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SCANNED NOV 15

For Paperwork Reduction Act Notice, see the separate instructions.

VA1E0001

Form 990

Department of the Treasury Internal Revenue Service

EXTENSION GRANTEDReturn 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.

2015
Open to Public Inspection

Form **990** (2015)

4	For the	2015 c	alend	lar year, or	tax	year_be	ginning	<u> </u>			, and end	ing								
в (Check if app	plicable	C Na	me of organizat	ion			-								٥	Employe	r identific	ation number	
٦,	Address ch	ange				WA	TER4,	INC	: <u>. </u>											
Ξ.	Name chan	nne		ing business as														2605		
_		•		mber and street	•	_		delivered	to street ad	dress)				Room/suite			ne number	8214	
	Initial return Final return			405 NW y or town, state				7IP or fore	eign nostal c	ode						+	103-	221-	0214	
	terminated		·	•			inity, and 2		K 731							1	0		5,353	106
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=	Application	pending	, ,,,	no ana address	о. р.	o.pai o									H(a) is the	is a group	return for s	ubordinate	s? Yes	X No
		, ,													H(b) Are	all suborc	inates inc	luded?	Yes	No
																		(see instri	uctions)	
			l	X 501(c)(3)	_] ====	,	\ 4 (in			4047(=)(4)	[507		-	·		•	•	
<u>!</u>	Tax-exem			X 501(c)(3) .water	1	501(c)) \ (in	sert no)	_!_	4947(a)(1)	or j	527		H(a) Csa.					
J	Website		_	Corporation	$\overline{}$		7 400000	tion [Other					Τ	ear of formatio		number 1	I	of local damin	e OK
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Revenue	1	•		ce revenue										-	<u> </u>	101	056 171		1,996,	
ě				come (Part \						_				-						501
				(Part VIII, o										H			836		<u>599,</u>	-
				– add lines							mn (A), line	12)			4,	<u> 299</u>	<u>, 686</u>		4,999,	
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×	ьт			ng expense							93	3,5	10	-		F C A	420	-	2 510	<u> </u>
ш	'' \	•		es (Part IX, d										-			432		<u>3,519,</u>	
				s Add lines		_				(A),	line 25)			-			757		4,898,	
	19 F	Revenue	less	expenses S	Subt	ract line	18 from	line 12	<u> </u>						Beginning		, 071		101, End of Year	087
let Assets or	20 1		4 . / 1	Dark V. John J	161									F			792		4,114,	113
Sse	20 1		•	Part X, line 1										-			418		1,577,	
重	21 1			(Part X, line			line 21	from lin	0.20					 			374		2,536,	
<u>~</u>				fund balance		Subtract	iiie z i	HOIII IIII	<u>e 20</u>			_				100	, , , ,		<u> </u>	101
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Form 990 (2015)	WATER4, INC.		26-3260581		Page :
Part III S	tatement of Program	Service Accomplishments			
		ntains a response or note to a	ny line in this Part III		
To equi	ental orgaizat	ocal nationals as visions to locate and alth, economies, a	d drill water we	lls to improve	the
prior Form 9	unization undertake any signi 1990 or 990-EZ? scribe these new services on	ficant program services during the y	ear which were not listed on the		Yes X No
3 Did the orga services?	inization cease conducting, o	or make significant changes in how if	t conducts, any program		Yes X No
4 Describe the expenses S	Section 501(c)(3) and 501(c)(vice accomplishments for each of its (4) organizations are required to repo for each program service reported			
Angola already and sup related equippi	g projects at and Ghana. Par working in the plies, shippine planning and ang of other no	3,365,930 including grants sites, with concert thering with non-passes areas. Expense ag, travel and lodg labor. Expenses alon-profits and non-cll assembly knowledge.	ntrations in Zamb profits and non-questing include drill ging, and compens lso include the to- governmental org	oia, Togo, Uga governmental e kits, pumps, sation for dir craining and ganizations to	ntities parts ectly
variety	of application	387,421 including grants ment for drilling r ons depending on the ocally and the hyd	methods, drill ki he availability o	ts and pumps of needed mate	rials
4c (Code) (Expenses \$	including grants	s of \$) (Revenue \$	
4d Other progra	am services (Describe in Sci	hedule O) including grants of \$) (Revenue \$		
	ım service expenses ▶	3,753,351	/ (1.3070Hd0 - \$		
DAA				F	orm 990 (2015)

orn	990 (2015) WATER4, INC.	26-3260581		P	age
	irt IV Checklist of Required Schedules				
				Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than	n a private foundation)? If "Yes,"			
	complete Schedule A			X	L
2	Is the organization required to complete Schedule B, Schedule of Contrib	utors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activiti				
	candidates for public office? If "Yes," complete Schedule C, Part I	•	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbyin	g activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Par		4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization				
	assessments, or similar amounts as defined in Revenue Procedure 98-19				
	Part III	, ,	5		X
6	Did the organization maintain any donor advised funds or any similar fund	ds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amou				
	"Yes," complete Schedule D, Part I		6		Х
7	Did the organization receive or hold a conservation easement, including e	easements to preserve open space			
•	the environment, historic land areas, or historic structures? If "Yes," comp		7		X
8	Did the organization maintain collections of works of art, historical treasur				
0	complete Schedule D. Part III	os, or other similar association resp.	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or cus	stodial account liability, serve as a	<u> </u>		
3	custodian for amounts not listed in Part X, or provide credit counseling, d				
	debt negotiation services? If "Yes," complete Schedule D, Part IV	est management, oredit repair, or	9		x
0	Did the organization, directly or through a related organization, hold asse	ts in temporarily restricted	-		
U	endowments, permanent endowments, or quasi-endowments? If "Yes," c		10		X
1	If the organization's answer to any of the following questions is "Yes," the		10		
•	VII, VIII, IX, or X as applicable	in complete deflectule D, i arts VI,			
_	Did the organization report an amount for land, buildings, and equipment	in Part X, line 102 If "Ves "	İ	1 1	
а	complete Schedule D, Part VI	in rait X, line 10. II Tes,	11a	x	
L	Did the organization report an amount for investments—other securities i	n Part X line 12 that is 5% or more	110	42	
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule		11b		x
_	Did the organization report an amount for investments—program related		1115		
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule		11c		x
	Did the organization report an amount for other assets in Part X, line 15 t		110		
u		nat is 5 % of more of its total assets	11d	x	
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25	2 If "Ves " complete Schedule D. Part Y	11e		х
_			116		
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 7		11f		x
2-	Did the organization obtain separate, independent audited financial states		'''		
Za		Tients for the tax year? If Tes, Complete	12a	x	
L	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited finar	icial statements for the tay year? If	120	^	
D	"Yes," and if the organization answered "No" to line 12a, then completing		12b		v
•			13		$\frac{x}{x}$
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes,		14a	х	
4a ⊾	Did the organization maintain an office, employees, or agents outside of		14a	^	
þ	Did the organization have aggregate revenues or expenses of more than				
	fundraising, business, investment, and program service activities outside		445		
_	foreign investments valued at \$100,000 or more? If "Yes," complete Sche		14b	X	
5	Did the organization report on Part IX, column (A), line 3, more than \$5,0		4-		v
_	for any foreign organization? If "Yes," complete Schedule F, Parts II and		15	$\vdash \dashv$	_ <u>X</u> _
6	Did the organization report on Part IX, column (A), line 3, more than \$5,0		40		v
_	assistance to or for foreign individuals? If "Yes," complete Schedule F, Pe		16	├╌┤	<u> </u>
7	Did the organization report a total of more than \$15,000 of expenses for p			ᢏ	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Par		17	X	
Ω		noss na onne ana commonnans an			

19

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

If "Yes," complete Schedule G, Part III

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Pa	art IV Checklist of Required Schedules (continued)			
			Yes	No
20a		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			l
	domestic government on Part IX, column (A), line 12 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 29 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	•			1
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			l
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Ь—
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			1
	to defease any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			ĺ
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			i
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			i
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			ĺ
	current or former officers, directors, trustees, key employees, highest compensated employees, or			ĺ
	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,			ĺ
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			ĺ
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	,	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			İ
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			İ
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			ĺ
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			ĺ
	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	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			l
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			l
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			l
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			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,			l
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			l
	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		I	-
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			I
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			1
	19? Note, All Form 990 filers are required to complete Schedule O	38	X	ı

orm	1990 (2015) WATER4, INC. 26-3260581		P	age
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 15	_		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	_		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 14			
b	to the control of the	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a		3a		X
b	nems and the second of the sec	3b		
4a				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		x
h	If "Yes," enter the name of the foreign country			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a		5a		х
_	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
C		- 55		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
L	to the state of th	- Ua		
b		6b		
_	gifts were not tax deductible?	OD.		
7	Organizations that may receive deductible contributions under section 170(c).			
а		7.	x	
	and services provided to the payor?	7a	X	
b		7b		
С				₹.
	required to file Form 8282?	7c	-	X
d	•	┥╻╵		7.
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
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	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)	 ∣		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		
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			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
-				

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14a

Form	990 (2015) WATER4, INC. 26-3260581				age 6
Pa	IT VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b belo				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule	e O. See	instr	uctior	
	Check if Schedule O contains a response or note to any line in this Part VI				X
Sect	tion A. Governing Body and Management				
		_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9				
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
-	any other officer, director, trustee, or key employee?	[2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct				
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	⊢	4		X
	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
5		<u> </u>	6		X
6	Did the organization have members or stockholders?	<u> </u>	•	-	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		7a		х
	one or more members of the governing body?	-	/a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		7.		х
	stockholders, or persons other than the governing body?	ļ	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	llowing	_	₹.	
а	The governing body?	F	8a	X	
b	Each committee with authority to act on behalf of the governing body?	F	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				3.5
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
<u>Sec</u>	ction B. Policies (This Section B requests information about policies not required by the Internal Rever	nue Cod	<u>e.)</u>		
		_		Yes	No
10a		ļ.	10a		_X
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		L'	11a	X	
b					
12a		_	12a	_X_	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts	:s?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this was done	L.	12c	X	
13	Did the organization have a written whistleblower policy?	L	13		X
14	Did the organization have a written document retention and destruction policy?	<u> </u>	14		X
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	L.	15a		X
b	and the state of the appropriate	Ĺ	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				
16a	· · · · · · · · · · · · · · · · · · ·				
	with a taxable entity during the year?	L	16a		X
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?		16b		
Sec	ction C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ OK				-
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s onl	ıly)			
	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)				
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, as	ınd			
19	financial statements available to the public during the tax year				
20	State the name, address, and telephone number of the person who possesses the organization's books and records				
20 M:	argaret Strealy 2405 NW 10th				
1414	argures server				

OK 73107

01111 000 (Z011	5) 11212 <u></u> 1 221							
Part VII	Compensation of Officers	Directors, Tr	rustees,	Key Employees,	Highest	Compensated	Employees,	and
	Independent Contractors							

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for	box	k, unle	Pos check ess pe nd a d	more rson i irecto	than c s both r/truste	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	•	organization and related organizations
(1) Jim W. Stewart									_	-
	40.00									
Development Staff	0.00					<u> </u>		148,022	0	0
(2) Matthew Hangen										
	40.00									
Director of Implemen	0.00				_	ļ		80,034	0	0
(3) Richard Greenly										
	10.00	l				ŀ			•	
Chairman	0.00	X		_	_	<u> </u>		0	0	0
(4) The Honorable Je		+m€	8			ŀ				
	1.00	l							•	^
Member	0.00	X	<u> </u>		<u> </u>	<u> </u>		0	0	0
(5) Martha Burger	1 00						İ			
	1.00	٦,						o	0	0
Member Deschool	0.00	X	-	_			┢	0	<u> </u>	
(6) Scott Busby	1 00			1	ĺ					
Manaka an	1.00	$ \mathbf{x} $						o	0	0
Member (7) Marty Grubbs	0.00	 ^	-	-		-		0	<u> </u>	
(/) Marcy Grubbs	1.00					1	İ			
Member	0.00	x						o	0	0
(8) David Woods	0.00	1		-	-	\vdash				
(6) David Moods	1.00			1	1					
Member	0.00	x					ļ	o	0	0
(9) Kirk Jewell		†==				1	İ			<u></u>
(0) 112211 000022	1.00	1								
Member	0.00	$ \mathbf{x} $			l			0	0	0
(10) Ray Sanders		1								
· · · · · · · · · · · · · · · · · · ·	40.00			1	1			1		
President/CEO	0.00			X				204,310	0	0
(11) Jonathan Naugle										
	40.00									
Director Global Dev.	0.00	<u>L.</u>		Х	L	L	<u>L</u> _	105,300	0	0
DAA										Form 990 (2015)

Par	VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for	bo	x, uni		rson ı	s both	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	c	(F) Estima amour othe compen from	ated nt of er sation	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(** 27 1000 111100)		organiz and rel organiza	ation lated	
(12)	Zackary McCu													
a		40.00			x				0	0				
(13)	retary Jerry Regier	0.00	\vdash		<u> </u>		 			•				<u>`</u>
		40.00		1			}							
Deve	elopment Director	0.00				X			220,268	0				(
				ļ										
				ì										
	Sub-total Total from continuation she	ote to Part VII	Sect	ion .	Δ			>	757,934			—		
d	Total (add lines 1b and 1c)							<u></u>	757,934					
2	Total number of individuals (i reportable compensation from	ncluding but not	limite n ▶	ed to	thos	se lis	ted a	abov	ve) who received more than	\$100,000 of				
-	-												Yes	No
3	Did the organization list any f employee on line 1a? If "Yes,	ormer officer, du " complete Sche	recto dule	r, or J fo	trust r suc	tee, I h ind	key e dıvıdı	emp Jal	loyee, or highest compensa	ated	į	3		x
4	For any individual listed on lir organization and related organization	ne 1a, is the sum	of re	pode	able	com	npen	satio	on and other compensation	from the				
	ındıvıdual										ļ	4	X	Ĺ
5	Did any person listed on line for services rendered to the o	1a receive or accordance of the firm	rue Yes "	com	pens	atioi e Sc	n froi hedi	m ar ile J	ny unrelated organization oi I for such person	rindividual		5		x
Section	on B. Independent Contract	ors												
1	Complete this table for your f compensation from the organ	ive highest comp	ensa	ated	inde	pend for t	lent	cont alen	tractors that received more	than \$100,000 of on the organization's tax vi	ear			
		(A) d business address	<u> </u>	<u> </u>		15.			Descrip	(B) ition of services		<u></u> -с	(C) mpensa	tion
						-								
								╁						
		<u>-</u>												
								+						
								_						
	-										İ			
2	Total number of independent	contractors (incl	udın	g bu	t not	lımıt	ed to	the	ose listed above) who					
	received more than \$100,000	of compensation	n fro	m th	e ord	anız	atio	1 ▶		0		For	m 990	1/201

		Check if Schedule (cont	ains a response				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
t t	1a	Federated campaigns	1a			revenue	***************************************	512-514
Program Service Revenue Contributions, Gifts, Grants	b	Membership dues	1b					
A,G	C	Fundraising events	1c	•				
a it	d	Related organizations	1d	.,*				
s, G	e	Government grants (contributions)	1e					
P.S.	f	All other contributions, gifts, grants,						
탾		and similar amounts not included above	1f	2,397,257				
들의	g	Noncash contributions included in lines 1a-	1f \$	43,585				
a So a	h	Total. Add lines 1a-1f		<u> </u>	2,397,257			
ue				Busn. Code				
ven	2a	Water Supply			1,996,315	1,996,315		
Re	b							
vice	С							
Ser	d							
am	е							
rogi	f	All other program service reve	nue					
۵.	g	Total. Add lines 2a-2f		<u> </u>	1,996,315	····		
	3	Investment income (including	dividend	ls, interest,				
		and other similar amounts)		.	6,501			6,501
	4	Income from investment of tax	c-exemp	t bond proceeds				
	5	Royalties		<u> </u>				
		(ı) Real		(II) Personal				
	6a	Gross rents						
	b	Less rental exps						
	C	Rental inc or (loss)			 	1		
	d 7a	Net rental income or (loss) Gross amount from (i) Securities		(ii) Other			······································	
		sales of assets	<u> </u>	(II) Other				
	ь	other than inventory Less cost or other						
		basis & sales exps						
	c	Gain or (loss)						
	ď	Net gain or (loss)		>		İ		
4	ı	Gross income from fundraising eve	ents [
Other Revenue		(not including \$						
š		of contributions reported on line 1c)					
Ķ		See Part IV, line 18	a	952,452				
ţ	b	Less direct expenses	b[353,694				
0	С	Net income or (loss) from fund	draising	events	598,758			
	9a	Gross income from gaming activities	es					
		See Part IV, line 19	a					
	b	Less direct expenses	b					
		Net income or (loss) from gan		vities >				
	10a	Gross sales of inventory, less						
		returns and allowances	a					
		Less cost of goods sold	b∟					
	ြင	Net income or (loss) from sale	es of inv				······································	
	<u> </u>	Miscellaneous Revenue		Busn Code				
	11a	Other Income			971	971	,	
	b			<u> </u>		······································		
	C .	A 11 41		<u> </u>				
	d	All other revenue			971			
	e	Total Add lines 11a-11d	nc.		4,999,802	1,997,286	0	6,501
	12_	Total revenue. See instruction	113		1, , , , , , , , ,	_,,,,,200		O,30T

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respon			piete column (A)	
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	-		ganara	
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				······································
4	Benefits paid to or for members		***		
5	Compensation of current officers, directors,	754 056	345 310	41 624	260 110
	trustees, and key employees	754,956	345,210	41,634	368,112
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	273,466	118,540	48,102	106,824
7 8	Pension plan accruals and contributions (include	2737200			2007021
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	69,984	27,365	11,751	30,868
10	Payroll taxes	63,829	30,787	6,236	26,806
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	216,943			216,943
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	37,530			37,530
12	Advertising and promotion	96,809	26,924	19,200	50,685
13 14	Office expenses Information technology	30,003	20/321	13/200	30,003
15	Royalties	-			
16	Occupancy	<u> </u>			
17	Travel	108,688	79,783	7,559	21,346
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				 :
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	01 405	15 100	4 000	
22	Depreciation, depletion, and amortization	21,497	17,198 26,367	4,299 3,601	
23	Insurance	35,103	20,307	3,601	5,135
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)	,			
а	Water Well Supplies	1,273,907	1,273,907		
b	Payments to World Vision	1,270,820	1,270,820		
c	Research and Development	387,421	387,421		
d	Production Management Fee	68,424	68,424		
е	All other expenses	219,338	80,605	69,466	69,267
25	Total functional expenses. Add lines 1 through 24e	4,898,715	3,753,351	211,848	933,516
26	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				
DAA	following SOP 98-2 (ASC 958-720)				Form 990 (2015)

		(2015) WAIER4, INC.			3200361		Page II
<u> P</u> a	art X	Check if Schedule O contains a response or note	to any	ine in this Part Y			
		Check if Schedule O contains a response of note	o any	me ii tiiis Fait A	(A)	Т	(B)
					Beginning of year		End of year
	1	Cash—non-interest bearing		**	1,213,942	1	2,252,017
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			734,444	3	135,582
	4	Accounts receivable, net			623,924		348,193
	5	Loans and other receivables from current and former off	icers. c	lirectors.	-		
		trustees, key employees, and highest compensated employees		Į.			
		Complete Part II of Schedule L	,		i	5	
	6	Loans and other receivables from other disqualified pers	ons (a	s defined under section			
	•	4958(f)(1)), persons described in section 4958(c)(3)(B),		F			
		sponsoring organizations of section 501(c)(9) voluntary		t t			
(n		organizations (see instructions) Complete Part II of Sch		` '	i	6	
Assets	7	Notes and loans receivable, net		_		7	
As	8	Inventories for sale or use			167,347	8	230,176
	9	Prepaid expenses and deferred charges			425	9	425
	1	Land, buildings, and equipment cost or					
	.00	other basis Complete Part VI of Schedule D	10a	743,438			
	Ь	Less accumulated depreciation	101,822	643,317	10c	641,616	
	11	Investments—publicly traded securities		****		11	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11	<u> </u>		13	-	
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11		32,393	15	506,104	
	16	Total assets. Add lines 1 through 15 (must equal line 3	4)		3,415,792	16	4,114,113
	17	Accounts payable and accrued expenses		980,418		1,577,652	
	18	Grants payable		·	18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		Γ		20	<u>. </u>
	21	Escrow or custodial account liability Complete Part IV of	f Sche	dule D		21	
s	22	Loans and other payables to current and former officers					
itie		trustees, key employees, highest compensated employe					
Liabilities	1	disqualified persons Complete Part II of Schedule L				22	
Ë	23		d partie	s		23	
	24	Unsecured notes and loans payable to unrelated third p				24	
	25	Other liabilities (including federal income tax, payables		ed third			
		parties, and other liabilities not included on lines 17-24)	Comp	lete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			980,418	26	1,577,652
		Organizations that follow SFAS 117 (ASC 958), chec	k here	▶ X and			
es		complete lines 27 through 29, and lines 33 and 34.					
au	27	Unrestricted net assets		L	1,935,374		2,400,879
Bal	28	Temporarily restricted net assets			500,000	28	135,582
P	29	Permanently restricted net assets		<u></u>		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958	3), che	ck here ▶ 📗 and			
ō	1	complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds		Ţ		30	.
Ass	31	Paid-in or capital surplus, or land, building, or equipmen	t fund	Ĺ		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, of	r other	funds		32	
2	33	Total net assets or fund balances		<u> </u>	2,435,374		2,536,461
	34	Total liabilities and net assets/fund balances			3,415,792	34	4,114,113

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3a

3b

X

Schedule O

the Single Audit Act and OMB Circular A-133?

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. ▶ Information about Schedule A (Form 990 or 990-EZ) 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

P	art i	Reaso	on for Public Charity	Status (All organizations	must co	mplete	this part.) See instruction	ns
The	orgai	nization is not	a private foundation because	e it is (For lines 1 through 11, c	heck only	one box)	
1		A church, cor	nvention of churches, or asso	ociation of churches described i	n section	170(b)(1	I)(A)(i).	
2	\Box	A school des	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E (Form	990 or 9	90-EZ))		
3				ce organization described in sec			iii).	
4	П	•	· ·	I in conjunction with a hospital d				ospital's name.
	ليا	city, and state	-	•				
5		•		f a college or university owned	or operate	ed by a g	overnmental unit described in	
Ŭ	L	-	b)(1)(A)(iv). (Complete Part			, - 3		
6		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	overnmental unit described in se	ection 17	0(b)(1)(A	Yv).	
7	X			substantial part of its support fro				.
•		_	section 170(b)(1)(A)(vi). (Co		g		Jane or more than goneral parties	
8				70(b)(1)(A)(vi). (Complete Part	ш			
9	H) more than 33 1/3% of its supp		contribution	ons, membership fees, and gro	oss
Ĭ	ш			pt functions—subject to certain				
				d unrelated business taxable in				
				0, 1975 See section 509(a)(2).				
10			=	exclusively to test for public safe				
11	H			exclusively for the benefit of, to				ses of
••	ш			ons described in section 509(a				
				cribes the type of supporting org				
а				ed, supervised, or controlled by i				
_				o regularly appoint or elect a ma				g
			You must complete Part I\					-
b				rised or controlled in connection	with its s	upported	organization(s), by having	
	ш			organization vested in the same				
			s) You must complete Par					
С				orting organization operated in c	connection	n with, an	d functionally integrated with,	
				ions) You must complete Par				
d				supporting organization operate				
	_	that is not fur	nctionally integrated. The org	anization generally must satisfy	a distribi	ution requ	irement and an attentiveness	
				complete Part IV, Sections A				
е		Check this bo	ox if the organization receive	d a written determination from t	he IRS th	at it is a T	Type I, Type II, Type III	
		functionally in	ntegrated, or Type III non-fur	nctionally integrated supporting	organizati	on		
f	Ent	ter the number	r of supported organizations					
g	Pro	vide the follow	ving information about the su	ipported organization(s)				
(ı) Nam	e of supported	(II) EIN	(iii) Type of organization	1.7	organization	(v) Amount of monetary	(vi) Amount of
	org	ganization		(described on lines 1–9 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				abore (eee menachemen,			,	,
		· · · · · · · · · · · · · · · · · · ·			Yes	No		
(A)								
— (B)					-	<u> </u>		
(C)								
(D)								
(E)					-			
						<u> </u>		
Tot	al							

26-3260581

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

Calen	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	1,141,440	3,716,426	2,387,251	2,508,623	2,397,257	12,150,997
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,141,440	3,716,426	2,387,251	2,508,623	2,397,257	12,150,997
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						12,150,997
	tion B. Total Support				· · · · · · · · · · · · · · · · · · ·	•	
	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	1,141,440	3,716,426	2,387,251	2,508,623	2,397,257	12,150,997
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	664	292	301	171	6,501	7,929
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	137,618	288,455	1,603,752	8,366	971	2,039,162
11	Total support. Add lines 7 through 10	<u> </u>					14,198,088
12	Gross receipts from related activities, etc					12	2,949,738
13	First five years. If the Form 990 is for the	-	, second, third, for	urth, or fifth tax yea	ir as a section 501	(c)(3)	
	organization, check this box and stop her						•
	tion C. Computation of Public Su						
14	Public support percentage for 2015 (line 6			n (t))		14	85.58%
15	Public support percentage from 2014 Sch			12 and line 14 is 3	22 1/20/ 05	15	83.50%
16a	33 1/3% support test—2015. If the organ				ss 1/5% of more, c	neck this	► X
L	box and stop here. The organization qual 33 1/3% support test—2014. If the organ				5 is 33 1/3% or m	ore.	A
D	check this box and stop here. The organi				3 13 33 173 70 OF THE	J16 ₁	▶ □
17a	10%-facts-and-circumstances test—20°				a or 16b and line	14 is	
174	10% or more, and if the organization mee						
	Part VI how the organization meets the "fa						
	organization		•	,	, , ,		▶ [
ь	10%-facts-and-circumstances test—20°	14. If the organizati	on did not check a	box on line 13, 16	sa, 16b, or 17a, and	d line	
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization me						
	supported organization						▶ 📑
18	Private foundation. If the organization di instructions	d not check a box o	on line 13, 16a, 16	b, 17a, or 17b, che	eck this box and se	ee	▶ []
					Sch	edule A (Form 990	or 990-E7\ 2015

Page 3

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

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

Sec	tion A. Public Support							
Caler	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015		(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		<u> </u>					
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					ļ		
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							
с 8	Add lines 7a and 7b Public support. (Subtract line 7c from line 6)						\dagger	-
202	tion B. Total Support		<u> </u>		<u> </u>	<u></u>		
	idar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	Т	(f) Total
9	Amounts from line 6	<u></u>			1 ,		\top	
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						-	
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)							
14	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	ourth, or fifth tax ye	ar as a section 50	1(c)(3)	•	
	organization, check this box and stop her						_	<u> </u>
<u>Sec</u>	tion C. Computation of Public Su					· · · · · · · · · · · · · · · · · · ·		
15	Public support percentage for 2015 (line 8			nn (f))		1	-	<u> </u>
<u>16</u>	Public support percentage from 2014 Scho					1	6	%
	tion D. Computation of Investme			3 column (fl)		1	7	%
17 40	Investment income percentage for 2015 (Investment income percentage from 2014			s, column (i))		1	-	
18 19a	33 1/3% support tests—2015. If the orga			e 14, and line 15 is	more than 33 1/3	<u> </u>		
130	17 is not more than 33 1/3%, check this be							▶ □
b	33 1/3% support tests—2014. If the orga	nization did not ch	eck a box on line	14 or line 19a, and	line 16 is more th	an 33 1/3%, and	ı	
	line 18 is not more than 33 1/3%, check th							>
20	Private foundation. If the organization did	d not check a box	on line 14, 19a, oi	r 19b, check this bo	x and see instruc	tions		D

Part IV

Supporting Organizations

(Complete only if you checked a box in line 11 on 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)

Sect	ion A. All Supporting Organizations		_	
-			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			ĺ
	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			ĺ
	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	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
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			İ
	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			į
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			į
	(III) the authority under the organization's organizing document authorizing such action, and (IV) how the action			İ
	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		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			İ
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			i
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	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 or 990-EZ)	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			
	ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		 -
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		
þ	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	405		İ
	determine whether the organization had excess business holdings)	10b		<u></u>

	AM Out of the Out of t			- age
<u> Par</u>	t IV Supporting Organizations (continued)			<u> </u>
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
	below, the governing body of a supported organization?	11a		 -
	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. ion B. Type I Supporting Organizations	11c	L	L
Seci	ion B. Type (Supporting Organizations			
_	District on the standard and a second and a second assessment and a second assessment as the second assessment		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		1	
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Cast	supervised, or controlled the supporting organizations	2	L	!
Sect	ion C. Type II Supporting Organizations		- V	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Coot	the supported organization(s)	1		
Sect	ion D. All Type III Supporting Organizations		Van	Na
	District on the second state of the supported exceptions by the lest day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
_	the organization maintained a close and continuous working relationship with the supported organization(s)			7
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	,		
Cont	supported organizations played in this regard ion E. Type III Functionally-Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions			
a	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below	hone)		
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruc	uons)		
2	Activities Test Answer (a) and (b) helow		Yes	No
	Activities Test Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	NO
а	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		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			_
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
	·			
3	Parent of Supported Organizations Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? Provide details in Part VI.	3a		
L	and the colored section of the colored section of sections and sections and sections of sections and sections are sections as a section of the colored sections and sections are sections as a section of the colored section of the colored sections are sections as a section of the colored section of	7		
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		
	of the emphatical organizations: it is too, accombe in that it in total pinton of the organization in the regard			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non-Func	ganizati	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on No.	ov 20, 19	70 See instructions. Al	I
other Type III non-functionally integrated supporting organizations must complete Section	ons A thro	ough E	
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		(A) Prior Year	(B) Current Year (optional)
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)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
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)	6		
7 Check here if the current year is the organization's first as a non-functionally-integrate	ed Type II	supporting organization	(see
instructions)		-	

Schedule A (Form 990 or 990-EZ) 2015

Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2015 from Section C, line 6 Line 8 amount divided by Line 9 amount (i) (ii) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2015 Amount for 2015 Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2015 d From 2013 e From 2014 Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2015 from Section D. line 7. a Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see Excess distributions carryover to 2016. Add lines 3j Breakdown of line 7 b c Excess from 2013 d Excess from 2014 e Excess from 2015

Schedule A (Form 990 or 990-EZ) 2015

26-3260581

Schedule A (Form 990 or 990-EZ) 2015 WATER4, INC.

Page 8

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information (See instructions.)

Part II, Line 10 - Other Income Detail

\$ 2,039,162

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

OMB No 1545-0047 Open to Public

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Employer identification number Name of the organization

W	ATER4, INC.		26-3	260581
Pa	rt I Organizations Maintaining Donor Advised Fur		Account	s.
	Complete if the organization answered "Yes" on F	form 990, Part IV, line 6.		
		(a) Donor advised funds	(b	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advised		
	funds are the organization's property, subject to the organization's exclusive	usive legal control?		Yes No
6	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 dono	r advisor, or for any other purpose		
	conferring impermissible private benefit?			Yes No
Pa	rt II Conservation Easements.	000 Deat IV line 7		
	Complete if the organization answered "Yes" on F			
1	Purpose(s) of conservation easements held by the organization (check			
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically imp		
	Protection of natural habitat	Preservation of a certified histor	ic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conser	vation contribution in the form of a cons	FT	
	easement on the last day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	•		2b	
	Number of conservation easements on a certified historic structure incl		2c	
d	Number of conservation easements included in (c) acquired after 8/17/	06, and not on a	1 . 1	
_	historic structure listed in the National Register		2d	<u> </u>
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organiza	ation during	tne
	tax year ▶			
4	Number of states where property subject to conservation easement is l			
5	Does the organization have a written policy regarding the periodic moni	toring, inspection, nandling of		□ vaa □ Na
	violations, and enforcement of the conservation easements it holds?	fundations and onformer companies		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling o	r violations, and emorcing conservation (easements	during the year
7	Annual of assessment in assessment in manufacture, the product of such	ations, and enforcing consequation case	monto durir	og the year
7	Amount of expenses incurred in monitoring, inspecting, handling of viol	ations, and emorcing conservation ease	mems dum	ig the year
8	Does each conservation easement reported on line 2(d) above satisfy t	he requirements of section 170(h)(4)(R)((i)	
0	and section 170(h)(4)(B)(ii)?	ne requirements of section 17 o(n)(4)(b)((1)	Yes No
9	In Part XIII, describe how the organization reports conservation easem	ents in its revenue and expense stateme	ent and	
•	balance sheet, and include, if applicable, the text of the footnote to the	•		ne
	organization's accounting for conservation easements			
Pa	art III Organizations Maintaining Collections of Art,	Historical Treasures, or Other	Similar A	Assets.
	Complete if the organization answered "Yes" on F			
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), n	ot to report in its revenue statement and	balance sh	eet
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	herance of	
	public service, provide, in Part XIII, the text of the footnote to its financi			
þ	If the organization elected, as permitted under SFAS 116 (ASC 958), to			
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of	
	public service, provide the following amounts relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1		>	\$
	(ii) Assets included in Form 990, Part X		•	\$
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial gain, pr	ovide the	
	following amounts required to be reported under SFAS 116 (ASC 958)			
а	Revenue included on Form 990, Part VIII, line 1		•	\$
b	Assets included in Form 990, Part X			\$

Schedule D (Form 990) 2015 WATER4,	INC.		~	26-3260581	Page 2
Part III Organizations Maintainir	g Collections of	Art, Historical	Treasures,	or Other Similar Ass	sets (continued)
3 Using the organization's acquisition, access collection items (check all that apply)	sion, and other records	s, check any of the	following that ar	e a significant use of its	
a Public exhibition	d 🗍	Loan or exchange p	rograms		
b Scholarly research	-	Other	•		
c Preservation for future generations					
4 Provide a description of the organization's	collections and explain	how they further th	e organization's	s exempt purpose in Part	
XIII					
5 During the year, did the organization solicit					
assets to be sold to raise funds rather than		art of the organizati	on's collection?	··== ·=-	Yes No
Part IV Escrow and Custodial A					
Complete if the organization	on answered "Yes"	on Form 990, i	Part IV, line S), or reported an amo	unt on Form
990, Part X, line 21.				···	
1a Is the organization an agent, trustee, custo	dian or other intermed	ary for contribution	s or other asset	s not	
included on Form 990, Part X?					Yes No
b If "Yes," explain the arrangement in Part XI	II and complete the fol	llowing table			
					Amount
c Beginning balance				1c	
d Additions during the year				_1d	
e Distributions during the year				1e	
f Ending balance				1f	<u></u>
2a Did the organization include an amount on	Form 990, Part X, line	21, for escrow or c	ustodial accoun	t liability?	Yes No
b If "Yes," explain the arrangement in Part XI					
Part V Endowment Funds.		T	<u>'</u>		
Complete if the organization	n answered "Yes"	on Form 990. I	Part IV. line 1	0	
	(a) Current year	(b) Prior year	(c) Two yea		ack (e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and					
• •					
losses					
d Grants or scholarships				<u> </u>	
e Other expenditures for facilities and					
programs			-		
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage of the cu		e (line 1g, column (a	a)) neid as		
a Board designated or quasi-endowment ▶	%				
b Permanent endowment ► %					
c Temporarily restricted endowment ▶	%				
The percentages on lines 2a, 2b, and 2c s					
3a Are there endowment funds not in the poss	session of the organiza	ition that are held a	nd administered	for the	[H.]
organization by					Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
b If "Yes" on line 3a(ii), are the related organ	ızatıons listed as requi	red on Schedule R?	•		3b
4 Describe in Part XIII the intended uses of t		wment funds			·
Part VI Land, Buildings, and Eq					
Complete if the organization	on answered "Yes'	<u>' on Form 990, I</u>	Part IV, line 1	<u> 1a See Form 990, P</u>	art X, line 10
Description of property	(a) Cost or other b	pasis (b) Cost	or other basis	(c) Accumulated	(d) Book value
	(investment)	(other)	depreciation	
1a Land			106,000		106,000
b Buildings			274,000	34,250	239,750
c Leasehold improvements			303,485	24,969	278,516
d Equipment			12,928	6,641	6,287
e Other			47,025	35,962	11,063
Total. Add lines 1a through 1e (Column (d) mus	t equal Form 990, Par	t X, column (B), line		>	641,616

DAA

Schedule D (Form 990) 2015

Part VII	Investments—Other Securities. Complete if the organization answered "Yes"	on Form 990 Part IV III	ne 11h. See Form 990. Pa	urt X line 12
	(a) Description of security or category	(b) Book value	(c) Method of va	
	(including name of security)		Cost or end-of-year	market value
(1) Financial of	derivatives			
` '	eld equity interests			
(3) Other				
(A)				
(B)			· ·	·
(C)				
(D)				
(E)				·
(F)			1	
(G)				<u> </u>
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12)▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, li	<u>ne 11c. See Form 990, Pa</u>	rt 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)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, II	<u>ne 11d. See Form 990, Pa</u>	ırt X, line 15.
	(a) Description			(b) Book value
(1)	Note Receivable			506,10
(2)	Other Assets			
(3)	Investments			
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col_(B) line 15)		>	506,10
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	' on Form 990, Part IV, li	ne 11e or 11f. See Form 9	90, Part X,
	line 25.			
1.	(a) Description of liability	(b) Book value	_	
(1) Federal	income taxes		_	
(2)			_	
(3)			_	
(4)			_	
(5)				
(6)			_	
(7)			_	
(8)			_	
(9)			_	
	n (b) must equal Form 990, Part X, col (B) line 25) ▶			
	uncertain tax positions. In Part XIII, provide the text of the	e footnote to the organization's	financial statements that reports	s the
organization's	liability for uncertain tax positions under FIN 48 (ASC 740	0) Check here if the text of the	e footnote has been provided in F	Part XIII

Supplemental Information.

<u>Sche</u>	dule D (Form 990) 2015 WATER4, INC.		3260581	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990), Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements	•	1	4,999,802
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	4,999,802
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	4,999,802
Pa	art XII Reconciliation of Expenses per Audited Financial State	tements With Exper	nses per Return.	
	Complete if the organization answered "Yes" on Form 990), Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	4,898,715
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			_
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	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	4,898,715
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	4,898,715

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

Part XIII

Schedule D (Form 990) 2015 WATER4, INC.

Part XIII Supplemental Information (continued)

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

OMB No 1545-0047 **2015**

Open to Public Inspection

Name of the organization

Part I

WATER4, INC.

Employer identification number 26-3260581

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the funding States 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (g) Region (g) Number of grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the funding States 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (g) Region (g) Number of grantmakers. Describe in Part V the organization's professional space in region services. In region services are professionally in sign of describe specific type of described specific type of described specific type of described specific type of described specific type of described specific type of described specific type of described specific type of described specific type of described specific type of described specific type of described specific type of described specific type of described specific type of type of the specific type of t	For	m 990, Part IV, line	14b				
grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of grantmakers, personal region (a) Number of grantmakers, personal region of grantmakers, personal region of grantmakers, personal region of grantmakers, personal region of grantmakers, personal region of grantmakers, personal region of grantmakers or grantmakers for measures grantmaker				s to substantia	te the amount of its	grants and other	
2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) 14) Region (14) Region (15) Reg							
assistance outside the United States 3. Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of englishmen, in the program of englishmen,	grants or assis	stance?					Yes X No
assistance outside the United States 3. Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of englishmen, in the program of englishmen,		Daganha in Dagi	\/ the ermonimotion's n	racaduras for	monitoring the use	of ite grante and other	
3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region of the property of object in the property of the pro	-			locedules loi	monitoring the use	or its grants and other	
(e) Region choice are of chosen in the regions of chosen in the regions of chosen in the region of cho							
offices in the region specific and proposed specific and contracts and the Pacific (3) Central America/Carriebin (1) Sub-Saharan Africa (3) Frogram Services (3) Program Services (4) Frogram Ser	3 Activities per I	Region (The following	Part I, line 3 table car	n be duplicate	d if additional space	e is needed)	
region spents, and observed spents, and observed spents and observ	(a) Region						
Central America/Carrieban (1)			agents, and	fundraisin	g, program services,	describe specific typ	pe of and investments
In region Incident of the region						service(s) in regio	on in region
							
Sub-Saharan Africa (2) East Asia and the Pacific (3) Frogram Services Water Wells 1,142,082 Frogram Services Water Wells 1,316 (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) 3a Sub-total b Total foon continuation streets to Pent I c Totals (add lines 3 and 3b) 1,147,457	Central Am	erica/Carrieb	an		_		
Program Services Water Wells 1,142,082				Program	Services	Water Wells	4,059
East Asia and the Pacific (3) Program Services Water Wells 1,316 (4) (6) (6) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (15) (16) (17) (18) (18) (18) (18) (18) (18) (18) (18	Sub-Sahara	n Africa					
(3) Program Services Water Wells 1,316 (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (19) (19) (10) (11) (11) (12) (13) (14) (15) (16) (17) (18) (19) (19) (19) (10) (11) (11) (12) (13) (14) (15) (16) (17) (18) (18) (19) (19) (10) (10) (11) (11) (12) (13) (14) (15) (16) (17) (18) (18) (18) (19) (19) (19) (19) (19) (19) (19) (19	(2)			Program	Services	Water Wells	1,142,082
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(12) (13) (14) (15) (16) (17) 3a Sub-total	(11)						
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(14) (15) (16) (17) 3a Sub-total b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 1,147,457							
(14) (15) (16) (17) 3a Sub-total b Total from continuation sheets to Part i c Totals (add lines 3a and 3b) 1,147,457	(13)						
(15) (16) (17) 3a Sub-total b Total from continuation sheets to Part i c Totals (add lines 3a and 3b) 1,147,457							
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(17) 3a Sub-total b Total from continuation sheets to Part i c Totals (add lines 3a and 3b) 1,147,457	(15)				·		
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3a Sub-total							
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sheets to Part I c Totals (add	3a Sub-total			<u> </u>			1,147,457
c Totals (add lines 3a and 3b) 1,147,457				1			
lines 3a and 3b) 1,147,457			 				
11100 000 0110 0117	•		1	1		1	1 147 457
			as the Instructions f	or Form 900		<u> </u>	

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) 2015 WATER4, INC.

Part #

WATE0581

	100.7							A. Mathad of
1 (a) Name of	(b) IRS code	(c) Region	(d) Purpose of	(e) Amount of	(f) Manner of	(g) Amount of	(h) Description	valuation
organization	section and EIN	•	grant	cash grant	cash	non-cash	of non-cash assistance	(book, FMV,
,	(if applicable)				disbursement	assistance		other)
(1)								
(2)		,						
(3)					:			1
(4)								
(6)								
(5)								
(7)								
(8)								
(6)								
1103								
(12)								į
(13)								
(14)								
(15)								
196								

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 entities

Schedule F (Form 990) 2015

WATE0581

Part III can be duplicated if additional space is needed.	ıt addıtıonal s	- 1					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal,
							other)
Ē							
				į			
	ļ						

	art IV Foreign Forms		ugo .
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? 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
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	Yes	X No

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	E	kpenditures	Investments		
Central America/Carrieban	\$	4,059	\$	0	
Sub-Saharan Africa	\$	1,142,082	\$	0	
East Asia and the Pacific	\$	1,316	\$	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" on 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

Open to Public Inspection

Employer identification number

Name of the organization WATER4, INC.				Employer identification 26 - 3260	
Part I Fundraising Activities. Complete Form 990-EZ filers are not required	if the organization	on answei	red "Yes" on Form		
1 Indicate whether the organization raised funds through			Check all that apply.		
a X Mail solicitations	e Solicitation	n of non-gov	ernment grants		
b X Internet and email solicitations	f Solicitation	n of governn	nent grants		
c Phone solicitations	g 🗓 Special fu	ndraising ev	rents		
d X In-person solicitations					
2a Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or enti	ty in connection with	profession	al fundraising services	?	X Yes No
b If "Yes," list the ten highest paid individuals or entities compensated at least \$5,000 by the organization	s (fundraisers) pursu	ant to agree	ments under which the	fundraiser is to be	
compensated at least \$5,000 by the organization		(iii) Did fund-		(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual	(III) Activity	raiser have custody or	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by) organization
or entity (fundraiser)		control of contributions?	· ·	col (i)	organization
		Yes No			
1		1			
2		 			
3					
4					
5					
		<u> </u>			
6					
7					
		+			
8					
					
9					
10					
Total		•			<u> </u>
3 List all states in which the organization is registered	or licensed to solicit	contribution	s or has been notified i	t is exempt from	

26-3260581 Schedule G (Form 990 or 990-EZ) 2015 WATER4, INC. Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000 (b) Event #2 (c) Other events (a) Event #1 (d) Total events Gala Sandi Patty Tou None (add col (a) through col (c)) (event type) (event type) (total number) Revenue 912,938 39,514 952,452 1 Gross receipts 2 Less Contributions 3 Gross income (line 1 minus 39,514 912,938 952,452 line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 38,238 315,456 353,694 9 Other direct expenses 353,694 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) 598,758 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue 2 Cash prizes **Direct Expenses** 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes % No No 6 Volunteer labor No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities Yes No a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain Yes No 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain

• Caba	**************************************	26-326058	1	Dans 2
	dule G (Form 990 or 990-EZ) 2015 WATER4 , INC .	20-320038		Page 3
11 42	Does the organization conduct gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		Y€	es 🔝 No
12	formed to administer charitable gaming?		☐ Ye	s No
13	Indicate the percentage of gaming activity conducted in		U ''	.5 140
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	es 🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the	'`	,3 <u> </u>
С	amount of gaming revenue retained by the third party ► \$ 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			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Ye	es 📙 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			
Dos	spent in the organization's own exempt activities during the tax year ▶ \$ t IV Supplemental Information. Provide the explanations required by Part I, line 2b, or the explanation of	columns (iii) and (v)	and	
Pai	tiv Supplemental Information. Provide the explanations required by Part I, line 2b, a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any acceptance of the supplemental information.	ditional information	anu (see	
	instructions).	addonal imorriador	(300	
	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.

Department of the Treasury Internal Revenue Service Name of the organization

▶Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

Open to Public Inspection

OMB No 1545-0047

	WATER4, INC.	26-3260581			
Pa	rt I Questions Regarding Compensation				
			Ye	s	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 reside	ence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account Personal services (e.g., maid, chauffeur, che	Ď			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment				
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to		-]		
	explain	11	b L	\downarrow	
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	2		
				\neg	_
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the				
•	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a				
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III				
	Compensation committee X Written employment contract				
	Independent compensation consultant Compensation survey or study				
	Form 990 of other organizations Approval by the board or compensation comm	nittee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a related organization				
а	Receive a severance payment or change-of-control payment?	44	a İ		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	41		\neg	X
	Participate in, or receive payment from, an equity-based compensation arrangement?	40	c		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	The state of the s				
	compensation contingent on the revenues of				
а	The organization?	58	a 2	ζ	
b	Any related organization?	51	b		X
	If "Yes" to line 5a or 5b, describe in Part III				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any				
	compensation contingent on the net earnings of				
а	The organization?	66	<u>a</u>		X
	Any related organization?	61	b		X
	If "Yes" on line 6a or 6b, describe in Part III				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed				
-	payments not described on lines 5 and 6? If "Yes," describe in Part III	7			X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			\Box	
-	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe				
	ın Part III	_ 8	3 3	<u>c </u>	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in				
-	Populations section 53 4058 8(c)?	ه ا	. l		x

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WATER4, INC.

Schedule J (Form 990) 2015

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Part II

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note: The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

	(B) Breakdown	of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(ı) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	in column (B) reported as deferred on prior Form 990
Ray Sanders	(1) 152,429	9 51,881	0	0	0	204,310	0
ident/CEO	(E)	0	0	0	0	0	0
Jerry Regier	(1) 140,268	80,000	0		0	220,26	0
Director	(II)	0 0	0	0	0	0	0
	(0)						
3	(11)						
	(1)						
4	. (1)						
	(3)		i				
io.	(n)						
	(1)						
9	. (11)						
	(0)						
7	(m)						
	Ξ						
80	(m)						
	(o)						
6	<u>(E)</u>						
	· (2)						
10							
-	3 3						
	(E)						
	3						
13	Ξ						
	÷ (3						
<u>*</u>	3						
15	(n)						
	÷ (a)						
						S	Schedule J (Form 990) 2015

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Supplemental Information Part #

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

the Part I, Line 5a - Compensation Contingent upon Revenues of Organization Development department have bonus incentives based on fundraising of The CEO has a performance bonus based on the overall the organization measured by revenue performance of organization.

The CEO bonus agreement is by employment contract approved by the board of The contract is approved first by the CEO, and then The Part I, Line 8 - Pursuant to Contract per Regs. Section 53.4958-4(a)(3) based on revenue benchmark computed quarterly as spelled out in their It is a flat 1% of of revenue over formula benchmarks. director of the development department has a formula driven bonus approved by the chairman of the board. employment contract. directors.

- Other Additional Information Part III

9 Sch. J Part I Question

the The development department staff's Sch. J Question 9 - The CEO's employment and bonus contract οĘ employment/bonus contract is approved by the CEO, with the approval is approved by the board of directors. In regards to

Schedule J (Form 990) 2015 WATER4, INC.

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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 Part III

chairman of the board of directors.

SCHEDULE M (Form 990)

Noncash Contributions

204

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

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

uctions is at www.irs.gov/form990. Inspection

Employer identification number

		INC.			26-326	0281		——
Pa	rt I Types of Property			T (a) I				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dete noncash contribute	=		
1	Art — Works of art					-		
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods				* *			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicly traded							
10	Securities — Closely held stock							
11	Securities — Partnership, LLC,			1				
	or trust interests							
12	Securities — Miscellaneous							
13	Qualified conservation							
	contribution — Historic structures							
14	Qualified conservation							
	contribution — Other							
15	Real estate — Residential							
16	Real estate — Commercial		·					
17	Real estate — Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts	-						
23	Scientific specimens							
24	Archeological artifacts		1	5,947	FMV			
25	Other ►() X X	1	10,000	FMV			
26	Other ►(\ <u>\</u>	1	27,638	FMV	·		
27 28	Other ►(Other ►((27,030	2 2 2 4 7			
29	Number of Forms 8283 received by	the organi	zation during the tax vea	ar for contributions for				
	which the organization completed F				29			
	The state of general and the state of the st			·			Yes	No
30a	During the year, did the organization	n receive b	y contribution any prope	erty reported in Part I, lines	1 through			
	28, that it must hold for at least three							ĺ
	to be used for exempt purposes for	the entire I	nolding period?			30a		X
b	If "Yes," describe the arrangement							
31	Does the organization have a gift a	cceptance (policy that requires the r	eview of any non-standard				
	contributions?					31		<u> </u>
32a	Does the organization hire or use the	nird parties	or related organizations	to solicit, process, or sell n	oncash			7.
	contributions?					32a		X
b	If "Yes," describe in Part II				(a) in about a			
33	If the organization did not report an	amount in	column (c) for a type of	property for which column (a) is checked,			į
	describe in Part II							

Part II

Schedule M (Form 990) (2015)

WATER4, INC.

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Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE 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.

OMB No 1545-0047 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or 990-EZ.

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

Employer identification number 26-3260581

WATER4, INC.

being of local individuals.

Form 990 - Organization's Mission or Most Significant Activites To provide equipment, materials, installation, support and training for

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.

sustainable and reproducible drilling methods to find and lift water for

both personal and agricultural uses for the economic and physical well-

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.