<u> </u>	<u> </u>					

Page 2

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 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 572,617 1,141,440 3,716,426 2,387,251 2.508.623 10,326,357 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf

The value of services or facilities furnished by a governmental unit to the organization without charge 10,326,357 Total. Add lines 1 through 3 572,617 1,141,440 3,716,426 2.387.251 2.508.623 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) 10,326,357 Public support. Subtract line 5 from line 4 Section B. Total Support

Cal	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	572,617	1,141,440	3,716,426	2,387,251	2,508,623	10,326,35
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,232	664	292	301	171	2,660
9	Net income from unrelated business activities, whether or not the business is regularly carried on						

Other income Do not include gain or loss from the sale of capital assets 8,366 137,618 288,455 1.603.752 2,038,191 (Explain in Part VI) 12,367,208 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 2,064,061

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

14	83.50%
15	80.27%

Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))

Public support percentage from 2013 Schedule A, Part II, line 14 15 16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this

box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support test-2013. 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 stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2014. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test-2013. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

•	X

Schedule A (Form 990 or 990-EZ) 2014

10

Schedule A (Form 990 or 990-EZ) 2014 WATER4, INC.

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 o	organization failed to qualify under Part II
If the organization fails to qualify under the tests listed below, plea	ase complete Part II)

Sec	tion A. Public Support	- !		· · · · · · · · · · · · · · · · · · ·		·····	•	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014		(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 purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513	_		<u> </u>				
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	Amounts included on lines 1, 2, and 3 received from disqualified persons							
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							
8 8	Add lines 7a and 7b Public support (Subtract line 7c from							
500	tion B. Total Support					<u> </u>	ш.	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014		(f) Total
9	Amounts from line 6	(a) 2010	(6) 2011	(0) 2012	(d) 2013	(6) 2014		(i) total
								
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b					<u> </u>		· · · · · · · · · · · · · · · · · · ·
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12)		1			1(-)(2)		
14	First five years. If the Form 990 is for the		st, second, third, fo	υπη, or titth tax ye	ear as a section 50	1(C)(3)		▶ □
500	organization, check this box and stop her tion C. Computation of Public St		ntage	-			-	
	Public support percentage for 2014 (line 8			an (f)			15	%
15 16	Public support percentage from 2013 Sch			··· (1 <i>))</i>		<u> </u>	16	%
						L	1	,,,
17	Section D. Computation of Investment Income Percentage 7 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))						17	%
18		e percentage for 2014 (line 100, column (f) divided by line 13, column (f)) e percentage from 2013 Schedule A, Part III, line 17						%
19a	33 1/3% support tests—2014. If the orga			e 14, and line 15 is	s more than 33 1/3			
	17 is not more than 33 1/3%, check this b							▶ □
b	33 1/3% support tests—2013. If the orga						ıd	<u> </u>
	line 18 is not more than 33 1/3%, check the	his box and stop h	nere. The organiza	tion qualifies as a	publicly supported	organization		▶ [
20_	Private foundation. If the organization di	d not check a box	on line 14, 19a, or	19b, check this b				>
					Sal	andula A (Form	- 000	or 990-F7\ 2014

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)

Secti	on A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
-	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3ь		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
~	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(III) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	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? If "Yes," provide detail in			
	Part VI	6		
7	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? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	ļ	
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? If "Yes," provide detail in Part VI.	9b		
С	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? If "Yes," provide detail in Part VI.	9c		
10a	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)? If "Yes," answer (b) below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings)	10b	<u> </u>	L

Par	t IV Supporting Organizations (continued)			
	- Common (Common	Yes	No	
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
•	below, the governing body of a supported organization?	11a	İ	
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	1 1111		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	'	1
2	Did the organization operate for the benefit of any supported organization other than the supported			
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	• • •	2	•	
Sacti	supervised, or controlled the supporting organization on C. Type II Supporting Organizations	1-5-1	l	Į.
Secu	on C. Type it Supporting Organizations		Yes	No
_			162	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1		
	or management of the supporting organization was vested in the same persons that controlled or managed	1		1
Cook	the supported organization(s)		l	l
Secu	ion D. All Type III Supporting Organizations		Yes	N ₂
	D. I.V		162	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (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			1
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		İ	1
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	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 Part VI the role the organization's		ĺ	
	supported organizations played in this regard	3	L	<u> </u>
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	tions)		
				Ι
2 /	Activities Test Answer (a) and (b) below.	_	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a	ļ	ļ
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		1	1
	activities but for the organization's involvement	2b	 	ļ
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_	1	1
	trustees of each of the supported organizations? Provide details in Part VI.	3a	-	-
þ	·			
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3b	1	1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	rganizatio	ons	7361 Page 6				
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on N			 				
other Type III non-functionally integrated supporting organizations must complete Sect							
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1 Net short-term capital gain	1	······································					
2 Recoveries of prior-year distributions	2						
3 Other gross income (see instructions)	3	· · ·					
4 Add lines 1 through 3	4						
5 Depreciation and depletion	5						
6 Portion of operating expenses paid or incurred for production or							
collection of gross income or for management, conservation, or							
maintenance of property held for production of income (see instructions)	6						
7 Other expenses (see instructions)	7						
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8						
Section B - Minimum Asset Amount	(B) Current Year (optional)						
1 Aggregate fair market value of all non-exempt-use assets (see							
instructions for short tax year or assets held for part of year)							
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 Total (add lines 1a, 1b, and 1c)	1d						
e Discount claimed for blockage or other							
factors (explain in detail in Part VI)							
Acquisition indebtedness applicable to non-exempt-use assets	2						
3 Subtract line 2 from line 1d	3						
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,							
see instructions)	4						
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6 Multiply line 5 by 035	6						
7 Recoveries of prior-year distributions	7						
8 Minimum Asset Amount (add line 7 to line 6)	8						
Section C - Distributable Amount			Current Year				
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2 Enter 85% of line 1	2						
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		' -				
4 Enter greater of line 2 or line 3	4						
5 Income tax imposed in prior year 5							
6 Distributable Amount. Subtract line 5 from line 4, unless subject to							
emergency temporary reduction (see instructions)							
7 Check here if the current year is the organization's first as a non-functionally-integrated	d Type III s	upporting organization (see				
instructions)		<u> </u>					

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	Section D - Distributions							
1	Amounts paid to supported organizations to accomplish exempt purpor							
2	Amounts paid to perform activity that directly furthers exempt purposes							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations						
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6_	Other distributions (describe in Part VI) See instructions							
7_	Total annual distributions. Add lines 1 through 6							
8	Distributions to attentive supported organizations to which the organizations	ation is responsive						
	(provide details in Part VI) See instructions							
9	Distributable amount for 2014 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount	-						
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(II) Underdistributions Pre-2014	(iii) Distributable Amount for 2014				
1	Distributable amount for 2014 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2014							
	(reasonable cause required-see instructions)							
3	Excess distributions carryover, if any, to 2014		····					
a								
b								
c								
d								
е	From 2013							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2014 distributable amount			4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
i	Carryover from 2009 not applied (see instructions)							
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f							
4	Distributions for 2014 from Section							
	D, line 7 \$							
a	Applied to underdistributions of prior years							
b	Applied to 2014 distributable amount							
c	Remainder Subtract lines 4a and 4b from 4							
5	Remaining underdistributions for years prior to 2014, if							
	any Subtract lines 3g and 4a from line 2 (if amount							
	greater than zero, see instructions)		·					
6	Remaining underdistributions for 2014 Subtract lines 3h							
	and 4b from line 1 (if amount greater than zero, see							
	instructions)							
7	Excess distributions carryover to 2015. Add lines 3j and 4c							
8	Breakdown of line 7							
а								
b								
	Excess from 2013							
	Excess from 2014							

Schedule A (Form 990 or 990-EZ) 2014 WATER4, INC. 26-3260581 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)

Part II, Line 10 - Other Income Detail

\$ 2,038,191

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.

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

Attach to Form 990.

OMB No 1545-0047
2014

Open to Public Inspection

Name of the organization Employer identification number WATER4, INC. 26-3260581 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I 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 value of contributions to (during year) Aggregate value of 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 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 can 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 education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 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 Tax Year 2a a Total number of conservation easements Total acreage restricted by conservation easements 2b 2c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register

- 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, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
- 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)(i)?
- 9 In Part XIII, 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

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

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the

- 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) Revenues 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

Schedule D (Form 990) 2014

Yes No

Pa	ert III Organizations Maintaini		Art. H	istorical Tr	reasures.	or Othe	r Similar A	Assets	(continue		ye z
	Using the organization's acquisition, acces collection items (check all that apply)								<u> </u>		
а	Public exhibition	d 🗌	Loan or	exchange pro	grams						
b	Scholarly research	e 🗍	Other								
С	Preservation for future generations	_									
4	Provide a description of the organization's	collections and explair	n how the	ey further the o	organization':	s exempt ;	purpose in Pa	art			
	XIII										
5	During the year, did the organization solicit	or receive donations	of art, his	storical treasui	res, or other	sımılar				_	
	assets to be sold to raise funds rather than	to be maintained as p	oart of the	e organization	's collection?	<u> </u>	<u> </u>		Yes		No
Pa	art IV Escrow and Custodial A										
	Complete if the organization 990, Part X, line 21						orted an an	nount c	on Form	•	
1a	Is the organization an agent, trustee, custo	dian or other intermed	liary for c	contributions o	or other asset	s not					
	ıncluded on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part X	III and complete the fo	llowing to	able							
								ļ	Amount		
	Beginning balance						1c	- -			
	Additions during the year						1 <u>d</u>	<u> </u>			
е	Distributions during the year						<u>1e</u>	+			
f	Ending balance						1f	J —		_	
	Did the organization include an amount on		· ·			•			Yes	Н	No
	If "Yes," explain the arrangement in Part X	III Check here if the e	xplanatio	n has been pr	rovided in Pa	n XIII					
P8	ert V Endowment Funds.	an anguared "Vec	" to For	.m 000 Par	+ I\/ lino 1	0					
	Complete if the organization	I		Prior year	(c) Two yea		(d) Three ye	are back	(e) Four ye	ore b	n alı
4-	Danis and a fact of the large	(a) Current year	(0)	Filor year	(C) TWO yes	IS DACK	(u) Three yes	als back	(e) Four ye	215 0	ack .
	Beginning of year balance										
	Contributions				ļ				<u> </u>		
С	Net investment earnings, gains, and										
4	losses Grants or scholarships								 		
	· ·	<u> </u>									
E	Other expenditures for facilities and					i					
f	programs Administrative expenses			-							
, q	- · · · · ·								-		
2	Provide the estimated percentage of the c	Urrent year end halanc	e (line 1	r column (a))	held as		L				
a		w %	o (iiio iş	g, 001011111 (u/)	11010 00						
	Permanent endowment > %										
c		%									
Ī	The percentages in lines 2a, 2b, and 2c sh	· ·									
3a	Are there endowment funds not in the pos		ation that	t are held and	administered	for the					
	organization by	· ·							Y	es	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organization	ons listed as required of	on Sched	dule R?					3b		
4	Describe in Part XIII the intended uses of					_					
Pa	art VI Land, Buildings, and Eq										
	Complete if the organization	on answered "Yes	" to Fo	rm 990, Pai	rt IV, line 1	1a See	Form 990	, Part)	K, line 10		
	Description of property	(a) Cost or other		(b) Cost or o			Accumulated		(d) Book val	ue	
_		(investment))	(oth	er)	de	epreciation				
1a	Land			1	06,000				106	, (000
b	Buildings			2	74,000		27,22		246		
c	Leasehold improvements			2	84,900		16,94		267	, 9	959
d	Equipment				12,926		4,05				370
	Other				45,816		32,10	04			712
Tota	al. Add lines 1a through 1e (Column (d) mus	st equal Form 990, Par	t X, colu	mn (B), line 10	0c)			>	643	3,3	317
								0.5	dula D (Carm		

Schedule D (Form 990) 2014

Part VII	Investments—Other Securities. Complete if the organization answered "Yes	" to Form 990 Part IV line	11h See Form 990 Par	t X line 12
	(a) Description of security or category	(b) Book value	(c) Method of va	
	(including name of security)	(b) Book value	Cost or end-of-year r	
1) Financial				
	eld equity interests			
(3) Other	one organity interests			
(A)				
				
(B)				
(C)				
(D)		-		
(E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12)▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes	s" to Form 990, Part IV, line	11c See Form 990, Par	t X, line 13
	(a) Description of investment	(b) Book value	(c) Method of va	aluation
			Cost or end-of-year	market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				· · · · · · · · · · · · · · · · · · ·
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13)▶		<u>L</u>	
Part IX	Other Assets.			
_	Complete if the organization answered "Ye	s" to Form 990, Part IV, line	e 11d See Form 990, Pa	
	(a) Descripti	ion		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)				·
	nn (b) must equal Form 990, Part X, col (B) line 15)	···		
Part X	Other Liabilities.	II.4 E	- 44 445 Caa Farm 0	00 Dad V
	Complete if the organization answered "Ye	es" to Form 990, Part IV, line	e Tie or Tit See Form 9	90, Part X,
	line 25			····
1	(a) Description of liability	(b) Book value	_	
(1) Federa	al income taxes		_	
(2)			_	
(3)				
(4)				
(5)			7	
			1	
(6)			1	
<u>(7)</u>			†	
(8)			-	
(9)			-	
Total. (Colur	mn (b) must equal Form 990, Part X, col (B) line 25)		Constant to the second of the	
2. Liability fo	or uncertain tax positions. In Part XIII, provide the text of	the footnote to the organization's	rinancial statements that repor	is ine
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

Sche	dule D (Form 990) 2014 WATER4, INC.	26-326	0581	Page 4
Pa	irt XI Reconciliation of Revenue per Audited Financial Statem	nents With Revenue po	er Return.	
	Complete if the organization answered "Yes" to Form 990, F	Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		1	4,299,686
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	4,299,686
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	4,299,686
Pa	art XII Reconciliation of Expenses per Audited Financial State	ments With Expenses	per Return.	•
	Complete if the organization answered "Yes" to Form 990, F	Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1	5,162,757
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	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	5,162,757
4	Amounts included on Form 990, Part IX, line 25, but not on line 1]]		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	5,162,757

Supplemental Information. Part XIII

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

Schedule D (Form 990) 2014 WATER4, INC.

Part XIII Supplemental Information (continued)

SCHEDULE F (Farm 990)

Statement of Activities Outside the United States

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

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

OMB No 1545-0047

WATER4, INC.

Employer identification number 26-3260581

Pa		neral Information		tside the l	Inited States.	Complete if	the organization an	swered "Yes" on
		m 990, Part IV, line						
1		ers. Does the organization						
	assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes X No							
2	For grantmak	kers. Describe in Part \	/ the organization's pr	ocedures for r	monitoring the use	of its grants a	and other	
-		tside the United States				J		
						d- d \		
3		Region (The following					(for a formation (al) an	(f) Total
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	region fundraising in grant	ities conducted in (by type) (e g g, program services, vestments, s to recipients d in the region)	de	f activity listed in (d) is a program service, scribe specific type of service(s) in region	expenditures for and investments in region
C	entral Am	erica/Carrieb	an		-			
(1)				Program	Services	Water	Wells	20,965
S [.] (2)	ub-Sahara	n Africa		Program	Services	Water	Wells	925,864
		and the Pacif	ic					
(3)				Program	Services	Water	Wells	50,835
(4)								
(5)								-
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)	,							
(13)	<u> </u>							
(14	<u> </u>					-		
(15	<u> </u>		ļ	<u> </u>				
(16	1							
<u>(17</u>		 						997,664
	Sub-total			 				33,,301
	Total from continuation	อก				1		
	sheets to Part I Totals (add			<u> </u>				
	lines 3a and 3b)						997,664

26-3260581

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 Schedule F (Form 990) 2014 WATER4, INC.
Part II Grants and Other Assistance to

	יייי (או זייי	100 (01 (01)				,	30 mm 4 4-7	Colorado (4)	(i) Method of
-	(a) Name of	(b) IRS code	(c) Region	(q) Purpose of	(e) Amount of	(f) Manner of	(g) Amount of	of non-rash assistance	(book, FMV,
	organization	section and EIN (if applicable)		grant	cash grant	casn disbursement	assistance	0 11011-t-d311 d3313(d110d	appraisal, other)
E									
6									
5									
(S)									
9 9									
6	***************************************								
6	***************************************								
8									
6								:	
(10)	10)								
(13)	¥								
(42)									
5	***************************************								
(44)							:		
(15)									
(16)									
1	The second secon								

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

Enter total number of other organizations or entitles

Schedule F (Form 990) 2014

26-3260581

WATE0581

Schedule F (Form 990) 2014 (h) Method of valuation (book, FMV, appraisal, other) 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 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of disbursement (d) Amount of cash grant (c) Number of recipients (b) Region Schedule F (Form 990) 2014 WATER4, INC. (a) Type of grant or assistance Part III (14) 3 18 9 <u>=</u> (12) (13) (16) (17) 8 9 8 티 2 ව **a** 9 (9)

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)

U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)

Yes X No

X No

Yes

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)

Yes X No

Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)

Yes X No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)

Yes X No

Schedule F (Form 990) 2014

Part V Supplemental Information

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

Part I, Line 3 - Activities per Region

Region	Exp	penditures	Inves	stments
Central America/Carrieban	\$	20,965	\$	0
Sub-Saharan Africa	\$	925,864	\$	0
East Asia and the Pacific	\$	50,835	\$	0

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

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization WATER4, INC.					Employer (dentificate 26 - 32605	
Part I Fundraising Activities. Complete in Form 990-EZ filers are not required				red "Yes" to Form 9		
Indicate whether the organization raised funds through				Check all that apply		
a X Mail solicitations				ernment grants		
b X Internet and email solicitations	f Solicitation		_	_		
c Phone solicitations	g X Special fun					
d X In-person solicitations	g [] Special full	uraisii	ig evi	ents		
 Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entity If "Yes," list the ten highest paid individuals or entities compensated at least \$5,000 by the organization 	in connection with	profes int to a	siona	al fundraising services?		X Yes No
		(III) Did raiser			(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(II) Activity	custo		(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by) organization
		contrib			col (ı)	
Public Strategies		Yes	No			
1 3 E Main Street						
Oklahoma City OK 73104	Consulting	!	X	0	70,936	-70,936
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total					70,936	-70,936

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

Oklahoma

Schedule G (Form 990 or 990-EZ) 2014 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 gro	ss receipts greater than \$5,	000		
			(a) Event #1	(b) Event #2	(c) Other events	
				garati Baki Bara		(d) Total events
			Gala (event type)	Sandi Patty Tou	None (total number)	(add col (a) through col (c))
ne			(event type)	(even (ype)	(total number)	00/ (0)/
Revenue	1	Gross receipts	581,749	180,201		761,950
		Less Contributions	493,311			493,311
	3	Gross income (line 1 minus line 2)	88,438	180,201		268,639
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs	13,500			13,500
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment	6,100			6,100
	9	Other direct expenses	159,786	93,783		253,569
	10	Direct evnense summani	Add lines 4 through 9 in column (4)	•	273,169
	1	•	btract line 10 from line 3, column (•	273,169 -4,530
P	art	III Gaming. Com	plete if the organization ansi	wered "Yes" to Form 990, Pa	art IV, line 19, or report	ed more
		than \$15,000 c	n Form 990-EZ, line 6a			
Revenue			_	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
w.			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
Reve	1	Gross revenue	(a) Bingo	bingo/progressive bingo	(c) Oner gaming	į i
		Gross revenue Cash prizes	(a) Bingo	bingo/progressive bingo	(c) Oner gaming	į i
	2		(a) Bingo	bingo/progressive bingo	(c) Oner gaming	į i
ect Expenses	2	? Cash prizes	(a) Bingo	bingo/progressive bingo	(c) Oner gaming	į i
	3	Cash prizes Noncash prizes				į i
ect Expenses	3 4 5	Cash prizes Noncash prizes Rent/facility costs	Yes %	bingo/progressive bingo Yes % No	Yes %	į i
ect Expenses	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes %	Yes %	Yes %	į i
ect Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary	Yes %	Yes % No	Yes %	į i
ect Expenses	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income sumi	Yes % No Add lines 2 through 5 in column (mary Subtract line 7 from line 1, co	Yes % No d)	Yes %	į i
6 Direct Expenses	2 3 4 5 6 7 8 Er	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income sumi	Yes % No Add lines 2 through 5 in column (Yes % No d) Slumn (d)	Yes %	į i
a c Direct Expenses	2 3 4 5 6 7 8 Err	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Net gaming income sumi	Yes % No Add lines 2 through 5 in column (mary Subtract line 7 from line 1, co	Yes % No d) Slumn (d)	Yes %	col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 Er Is If '	Rent/facility costs Cother direct expenses Volunteer labor Direct expense summary Net gaming income sumi	Yes % No Add lines 2 through 5 in column (mary Subtract line 7 from line 1, co	Yes % No d) clumn (d) tivities of these states?	Yes % No	col (a) through col (c))

Sched	Jule G (Form 990 or 990-EZ) 2014 WATER4, INC.	26-326058:	1	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Ye	s 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?		Ye	s No
	Indicate the percentage of gaming activity conducted in		_	
а	The organization's facility	13a		%
b	An outside facility	13b		~
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?		Ye	s 🗌 No
h		nd the		3 <u> </u> 110
-	amount of gaming revenue retained by the third party ► \$			
С	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			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
а	retain the state gaming license?		☐ Ye	s No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			3 <u> </u>
-	spent in the organization's own exempt activities during the tax year > \$			
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, co Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any add			
	manuctiona)			
	instructions)			

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23
► Attach to Form 990. ▶Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WATER4, INC.

Employer identification number 26-3260581

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
	Discretionary spending account			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
U	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			ſ
		41.		
	explain	1b		
2	Did the areanyation require substantiation areas to reimburging or allowing expenses industrial by all			•
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line	_		
	1a?	2		<u> </u>
_		,		
3	Indicate which, if any, of the following the filing organization uses to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	ļ	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
Ū	compensation contingent on the revenues of			
9	The organization?	5a	1	х
	Any related organization?	5b		X
D	If "Yes" to line 5a or 5b, describe in Part III	-50		
	The state of the sate of such describe in that the			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
ŭ	compensation contingent on the net earnings of			
_	The organization?	6a]	x
	Any related organization?	6b	 	X
U	If "Yes" to line 6a or 6b, describe in Part III	- 65		<u> </u>
	if tes to line oa or ob, describe in Part III			
7	For persons listed in Form 000, Part VIII. Section A. line to did the ergonization provide any non-fixed	ł	1	ľ
7		_		x
_	payments not described in lines 5 and 6? If "Yes," describe in Part III	_7 _	 	<u> </u>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			İ
	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe	_		
	ın Part III	8	 	X
_				
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in] _	1	}
	Regulations section 53 4958-6(c)?	9	<u> </u>	

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

WATER4, INC.

Schedule J (Form 990) 2014

WATE0581

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual Note. The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

Note: The suffice Columns (D)(I)-(iii) for each instead individual mass equal increases and increase and incr	(B) Breakdow	(B) Breakdown of W-2 and/or 1099-MISC compensation	r 1099-MISC	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(I) Base compensation	(ii) Bonus & incentive compensation	sation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı) - (D)	in column (B) reported as deferred in prior Form 990
Ray Sanders	(1)	30	50,955			18,09	220,97	0
sident/CEO	(II)	0	0	0	0			
	100,000		84,164	0		4,61	188,77	
Officer	(11)	0	0	0	0	0	0	
	(2)							
3	(11)		-					
	€							
4	(11)							
	<u>e</u>							
ıo	(11)							
	€							
9	(II)							
	(1)							
7	(11)							
	(1)							
8	(11)							
	3							
6	(n)							
	(1)							
10	(II)							
	0 1							
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16								

Schedule J (Form 990) 2014

Schedule J (Form 990) 2014 WATER4, INC. Part III Supplemental Information

WATE0581

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

WATE0581

SCHEDULE O (Form 990 or 990-EZ) 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.

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

OMB No 1545-0047
2014

Department of the Treasury Internal Revenue Service Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

WATER4, INC.

Employer identification number 26-3260581

Form 990 - Organization's Mission or Most Significant Activites

To provide equipment, materials, installation, support and training for sustainable and reproducible drilling methods to find and lift water for both personal and agricultural uses for the economic and physical wellbeing of local individuals.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The completed Form 990 and Schedules are emailed to the board members and officers for review, comments and questions, prior to filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

CEO reviews expenditures. Organization decided not to purchase anything

from a Board Member or officer unless and until there is Board approval,

the transaction is arms-length, and the purchases are not intended to be

ongoing vendor/vendee relationship.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation All documents are required to be available for public review and are available upon request.